What is missing?

As you have come to expect from us, we are always improving the services and resources available to you. With over two hundred Alberta men being diagnosed with prostate cancer each month it feels like we can never offer enough.

That is, never offer enough without members like yourself. Last year we conducted a survey and with our members input some significant changes were made. Changes to our monthly meeting and our organization overall.

As you know, we moved our meetings to a warm and welcoming meeting space in Inglewood. Free and ample parking was the most noticeable benefit, but also was the great social atmosphere. Instantly the feedback told us that this move was the right decision. Also noticed was that members stayed to chat with fellow members long after the meeting had ended. This alone showed our members’ approval.

The point is this; it is you who knows what is missing and we value your insight and support. Without members like you letting us know what is working, and what isn’t, we would be years behind our current progress. With this said we warmly welcome you to the next meeting. Share with us both your social company, and your ideas.

Local Resources You May Not Know About

And How To Access Them

Presenters from three of Calgary’s top cancer organizations join us to share the many resources and supports in Calgary but that many don’t know exist. Very valuable even for those who are long past treatment as available resources go well beyond medical.
Seasons Greetings from all of us at Prostate Cancer Canada Network Calgary.

On the day I write this outside is blustery and below my threshold for comfort. What better place to be than inside with the heat in full force writing a few lines for this month’s issue.

A few quick mentions this month. First I would like to bring your attention to two new groups we have started. One is for those under or considering active surveillance. Read more about this on page 3. The other is actually a number of breakfast and lunch neighbourhood social groups happening throughout the city. Read about these on the back page in the right column.

I would like to extend my thanks to a number of amazing organizations that really helped us out last month. Thank you to Wild Rose Brewery for donating proceeds from their Tap Room sales during November. Also thanks to all our members who came out to Wild Rose on November 1st to help us kick off Movember. Thank you to Fairborne Energy for a generous donation that is being put toward this newsletter. Thank you to the SAIT Trojans for having us at an important men’s hockey game so that we could raise awareness of prostate cancer with their very large and captive crowd. Thank you to Vistek for generously lending us equipment used at the SAIT event.

With friends like these our organization will certainly stay strong and see unending growth.

Please enjoy this issue and I look forward to seeing you at our December 13th meeting.

Jason Bedard
Executive Director
Prostate Cancer Canada Network Calgary
New Group for Active Surveillance

We are pleased to announce the start of a new group within Prostate Cancer Canada Network Calgary. This group will be focused on active surveillance as it relates to prostate cancer.

Men under active surveillance often have a whole set of questions and fears not well addressed in our regular meetings.

This group will give men the opportunity to learn from other men who have chosen the same course for managing their prostate cancer.

If you are under active surveillance, or if you are deciding on treatment and active surveillance is an option, this group is for you.

The first meeting will be held on December 13th at 6:30pm. This will be at the same facility where our regular monthly meeting is held, 1008 14 Street SE, in Inglewood.

Enter through the room where our regular meeting is held. We look forward to having you join us.

About Active Surveillance

Active surveillance is sometimes the most appropriate medical approach to cancer of the prostate. Why? Prostate cancer can be (but is not always) relatively slow to grow and spread, and men are frequently (but again not always) fairly elderly when their prostate cancer is diagnosed.

Combine these tendencies with improvements in our ability to monitor prostate cancer growth, on the one hand, and with the risk of experiencing side effects from more aggressive treatments, on the other, and you can see why, sometimes, active surveillance makes sense.

A responsible program of active surveillance will include regular PSA tests and digital rectal exams. A useful monitoring tool is PSA doubling time, which estimates how long it will take for a man’s level of prostate-specific antigen to double. Doctors assessing PSA doubling time may ask a prostate cancer patient to have a PSA test every three to four months. Physicians also may ask for continued biopsies to try to monitor your cancer. Note, however, that no monitoring system is infallible. Even biopsies can miss signs of prostate cancer progression.

Men who decide upon active surveillance frequently take on the responsibility of improving their general health by making lifestyle and dietary changes. They may also investigate complementary treatments.

It is important to remember, though, that active surveillance may not be appropriate for you and that it should not be undertaken to avoid or postpone more aggressive therapies if these are available to you and needed to fight prostate cancer that puts you at risk.

Active surveillance might be recommended to you if:

- You are likely to die from other causes (including old age) before your prostate cancer is likely to create problems for you;
- Your prostate cancer is small and appears to be slow growing and composed of well-differentiated cells (cells that are relatively normal looking); or
- You feel that risking the possible side effects of more aggressive treatment is unacceptable and refuse other options.

If you are under active surveillance, or you feel this might be right for you then you may wish to attend our Active Surveillance Group. Complete meeting details on the back page of this newsletter.
Ode To The Prostate

We need to have a visit, says the nurse upon the phone;
Your numbers have gone up at least enough to make us groan;
Drink a lot of water, your visit will be kind;
But we need to put a curling iron right up in your behind.

Only two or three weeks later, the Rockyview it is;
There are no long time wait lines, when prostate is the bis’
Some unattractive stockings and a very fancy bed;
Three young and gorgeous nurses, you know you’ll never wed.

They wheel you down the hall, and then they leave you there;
To ponder your lifes work, before your legs go in the air;
The next thing you’ll remember is being back in bed;
And a nice nurse gives you morphine; another you can’t wed.

Now comes the smiling doctor; he’s so proud of his work;
We got that pesky prostate; and our duties we did not shirk;
Your nerves are just as good as when you were a teen;
Within six months we’re sure, all the ladies will be keen;

There are just a few adjustments that you’ll need to make for now;
Like a catheter that dangles like the milker on a cow;
And then that little leaking thing, that’s handled by a pad;
That part is pretty easy; its the buying them that’s bad.

But the months go by, you feel so good
And you know you’re cancer free;
That the main thing that you think about
Are all the waiting females numbering one and two and three?

There are some minor issues; like peeing on the floor;
Your little buddy now points straight like he’s never done before;
The first time that this happens; you can’t believe your eyes.
Your pants are soaked and your little friend appears about half his size.

But never mind, your doctor smiles; these pills will do the trick;
But you only get a headache with some minor stirring in your _ _ _ _ _;
In the meantime, all the ladies, who thought you were so cool;
Are turning their attentions to some other lusty fool;

continued on next page
Ode To The Prostate - continued

Don't worry friendly doctor says; here’s a needle for your use;
And you wonder if the doctor should be arrested for abuse.
You do get some reaction, of that there is no doubt;
But nothing you could use to get you in, or let you out!

So two years after P-Day, yes I’m glad to be alive;
And hope still springs eternal, when I put myself in drive;
But no matter how sweet the target, or how lusty I might feel;
No sensual words of hope can replace the real deal.

So all you medic scientists; who can get the prostate out
With scars as small as pennies and with confidence no doubt;
It’s time to turn your focus; to the man who’s left behind;
And help him live his fantasy in more than just his mind!!!

Written and submitted by Calgary George

Well Worth the Read

Book Review: The Emperor of All Maladies
By John Hastie

As a cancer patient, rarely have I picked up a book on the subject of cancer that I found as intriguing.

If you have ever wondered why a cure for this disease is so elusive, this may be the book for you.

Maladies is skillfully written in a clear and concise manner by Dr. Siddhartha Mukherjee, a cancer physician at Columbia University Medical Centre. He started writing the book in an effort to explain cancer to his patients.

It is rare to find a clinician who can write for the layman about the disease of cancer in the form of an easily read historical novel. But these chapters, chronicling thousands of years of “discoveries, setbacks, victories and deaths” are not fiction.

He is able to weave heartrending patient experiences into the amazing advances in our knowledge of the disease over the centuries.

As the incidence of cancer is increasing and fast becoming the most common disease of all, this book provides a fascinating glimpse into the future of cancer. In part, due to the immortality of cancer cells, cancer medicine will likely proceed in three directions:

First - targeted therapy against identified genes.
Second - cancer prevention through avoidance of known preventable carcinogens.
Third - a new direction in our understanding of cancer genes and pathways explains the behaviour of cancer leading to novel treatments. It is highly recommended.

John Hastie is on the editorial board for the Man2Man Newsletter of the Prostate Cancer Centre, London Regional Cancer Program. Reprinted with permission.
Achilles’ heel in lethal prostate cancer discovered

2011/12/01 - Urology Times

An international research team has discovered a genetic Achilles’ heel in neuroendocrine prostate cancer—a vulnerability that researchers say can be attacked by a targeted drug that is already in clinical trials to treat other types of cancers.

Reporting their findings online in Cancer Discovery (Nov. 17, 2011), the authors say the investigational Aurora kinase inhibitor PHA-739358 had a dramatic response in animal models of neuroendocrine prostate cancer.

The findings “are very exciting, because our bench-to-bedside approach identified a new molecular target for a subtype of prostate cancer for which a drug is now available,” said senior author Mark A. Rubin, MD, of New York-Presbyterian Hospital/Weill Cornell Medical Center, New York.

The finding is especially important because many men are now being treated with new, highly potent androgen suppression therapy, which the authors believe will significantly increase the risk of future development of neuroendocrine tumors.

Although most of the men who die of advanced prostate cancer each year have been treated with androgen suppression therapy, it is impossible to know how many of them developed neuroendocrine tumors because patients are not usually biopsied at that stage of their disease, the authors say. Studies to define changing biology in prostate cancer are only now starting.

“Still, there is evidence to suggest that androgen suppression results in a more aggressive cancer in a growing number of men, and now, with this study, we may have a way to treat these patients,” said lead author Himisha Beltran, MD, also of New York-Presbyterian Hospital/Weill Cornell Medical Center.

The study demonstrated that PHA-739358 worked against human neuroendocrine prostate cells in the laboratory, and that it had a dramatic response in mouse models of neuroendocrine prostate cancer. It shrank large tumors to very small sizes in a short period of time, compared with untreated mice. There was also significantly enhanced sensitivity of neuroendocrine prostate cancer compared to prostate adenocarcinoma, the researchers reported.

“Well, not only are we eager to test the drug in patients diagnosed with neuroendocrine prostate cancer, we hope to develop biomarkers that can help us screen patients for these cells before the cancer advances,” Dr. Beltran said.

Well-Done Red Meat May Increase Risk For Aggressive Prostate Cancer

2011/11/28 - Medical News Today

New research led by the University of California, San Francisco (UCSF), offers further evidence of a link between aggressive prostate cancer and meat consumption, and suggests it is driven largely by consumption of grilled or barbecued red meat, especially when it is well-done. The researchers hope their findings will help determine which potential cancer-causing compounds should be the target of prostate cancer prevention strategies.

Senior author John Witte, from the Department of Urology, the Department of Epidemiology and Biostatistics, and the Institute for Human Genetics, Helen Diller Family Comprehensive Cancer Center, at UCSF, and colleagues, describe how they arrived at this conclusion in a paper published on 23 November in the online journal PLoS ONE.

The researchers embarked on the study because although established, the link between meat consumption and prostate cancer was not clear, and they wondered if this inconsistency reflects an effect whereby different types of tumors are linked to different types of meat preparation, due to different cancer-causing compounds, or
For their case-control study, between 2001 and 2004 they enrolled 470 men with aggressive prostate cancer and 512 matched controls who did not have prostate cancer. All the men had completed questionnaires that enabled the researchers to assess not only their meat intake for the previous 12 months, but also what type of meat and how it had been prepared, including “doneness level” from rare to well-done. The participants were recruited from major clinics and hospitals in Cleveland, Ohio.

The researchers used the National Cancer Institute’s CHARRED database, which contains the mutagen content for each type of meat by cooking method and doneness. This data, together with the intake quantities given by the respondents, meant they could estimate participants’ consumption levels of chemicals that have the potential to transform into cancer-causing compounds or carcinogens, such as heterocyclic amines (HCAs) and polycyclic aromatic hydrocarbons (PAHs).

Then, using statistical tools, they analyzed the assembled data to look for associations “between overall and grilled meat consumption, doneness level, ensuing carcinogens and aggressive prostate cancer”.

They found that:

- Higher consumption of any ground beef or processed meats was positively linked with aggressive prostate cancer, with ground beef showing the strongest association.
- The main driver of this link was intake of grilled or barbecued meat, with more well-done meat tied to a higher risk of aggressive prostate cancer.
- Men who ate high levels of well or very well cooked ground beef had twice the odds of developing aggressive prostate cancer compared to men who ate none. Low consumption raised the odds to 1.5.

In contrast, no such link was found between consumption of rare or medium cooked ground beef and aggressive prostate cancer.

Looking at the potential carcinogens produced by cooking meat at high temperatures, they detected an increased risk of aggressive prostate cancer tied to MelQx and DiMelQx, such that comparing the top 25% of intake with the lowest 25% of intake, the odds were 1.69 for MelQx and 1.53 for DiMelQx.

In their discussion, the authors refer to several means by which cooking meat to the well-done stage produces potential cancer-causing compounds or their antecedents. For example:

“Heterocyclic amines (HCAs) and polycyclic aromatic hydrocarbons (PAHs) are chemicals formed when muscle meat such as beef, pork, fish or chicken are cooked by high temperature methods such as pan frying or cooking over an open flame.”

For instance, cooking meat on an open flame causes the fat and juices to drip into the fire, this produces the PAHs, and they get coated back onto the meat when it is licked by the flames.

The researchers conclude their findings show that high consumption of meat, especially grilled meat, and well or very well done red meat in particular, is positively linked with an increased risk of aggressive prostate cancer.

“Although certain mutagenic compounds, such as MelQx and DiMelQx, may play a role in this process, other molecules may also be involved and further studies are required to better characterize the potential role of these compounds in prostate carcinogenesis and to see whether these compounds may be targeted for chemoprevention of prostate cancer,” they write.

Grants from the National Institutes of Health helped pay for the study.

The above news excerpts are for informational purposes only.

Please always speak to your Doctor about all your concerns and questions related to your health.
Upcoming Events
2nd Tuesday - December 13th

5:00pm - Pre-meeting Dinner Get-together
Salt & Pepper Restaurant - 1413 9th Avenue SE
Join fellow members for a pre-meeting social time, good food and drink at the Salt & Pepper Restaurante Mexicano. The restaurant is only a very short walk from Venu1008 where we hold our monthly meeting. Let us know if you will join us so that we can let the restaurant know. They’re not happy otherwise. Call and leave a message for Jason at 403-455-1916

6:00pm - PCCN Calgary Warriors
Venue1008 - 1008 - 14Street SE
For those men and their families dealing with advanced prostate cancer we have the Calgary Warriors. The Warriors are a caring and compassionate group, well organized and full of information. The Warriors serve the very important needs of hormone refractory and all those who have an interest in management of advanced prostate cancer.

6:30pm - Active Surveillance Group
Venue1008 - 1008 - 14Street SE
Men under active surveillance often have a whole set of questions and fears often not well addressed. This group will give men the opportunity to learn from others who chose the same course for managing their prostate cancer. If you are under active surveillance, or if you are deciding on treatment and active surveillance is an option, this group is for you.

7:30pm - Our December Monthly Meeting
Venue1008 - 1008 – 14 Street SE
Local Resources You May Not Know About
Presenters from three of Calgary’s top cancer organizations join us to share the many resources and supports in Calgary but that many don’t know exist. Very valuable even for those who are long past treatment as available resources go well beyond medical.

Neighbourhood Social Groups
Last month we started a pilot program for small groups of our members to meet throughout the city over lunch or breakfast. Two meetings have been established. The purpose of these meeting is to give our members the opportunity to meet and socialize outside of our regular monthly meetings. This is a great way to better know fellow members and meet others. Please feel free to attend either or both of the upcoming meetings.
Beverages and snacks provided.

Thursday December 1st - 11:30am
Thorncliffe/Greenview Social Group
Denny’s Restaurant
5015 4 Street NE
(McKnight Blvd and Edmonton Trail)

Thursday December 8th - 8:00am
Bonavista Social Group
Ricky’s All Day Grill Restaurant
606-12101 Lake Fraser Drive SE
(Avenida Shopping Centre)

GETCHECKED.CA
The Man Van™ is a valuable resource offered by the Prostate Cancer Centre to provide on-site free baseline PSA blood tests for men over 40. The Man Van™ makes appearances at select events, but can also be found around the community each month. For the current schedule please visit GETCHECKED.CA