

The Digital Examiner



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Cancer Survivorship



Over the years, we've had a lot of speakers address various aspects of Cancer Survivorship.

In cancer, survivorship focuses on the health and life of a person with cancer after primary treatment until the end of life. It covers the physical, psychosocial, and economic issues of cancer, beyond the diagnosis and treatment phases.

Survivorship includes issues related to:

- The ability to get health care, support and follow-up treatment,
- Late effects of treatment,
- Relapse and second cancers, and
- Quality of life.

Family members, friends, and caregivers are also considered part of the survivorship experience.

On our website at www.pccncalgary.org and our YouTube channel pccncalgary, we have more the 50 videos of prior presentations at our General Meetings. The topics of more than half of these videos address various aspects of survivorship. They are truly great information resources for cancer survivors and those living with cancer.

Stewart Campbell, Executive Director

Living Your Best Life While On Androgen Deprivation Therapy



Drs. Richard Wassersug, Lauren Walker and John W. Robinson are joint authors of the book

"Androgen Deprivation Therapy: An essential guide for men with prostate cancer and their loved ones". Drs.

Walker & Robinson will speak at our General Meeting starting at 7:30pm on Tuesday, April 14 at the Kerby Centre.

April 2015

Number 187

Tuesday, April 14, 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

6:30 PM: 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

Living Your Best Life While On Androgen Deprivation Therapy

Lauren M. Walker, PhD and John W. Robinson, PhD, R Psych

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.

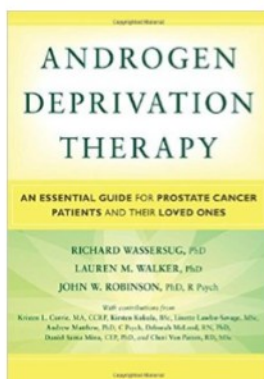
Parking is FREE at the Kerby Centre in lots on both sides of 7th Ave. The WEST LRT stops at the Kerby Station, right at the front door of the Kerby Centre.

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

Presenters:

- Lauren M. Walker, PhD is a registered provisional psychologist at the Tom Baker Cancer Centre and is currently completing her fellowship in the Department of Oncology, Cumming School of Medicine, Univ. Calgary.
- John W. Robinson, PhD, R Psych has been a clinical psychologist and a member of the Genital Urinary Program at the Tom Baker Cancer Center since 1986. He is an adjunct associate professor in the Department of Oncology, Cumming School of Medicine, and Clinical Psychology, Univ. Calgary.

Androgen Deprivation Therapy: An essential guide for men with prostate cancer and their loved ones



This book is the only guide written exclusively about the side effects of androgen deprivation therapy (ADT), also known as hormone therapy. It offers the knowledge and encouragement to not only help men cope with ADT but also to increase the quality of life of both prostate cancer patients and their loved ones. You may sign-out this book from our Knowledge Library.

During Drs. Walker and Robinson's presentation to us on Tuesday, April 14 at the Kerby Centre, we will learn:

- The context for when androgen deprivation therapy is used as a treatment for prostate cancer,
- How to manage changes and side effects that can happen from this treatment,
- How to work through the physical and emotional changes caused by ADT,
- Make the most of every step through treatment, including helpful advice such as:
 - ◆ How to manage the physical side effects of ADT including: hot flashes, bone density loss, weight gain and muscle mass loss, fatigue, and increased cardio-metabolic risks;
 - ◆ How to navigate the emotional side effects of ADT and increase the psychological well-being of men on ADT as well as their loved ones;
 - ◆ Ways patients and their partners can maintain sexual pleasure and intimacy;
 - ◆ How to use the book to aid with goal-setting for behavioral and lifestyle changes relating to diet and exercise, in order to increase your chances of success with making these changes.

Complications following surgery with or without radiotherapy or radiotherapy alone for prostate cancer

Background: Men undergoing treatment of clinically localised prostate cancer may experience a number of treatment-related complications, which affect their quality of life.

Methods: On the basis of population-based retrospective cohort of men undergoing surgery, with or without subsequent radiotherapy, or radiotherapy alone for prostate cancer in Ontario, Canada, the authors measured the incidence of treatment-related complications using administrative and billing data.

Results: Of 36,984 patients, 15,870 (42.9%) underwent surgery alone, 4,519 (12.2%) underwent surgery followed by radiotherapy, and 16,595 (44.9%) underwent radiotherapy alone. For all end points except urologic procedures, the 5-year cumulative incidence rates were lowest in the surgery only group and highest in the radiotherapy only group. Intermediary rates were seen in the surgery followed by radiotherapy group, except for urologic procedures where rates were the highest in this group. Although age and comorbidity were important predictors, radiotherapy as the primary treatment modality was associated with higher rates for all complications (adjusted hazard ratios 1.6–4.7, $P=0.002$ to <0.0001).

Conclusions: In patients treated for prostate cancer, radiation after surgery increases the rate of complications compared with surgery alone, though these rates remain lower than patients treated with radiation alone. This information may inform patient and physician decision making in the treatment of prostate cancer.

Source: C J D Wallis, P Cheung, S Herschorn, R Saskin, J Su, L H Klotz, G S Kulkarni, Y Lee, R T Kodama, S A Narod and R K Nam. British Journal of Cancer 112, 977-982 (17 March 2015) | doi:10.1038/bjc.2015.54

For those receiving this issue of **The Digital Examiner** by email, this is your **LAST CHANCE** to register for the **Cancer Survivorship Symposium**. Our speakers are world-class. **FREE PARKING**. No charge for the Symposium & lunch.

DR. ERIC HYNDMAN
JOHN LEWIS, PhD

• For Men & Women dealing with any type of cancer
• For Caregivers
• For those serving the cancer community
• No cost for the Symposium or lunch, but please register

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CANCER SURVIVORSHIP SYMPOSIUM

Saturday, March 28, 2015
Grey Eagle Resort & Casino
8:30AM-5:00PM

Brought to you by:

DR. MARK MOYAD
NICOLE CULOS-REED, PhD
GEORGE BROOKMAN

Presentations

- New Research
- Nutrition & Supplements
- Physical & Mental Health
- Exercise & Yoga
- A Survivor's Journey

Cardiovascular Disease Risk Increased in Patients on Androgen Deprivation Therapy for Prostate Cancer

(HealthDay News) March 13, 2015 -- For men with [prostate cancer \(PCa\)](#), the risk for incident [cardiovascular disease \(CVD\)](#) is increased with androgen deprivation therapy (ADT), according to a study published online in the *Journal of Clinical Oncology*.

Sean O'Farrell, from King's College London, and colleagues used data on filled drug prescriptions in Swedish national health care registers to examine the risk of CVD associated with ADT in men with PCa. Data were collected in a cohort of 41,362 men with PCa on ADT and an age-matched PCa-free comparison cohort of 187,875 men. Overall, 10,656 men were on antiandrogens (AAs) such as bicalutamide; 26,959 were on gonadotropin-releasing hormone (GnRH) agonists (such as Lupron, Eligard, Zoladex, Trelstar, Viadur, Vantas, Synarel and generics); and 3,747 underwent surgical orchiectomy from 2006 to 2012.

Compared to the comparison cohort, the researchers found that the risk of CVD was:

- Increased in men on GnRH agonists (hazard ratio for incident CVD, 1.21) and in those who underwent orchiectomy (hazard ratio, 1.16), and
- Decreased for men on AAs (hazard ratio, 0.87).

Men who experienced two or more cardiovascular events before therapy had the highest CVD risk during the first six months of ADT versus the comparison cohort, with hazard ratios of 1.91 for GnRH agonist therapy; 1.60 for AAs; and 1.79 for orchiectomy.

"There should be a solid indication for ADT in men with PCa so that benefit outweighs potential harm," the authors write.

Source: O'Farrell, S, et al. *JCO*, March 2, 2015; doi: 10.1200/JCO.2014.59.1792. Several authors disclosed financial ties to Ferring.

Causes of Death in Men with Localized Prostate Cancer

OBJECTIVE: To detail the distribution of causes of death for localised prostate cancer (PCa).

PATIENTS AND METHODS: PCBase Sweden links the Swedish National Prostate Cancer Register (NPCR) with other nation-wide population-based healthcare registers. The authors selected all 57,187 men diagnosed with localised PCa between 1997-2009 and their 114,374 age- and county-

matched PCa-free control men. Mortality was calculated using competing risk regression analyses, taking into account PCa risk category, age, and Charlson comorbidity index (CCI).

RESULTS: In men with low risk PCa, all-cause mortality was lower compared to corresponding PCa-free men: 10-year all-cause mortality was 18% for men diagnosed at age 70 with CCI=0 and 21% among corresponding controls. 31% of these cases died of cardiovascular disease (CVD) compared to 37% of their controls. For men with low-risk PCa, 10-year PCa-mortality was 0.4%, 1%, and 3% when diagnosed at age 50, 60, and 70, respectively. PCa was the third most common cause of death (18%), after CVD (31%) and other cancers (30%). In contrast, PCa was the most common cause of death in men with intermediate and high-risk localised PCa.

CONCLUSIONS: Men with low-risk PCa had lower all-cause mortality than PCa-free men due to lower cardiovascular mortality, driven by early detection selection. However, for men with intermediate or high-risk disease, PCa death was substantial, irrespective of CCI, and this was even more pronounced for those diagnosed at age 50 or 60.

Source: Van Hemelrijck M, Folkvaljon Y, Adolfsson J, Akre O, Holmberg L, Garma H, Stattin P. *King's College London, School of Medicine, Division of Cancer Studies, Cancer Epidemiology Unit, London, UK*. *BJU Int*. 2015 Jan 21. Epub ahead of print. doi: 10.1111/bju.13059

Development and Economic Trends in Cancer Therapeutic Drugs: 5-year Update 2010–2014

Background: Over the past 20 years, the mechanisms of action, duration of benefits and economic costs of newly licenced cancer drugs have changed significantly; however, summary data on these characteristics are limited.

Methods: In this study, using historical copies of the British National Formulary and relevant contemporary publications, the authors documented for each new cancer drug the year of introduction, therapeutic classification, initial indication, median duration of treatment and the cost of treatment at introduction relative to the then current UK GDP per capita.

Results: Before 2000, there were 69 cancer treatment drugs available, of which 50 (72.5%) were classical cytotoxic drugs. In the subsequent 15 years, there have been 63 more new cancer treatment drugs added, including 20 kinase inhibitors and 11 monoclonal antibodies. The average median duration of treatment with a new drug has risen from 181 days in 1995–1999 to 263 days in 2010–2014. The average cost of treatment has also risen from £3,037 (20.6% of UK per capita GDP) in 1995–1999 to £20,233 (89.0%) in 2005–2009 and now to £35,383 (141.7%) in 2010–2014.

Conclusions: The last 5 years has seen 33 new cancer drugs. These drugs deliver significant benefits in patient outcomes and are taken for increasing lengths of time. Alongside these clinical benefits, the direct costs of new treatments have increased significantly over the past decade.

Source: P Savage and S Mahmoud. British Journal of Cancer 112, 1037-1041 (17 March 2015) | doi:10.1038/bjc.2015.56

PCa Family History May Raise Breast Cancer

HealthDay News, March 10, 2015 -- A family history of prostate cancer may be tied to a woman's risk of breast cancer, according to a new study published online in Cancer. Doctors should ask women about the medical history of their first-degree male relatives, researchers say.

Jennifer Beebe-Dimmer, Ph.D., M.P.H., a researcher at the Barbara Ann Karmanos Cancer Institute at Wayne State University in Detroit, and colleagues evaluated 78,171 women enrolled in the Women's Health Initiative Observational Study between 1993 and 1998. At the study start, all were free of breast cancer. When follow-up ended in 2009, 3,506 breast cancer cases had been diagnosed. The researchers looked to see which patients' family members had either breast or prostate cancer.

The researchers found that a family history of prostate cancer was associated with a 14% increase in breast cancer risk after adjustments for confounders. Women with a family history of both prostate and breast cancer were at a 78% greater risk of developing breast cancer. And the risk was greater for black women than whites.

The findings underscore the need for women to know their complete family medical history, "particularly cancer diagnosed among first-degree relatives," including fathers, brothers, and sons, says Beebe-Dimmer. Doctors should ask about all cancers in the family, even in members of the opposite sex, she suggested. "Communication of this information to the physician is important in assessing future risk of breast cancer and may impact screening recommendations," Beebe-Dimmer added.

Source: Beebe-Dimmer, JL, et al. Cancer; doi: 10.1002/cncr.29075.

SAVE THIS DATE!!
Volunteers Needed. Visit the Show.



NOTICE: Annual General Meeting Prostate Cancer Canada Network Calgary Society

The Board of Directors of Prostate Cancer Canada Network Calgary Society (also doing business as **PROSTAID Calgary**) hereby serves notice that the society will hold its Annual General Meeting from 7:30pm—8:00pm, Tuesday, May 12 at the Kerby Centre in Calgary, AB. The meeting will receive and vote upon:

- Treasurer's Report for fiscal 2014.
- MNP Auditor's Report for fiscal 2014.
- Appoint the Society's Auditor for 2015.
- Nominate & elect members to the Board of Directors.
- Other business brought to the meeting.

Hello from Kelly Celebrating Women's Day

It is often said that somewhere between the ages of 40-60 men will experience a midlife crisis. But time seasons women slowly and we are far more likely to experience a Personal Awakening during that period of our lives. A Personal Awakening occurs when we start to become self-aware and begin to see our self for the first time; a journey of personal awakenings can lead a woman to undergo great transformations. Turning 50 can be liberating - it's likely to be the first time that we are seen, heard and appreciated for who we really are. Indeed, the years between 50 and 90 can - and should - be the best years of a woman's life.

Women, Aging and Self-Empowerment

Self empowerment is often a late life acquisition. But after 50, each passing decade bestows upon us more and more personal power: In our 50's we discover - or rediscover - our creativity. It is a time of introspection and reinvention; In our 60's women experience freedom - we finally accept ourselves for who we are and understand that we are free to march to the beat of our own drummer; In our 70's we achieve nobility, for with age comes great wisdom; Our 80's are a time of grace and dignity - we've learned to silence the ego (our inner critic) and choose to exist in a state of gentle mindfulness, intelligence and love.

Please remember, dear ladies, that we become more feminine as we age and that the beauty of a woman only grows with passing years.

"The beauty of a woman is not in the clothes she wears, the figure that she carries, or the way she combs her hair. The beauty of a woman is seen in her eyes, because that is the doorway to her heart, the place where love resides. True beauty in a woman is reflected in her soul. It's the caring that she lovingly gives, the passion that she shows and the beauty of a woman only grows with passing years."

-Audrey Hepburn

Kelly Fedorowich, Wives, Partners & Caregivers Focus Group