

# The Digital Examiner

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Dr. Digital

## Getting Started



Well, this is my first Digital Examiner. In this and future issues, you hopefully will find information useful as you and your family

work through your journey with prostate cancer.

A key feature of our PCa support group is the camaraderie and friendships our members develop. In most cases, we never would have met had we not joined PCCN-Calgary. These relationships develop at our monthly meetings, Active Surveillance and Warrior groups, attendance at conferences and volunteer events.

You and I didn't choose to have prostate cancer, it chose us. Since I was diagnosed with advanced prostate cancer 7½ years ago and joined PCCN-Calgary and our Warriors group, I have been privileged to meet so many fine people. And now I'm able to serve as your Executive Director. Please don't hesitate to call me with suggestions as to how we might improve our services in Calgary and its surrounding communities to men and their families dealing with prostate cancer.

Our journeys continue .....

**Stewart Campbell**  
Executive Director

## Casino Volunteers Needed

**Cowboys Casino. June 6th and 7th.**

Day and Evening Shifts. We need 32 volunteers: General Managers, Bankers, Cashiers, Chip Runners, Count Room Staff and backups.

**Contact Stewart Campbell**

## Tuesday, March 11th, 2014

### Meeting Schedule

**5:00 PM:** No-host dinner at Moxies. Park at Kerby Centre and walk east two blocks to Moxies. We will find room for you at the table!

**6:30 PM:** **PCCN Calgary Warriors** meet in the boardroom at Kerby Centre. Jim Swaile, Facilitator

**6:30 PM:** **PCCN Calgary Newly Diagnosed & Active Surveillance** meet in Room 331 at Kerby Centre, Ron Singer, Facilitator

**7:30 PM:** **General Meeting.** Kerby Centre Lecture Theatre

**Dr. Mack Roach III, MD**  
**Univ. California, San Fran.**  
**Radiation Oncology**  
**2013 PCRI Video**

*Refreshments will be served and there will be lots of time to socialize.*

**Come join us on March 11th, 2014.**  
**Ladies and family members are always welcome at our meetings.**

## Choosing Wisely Canada

**Engaging Physicians and Patients in Conversation about Unnecessary Tests and Procedures.**

Every industrialized country is concerned about the rising costs of health care. Canada spends almost \$200 billion each year — about 12% of its gross domestic product — on health care.

Canada is preparing to follow in the footsteps of the popular US campaign *Choosing Wisely*. *Choosing Wisely Canada* [www.choosingwiselycanada.org](http://www.choosingwiselycanada.org) is designed to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and supports physician efforts to help patients make smart and effective choices to ensure high-quality care.

*Choosing Wisely Canada* is working with 24 Canadian specialist societies. Physician leaders strongly support the campaign, which is endorsed by their specialty societies, the Canadian Medical Association, the provincial and territorial medical associations, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians Canada and the Canadian Association of Professors of Medicine.

The Canadian campaign is focusing on educating medical students, residents and faculty members of academic medical centres. The underlying premise is that physicians must lead the conversation, because they determine the appropriate or inappropriate use of resources. The Canadian campaign will also emphasize patient and public education to help individuals and their physicians make informed choices, and to support a broader dialogue on the issue of unnecessary tests and treatments.

Wendy Levinson MD, Tai Huynh MBA. Department of Medicine (Levinson), University of Toronto, Toronto, Ont.; Centre for Innovation in Complex Care (Huynh), University Health Network, Toronto, Ont. CMAJ 2014. DOI:10.1503/cmaj.131674.

## CancerBridges & Survivorship

CancerBridges is a support service of Alberta Health Services for cancer survivors. Programs are delivered through the Tom Baker Cancer Centre, Cross Cancer Institute and regional cancer clinics. Below are titles to some videos dealing with survivorship education presented by clinicians from TBCC and CCI and posted to the CancerBridges website at [www.cancerbridges.ca](http://www.cancerbridges.ca)

### Tom Baker Cancer Centre (TBCC)

- SEX and Intimacy for Cancer Survivors.
- Complementary and Alternative Therapies – What Works and What Doesn't.
- Brain Fog.
- Help to Deal with Emotions.

- Spirituality and a Cancer Journey.
- Physical Activity.

### Cross Cancer Institute (CCI)

- Living Well with Cancer – Positive Psychology
- Exercise – The Medication We All Should be Taking.
- Fighting Cancer with a Fork and Knife.
- Nutrition – Living Your Best Life with Cancer
- Cancer Related Fatigue.
- Fear and Uncertainty

## Measure Twice, Cut Once - What is the Proper Role for Surgery in Prostate Cancer 2013?

20<sup>th</sup> Annual Prostate Cancer Foundation Scientific Retreat, October 2013. [www.pcf.org](http://www.pcf.org)

This session included a panel of urologists and medical oncologists who discussed issues regarding the role of surgery in the treatment of prostate cancer patients. The key topics discussed included: 1) which patients should be treated with surgery, and 2) how should surgery be integrated with other treatment strategies?

Moderator: Stuart Holden, MD, Prostate Cancer Foundation Medical Director & Cedars-Sinai Medical Center

### Panelists

- Eric Klein, MD, Cleveland Clinic Foundation
- Philip Kantoff, MD, Dana-Farber Cancer Institute
- Chris Logothetis, MD, University of Texas MD Anderson Cancer Center
- Patrick Walsh, MD, Johns Hopkins University

### 1. Which patients should be treated with surgery?

- With the introduction of safer methods for anatomic radical prostatectomy along with PSA screening for prostate cancer patients in the early 1980s, the number of patients diagnosed with PCa and undergoing prostatectomies ballooned in the 1980s-90s.
- Many patients who underwent surgery likely did not benefit. Overtreatment of low-grade PCa has been an ongoing issue. This is expected to change with new knowledge from clinical studies and the advent of precision medicine to better select patients for watchful waiting vs. prescription of specific treatments.

- Surgery has been avoided in patients with locally advanced and metastatic disease, because urologists felt they could not be cured. However, practice indicates that patients with intermediate to advanced disease are the group that most benefit from surgery. For instance, in a Scandinavian monitoring trial, Gleason 8-10 patients gained the best mortality benefit from surgery, and surgery reduced the likelihood of later needing hormonal therapy. Radiation therapy and surgery have similar potency morbidity rates in patients with high volume disease, so surgery for these patients should be considered.
  - Patients who present with positive lymph nodes survived longer if they underwent surgery. These patients who historically had not been operated on should be considered for surgery.
  - For patients with metastatic PCa, those who were previously treated by surgery or radiation therapy of the primary tumor had improved responses to hormonal therapy. This is could be due to loss of a “re-seeding” tumor bed. Initial treatment of patients with surgery extended the interval from time of metastatic presentation to PCa specific mortality, compared with radiation therapy.
  - The issue of whether patients with local but aggressive disease should be treated with surgery vs. radiation therapy should be addressed in clinical trials.
  - One clinical trial has started to determine optimum local control in metastatic patients, stratified by biology & disease burden.
- 2. Which patients should be treated with surgery?**
- Prostate cancer has not followed the paradigms of other solid tumors, including in responses to chemotherapy. For instance, randomized trials in >300 patients showed similar survival curves for patients receiving hormones vs. hormones combined with chemotherapy. Chemotherapy given pre-operatively has little benefit.
  - In high-grade/high-volume disease, the “cure rate” is only improved ~5% with surgery alone, but 18% when surgery is combined with radiation therapy. Thus, there is a need to discover which patients will benefit from this dual therapy.
- The advent of precision medicine combined with the recent influx of many new treatment options will lead to robust scientifically-driven procedures for matching patients with therapies. Multi-modal clinical trials using precision-medicine decisions that select patients for therapies and therapeutic combinations should be performed and include surgery and radiation therapy comparison arms.
  - Optimizing the combination, sequencing, and duration of therapy needs to be performed. For instance, would neo-adjuvant treatment, followed by surgery, and then systemic therapy give better outcomes?
  - Comments from the floor centered on the integration of surgery with other treatments and precision medicine. Points made by the audience included the consideration that cryoablation and radiation therapy as opposed to surgery may be optimal when followed by immunotherapies as these treatments promote immune-system sensitizing tumor cell death. Overall, the biology of the treatments must be considered when designing therapeutic combinations.
  - Dr. Howard Sandler, a radiation oncologist, was asked to weigh in on the hypothesis that adding surgery to hormones and radiation could improve outcome for patients with locally advanced high-grade disease. He was not optimistic enough to recommend this be done, but agreed that we owe it to patients to determine what is best.
  - Dr. Walsh responded that in all cohort studies, none show that patients with radiation fared better than surgery. Surgery generally gave a better outcome but may be due to patient selection. Radiation may not completely sterilize the area. Well-designed clinical trials are needed to make a true determination.
- The panel concluded that prostate cancer paradigms need to be changed in regards to the role of surgery. This is particularly true in this new age of precision medicine. Most clinical trials with surgical arms have been poorly designed and new studies need to be performed to definitively prescribe the role for surgery.

## Busy, Fun-Loving People

PCCN-Calgary Director Rob Pentney hiked to the top of Mount Kilimanjaro in Tanzania on the morning of February 18th. He emailed saying *"I could think of no better cause and person to honour than Prostate Cancer Canada and my father Harry Pentney, who died of prostate cancer. Therefore, I carried the PCC tie to the top and wore it with a smile"*.



## Dark Side Racing

Dark Side Racing, together with its team sponsor [Harley Davidson of Calgary](#), is hosting a raffle during the 2014 season with proceeds to PCCN-Calgary. The first show of the year for Dark Side's dragster was the World of Wheels at the BMO Centre on the Stampede grounds Feb 21 – 23. Harley Davidson of Calgary sponsored PCCN-Calgary's fee to attend. Our PCCN-Calgary banner was seen by thousands of Calgarians at the show and our 11 volunteers struck up conversations with many men and women about prostate cancer.

The Grand Prize is a \$600 Harley Davidson leather riding jacket generously donated by Harley Davidson of Calgary. The jacket features the signature Harley Davidson embroidery and edgy styling details. Check out pictures of the Harley Davidson riding jacket at [www.pccncalgary.org](http://www.pccncalgary.org). Kelly says its gorgeous!! Second prize is \$300 and third prize is \$100. The draw will be held Sept 30, 2014 or earlier, if all 2500 tickets are sold sooner. Ticket price - \$2/ticket. **Contact any PCCN-Calgary Director to pick up a book of tickets to sell.**



David, Kelly and son Nicholas are wonderful people. They know all about PCa. David, who races the dragster, had brachytherapy at TBCC 10 years ago, and salvage brachytherapy a few months ago. His PSA is once again almost undetectable. Kelly and Nicholas are working to be certified to drive the dragster in 2015.

## Tailgate for Charity

Tailgate for Charity meets prior to Calgary Stampeder home games for fellowship, good food and refreshments. Donations are collected for charity. Below is a picture of Doug Lapierre from Tailgate presenting a cheque for \$4500 from the 2013 season to our President Steve Belway at our January Board of Directors meeting which was held at Spoulumbos. Tailgate has chosen to support PCCN-Calgary again in 2014 in honour of Alan Lang, former member of PCCN-Calgary.



## Show 'n Shine

PCCN-Calgary's 6th Annual Show 'n Shine will be held at the Grey Eagles Casino on Sunday, June 29, 2014. The Show 'n Shine is a great opportunity to see some great vehicles. **See Ron Gorham to volunteer .....**