

The Digital Examiner



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Between the Sheets

I have always had a special interest in the Order of Canada after my mother was appointed to the Order for her work with youth choirs in Lethbridge, AB. Just recently, Dr. Klotz from the Sunnybrook Health Sciences Centre in Toronto and the father of Active Surveillance, was appointed a Member of the Order of Canada. Between the sheets, I've assembled an interesting read about Dr. Klotz and the controversies he faced in the medical community as he developed this approach to treating men diagnosed with low-risk prostate cancer. Active Surveillance for men with low-risk prostate cancer is now practiced world-wide.

Stewart Campbell, Executive Director

True NTH Lifestyle Management Program

True NTH Lifestyle Management is a new program funded by **MOVEMBER** and **Prostate Cancer Canada** and being rolled out on a national and global scale. The program will:

- Provide men living with prostate cancer access to quality life-enhancing information, care and support through a number of "solutions".
- Empower men to learn more about physical activity, nutrition, and stress-reduction practices.

Lead by Dr. Nicole Culos-Reed at the University of Calgary, this initiative brings together leading experts to design and implement wellness resources across Canada. This includes programming and education delivered in-person and online to help educate and promote long-term physical activity, nutrition, and stress-reduction practices. Fitness professionals will be specially trained to provide programs specific to the needs of men.

February 2015

Number 185

Tuesday, February 10, 2015 Meeting Schedule

- 5:00 PM: Moxie's Grill & Bar**
888 7th Ave. SW, Calgary, AB
- 6:30 PM: Ladies and Caregivers**
NEW!! Room 313 at Kerby Centre
Kelly Fedorowich, Facilitator
- 6:30PM: Newly Diagnosed & Active Surveillance Group**
Room 311 at Kerby Centre
- 6:30 PM: Warriors Group**
Board Room at Kerby Centre
- 7:30 PM: General Meeting.** Kerby Centre Lecture Theatre

Lifestyle Management for Prostate Cancer

Michael Dew, MSc, CSEP-CEP, Exercise Physiologist

Our General Meetings are open to the public and free. Cookies, fruit and refreshments will be served.

Come join us at the Kerby Centre at 1133 7 Avenue SW, Calgary, AB T2P 1B2.

Parking is FREE at the Kerby Centre in lots on both sides of 7th Ave. The WEST LRT stops at the Kerby Station, right at the front door of the Kerby Centre.

Ladies, family members and caregivers are always welcome at our meetings.

A Lifestyle Management pilot program has recently begun in Calgary. The 12-week program features fitness assessments, individualized activity prescriptions, physical activity classes, yoga and educational seminars. **You are invited to take part.**

Participation in the program is FREE.

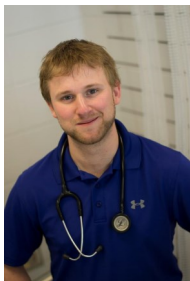
Programs will be held at several locations:

- Richmond Road, MWF, 11am—12pm
- U of C Thrive Centre, Thurs, 6—7:15pm
- Rockyview Hospital, Wed, 5—6:00pm

To register, please phone 403 210 8482.

Speaker for Tuesday, Feb 10

Michael Dew, MSc, CSEP-CEP

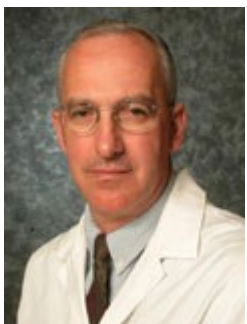


Mike is a CSEP-Certified Exercise Physiologist with the Health and Wellness Lab at the University of Calgary. He is project coordinator for **True NTH Lifestyle Management**.

He conducts fitness assessments for various tumour groups involved in studies within the lab. He enjoys advocating for the importance of physical activity as a fundamental part of rehabilitation. Michael completed his undergraduate and graduate degrees at the University of Calgary, focusing on health and wellness psychology, clinical exercise physiology, and neuromotor rehabilitation.

Order of Canada Award

Dr. Laurence Klotz, C.M.



OTTAWA— On Dec 26, 2014, his Excellency the Right Honourable David Johnston, Governor General of Canada, announced 95 new appointments to the Order of Canada. The new appointees include 3 Companions (C.C.), 13 Officers (O.C.) and 79 Members (C.M.).

Dr Laurence Klotz, C.M., a urological oncologist at Sunnybrook Health Sciences Centre at the University of Toronto, was one of the outstanding Canadians appointed to the Order of Canada.

The award was granted *“for his contributions to the treatment of prostate cancer, notably for leading the adoption of active surveillance as a standard aspect of patient care”*.

Dr. Klotz served on the Board of Directors of **Prostate Cancer Canada** from 1998 to 2011 and has been an Honorary Director since November, 2012.

In Active Surveillance — a term developed by Dr. Klotz — emphasis is placed on the close monitoring of men with low-risk prostate cancer, with selective definitive intervention for those who are diagnosed with higher risk over time. His pioneering work is now practiced world-wide.

In the January 2013 issue of PROSTATE FORUM, Dr. Charles (Snuffy) Myers stated:

“no one else has done so much to establish active surveillance as a viable option for men with Gleason 3+3=6 and select cases of 3+4=7. It is important for our readers to hear about the initial resistance he faced from the field. I remember the controversy very well. It is often true that the most revolutionary ideas in medicine trigger the greatest resistance, even anger. We all owe a debt to investigators like Dr. Klotz for having the courage to break with conventional wisdom. Without such courage, major advances do not occur.”

Back in Jan, 2013, Dr. Myers asked Dr. Klotz, *“Can you talk about the history of active surveillance and how you came to create such a novel approach?”*

After PSA testing was adopted about 17 or 18 years ago, there was a dramatic spike in the incidence of prostate cancer. At the time, the consensus was that we needed to treat these patients. It was known that microfocal low-grade cancer was prevalent in men’s prostates. It seemed apparent that a lot of men might have a disease that was not clinically significant, but no one had really tried to grapple with what that meant.

The only alternative to treatment was watchful waiting, which meant no treatment until metastatic disease. Watchful waiting had been carried out in some areas like Scandinavia, which had the highest rate of PCa mortality in the world. As you can understand, watchful waiting as it was practiced then didn’t seem appealing. It was a conundrum.

One day, a couple of radiation oncologists and I went out for lunch to decide how we could develop a prospective way of approaching men with disease that was not clinically significant. We obtained a \$35,000 grant from the **Prostate Cancer Research Foundation**. It was a new organization and ours was the first grant they gave out. It allowed us to set up a prospective clinical trial with a data manager. We started managing patients with expectant management, tracked their PSA, and occasionally repeated the biopsy. We treated those who had poor PSA kinetics or grade progression.

We got our first 230 patients and published our results in 2002. The publication created a firestorm, because many people felt this approach was wrong. People felt we were under-treating patients and that patients die unnecessarily. It was an intense period.

But our results were superb. No one was dying of prostate cancer. Eventually, the pendulum swung dramatically. The data got better and better. Other people adopted the approach. We came up with the term active surveillance,

which emphasized that this was an active and not a passive approach. Today (Jan, 2013), 5,000 patients are enrolled in about 8 prospective series. The mortality rate from prostate cancer is in the 1% range.

Over the years, we refined our basic approach. We:

- Determined how to use PSA testing more effectively,
- Determined that biopsy was necessary, and men needed a second biopsy to target the areas that were missed,
- Learned that about 1/3 of patients diagnosed with Gleason 6 prostate cancer harbored higher grade cancer, and we
- Developed a more rigorous approach to finding those more aggressive cancers earlier, including use of MRI.

The other change has been among patients themselves. Fifteen years ago, when we said to a patient, “*You have cancer, and you don’t need treatment,*” they felt it was a complete contradiction. It took a long time to explain that not all cancers really pose a threat. Now, there is much greater understanding. Patients more willingly accept the concept that they may not need to be treated immediately.

There has also been wide recognition that over-treatment is a problem. Back when we started that was not recognized.

When the US Preventative Services Task Force came out with its 2012 recommendation against screening because of over-treatment, it was a real wake-up call that something had to change. We had to begin to treat selectively.

At least in informed circles, active surveillance is now considered to be a standard of care. From my perspective, it has been the most amazing journey from very entrenched resistance to almost over-exuberant acceptance.

For the complete interview of Dr. Klotz, see PROSTATE FORUM Volume 15 No. 7 at www.prostateforum.com

About the Sunnybrook Health Sciences Centre

From its beginnings as a hospital for Canadian veterans, Sunnybrook has become a fully affiliated teaching hospital of the University of Toronto. With 1.2 million patient visits each year, Sunnybrook is the largest single-site hospital in Canada, with four strategic areas of focus:

- Heart and stroke
- Cancer
- Trauma, emergency and critical care
- Women and babies

Sunnybrook's 200 scientists and clinician-scientists conduct more than \$100 million of breakthrough research each year.

Abiraterone Acetate Plus Prednisone for Chemotherapy-Naive Prostate Cancer

Background

Abiraterone acetate plus prednisone significantly improved radiographic progression-free survival compared with placebo plus prednisone in men with chemotherapy-naive castration-resistant prostate cancer at the interim analyses of the COU-AA-302 trial. Here, we present the pre-specified final analysis of the trial, assessing the effect of abiraterone acetate plus prednisone on overall survival, time to opiate use, and use of other subsequent therapies.

Methods

In this placebo-controlled, double-blind, randomised phase 3 study, 1088 asymptomatic or mildly symptomatic patients with chemotherapy-naive prostate cancer stratified by Eastern Cooperative Oncology performance status (0 vs 1) were randomly assigned in a 1:1 ratio to receive either:

- Abiraterone acetate (1000 mg once daily) plus prednisone (5 mg twice daily); or
- Placebo plus prednisone.

Copriary endpoints were 1) radiographic progression-free survival and 2) overall survival.

Results and Take Home Message

In this randomised phase 3 trial with a median follow-up of more than 4 years, treatment with abiraterone acetate (Zygit) prolonged overall survival compared with prednisone alone by a margin that was both clinically and statistically significant. Median overall survival was 35 months in the abiraterone arm vs 30 months in the placebo arm. This survival advantage was evident despite the fact that 45% of patients in the placebo arm subsequently crossed over to receive abiraterone. The most common grade 3/4 adverse events increased with abiraterone were cardiac disorders, increased alanine aminotransferase, and hypertension.

Questions for future research include how best to combine and/or sequence the new AR-targeted therapies and whether they can improve outcomes in earlier disease settings.

For the complete text, see CJ Ryan, MR Smith, K Fizazi, *et al.* *Lancet Oncol*; 2015 Jan 15; EPub Ahead of Print.



We sincerely thank **West Canadian Digital Imaging Inc.** for printing and distributing **The Digital Examiner**.

SAVE THESE DATES!!

Volunteers Needed

PROSTAID Calgary will have booths at several upcoming shows and fund raising events. These shows allow us to:

- Spread our message about prostate cancer to > 60,000 visitors attending these shows.
- Encourage men 40 years of age and over to visit the **Prostate Cancer Centre's ManVan** to have a blood test to establish their baseline & trend in PSA.

We are only able to participate in these events with your support as volunteers. Please contact Stewart Campbell if you are able to help. Phone: 403 455 1916 or Email: executive.director@pccncalgary.org.



Feb 20—22, 2015 for the World of Wheels - Calgary show at BMO Centre, Stampede Park. We will be sponsored at this show by our partners Darkside Racing.



Sunday, March 1, 2015. Do it for Dads Step-Up Challenge is a national fund raising activity of **Prostate Cancer Canada**. Calgary's challenge takes place in 5 downtown skyscrapers and will involve participants climbing 5,000 feet! Don't worry - volunteers. You won't need to climb all those stairs!

Prostate Cancer Canada is looking for volunteers for these positions:

Building Supervisor	Team Leader
Guest Services	Race Marshall
Time Keeper	Event Runner

If you are interested to volunteer, please [click here](#) for PCCanada's registration form or email Bobby Hrehoruk, Volunteer Engagement, Prostate Cancer Canada at bobby.hrehoruk@prostatecancer.ca.

Funds raised in Calgary will support PCa programs at the Tom Baker Cancer Centre and Prostate Cancer Canada.



Sunday, June 28, 2015. Our **7th Annual Show 'n Shine** will be held just prior to the Calgary Stampede at the Grey Eagle Resort & Casino. We registered a record number of classic cars, trucks

and motorcycles last year and have space for 500 vehicles.

In addition, we will have:

- **Musical entertainment** to stir up the crowd,
- Our 2nd **Men's Health Challenge** exhibition, and
- The **Prostate Cancer Centre's ManVan** to provide baseline and trending PSA tests to men 40 years and older.

CANCER SURVIVORSHIP SYMPOSIUM

Saturday, March 28, 2015, 8:30am—5:00pm
Grey Eagle Resort and Casino, Calgary

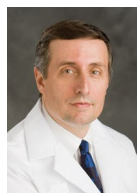
On Saturday, March 28 from 8:30am—5:00 pm, **PROSTAID Calgary** will hold our **1st Cancer Survivorship Symposium** at the Grey Eagle Resort & Casino in Calgary. We are lining up an exceptional faculty and panelists for this symposium. There will be a Hospitality Room on Friday evening from 6:00—9:00 PM and a Health Exhibition on Saturday by non-profit and commercial health care providers.

Men and women who are cancer survivors, caregivers, and leaders of support groups from across western Canada are all invited to attend. We hope to attract > 200 registrants.

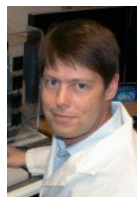
There is no registration fee for the Symposium. However, attendees will be responsible for travel and accommodation.

The Grey Eagle Resort & Casino has exceptional hotel and meeting facilities for this type of event. For the Symposium, Grey Eagle Hotel is offering a reduced rate for a deluxe two queen bed room including a breakfast for \$154/night.

Confirmed Speakers



Mark Moyad, MD, MPH from the University of Michigan. Dr. Mark Moyad is the only physician in the US who has an endowed chair to study vitamins, minerals, herbs, and other supplements. He's the doctor other doctors go to when they want research-backed information on natural remedies.



John Lewis, PhD is Associate Professor and the Frank and Carla Sojonyk Chair in Prostate Cancer Research at the University of Alberta in Edmonton. Dr. Lewis studies cancer metastasis and is developing strategies to detect and block the spread of cancer.



John Oliffe, PhD, RN is Associate Professor at the School of Nursing, University of British Columbia. His health research program includes prostate cancer, smoking patterns in men (www.facet.ubc.ca), mental health, depression & suicide, and assessment of the work of cancer support groups.



Nicole Culos-Reed, PhD is an Associate Professor in Health and Exercise Psychology in the Faculty of Kinesiology, and Adjunct Associate Professor in the Dept. of Oncology, Faculty of Medicine, Univ. of Calgary. The goal of her research is to develop physical activity programs that positively impact the physical and psychological factors that cancer survivors experience, ultimately enhancing patient quality of life.

THE SYMPOSIUM IS FREE. PLEASE REGISTER EARLY:

- Complete & return the registration form enclosed in the envelope with this issue of **The Digital Examiner**;
- Register on-line at www.prostaidscalgary.org;
- Phone 403 455 1916; or
- Email info@pccncalgary.org.