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PROSTAID Calgary is self-funded.
To continue our good work, please donate on-line to PROSTAID Calgary
www.pccncalgary.org



December is upon us marking the official start to the holiday season and PROSTAID Calgary would like to ask that you remember us in your holiday giving.

From our prostate cancer awareness initiatives, to our General Meetings, one-on-one peer support group meetings and our monthly publication The Digital Examiner, our work has a powerful impact on our community. PROSTAID Calgary is completely reliant on charitable donations in order to be able to continue to provide these services. That is why we ask you to remember PROSTAID Calgary with a charitable gift during the Christmas season. Any amount you can share will be greatly appreciated and put to good use right here at home.

We've simplified the donation procedure, allowing supporters to donate online, by phone or by mail. Please visit <http://pccncalgary.org> or call 403-455-1916 to make a gift using a credit card, or send a check to PROSTAID Calgary PO Box 72126 RPO Glenmore Landing Calgary AB T2V 5H9. Every gift matters. Your donation can make a difference today. Thank you.

2015 Pathfinder's Award

PROSTAID Calgary established the Pathfinder's Award in 2014 to recognize individuals who have contributed significant service to helping men and their families deal with prostate cancer. This year, it gives us great pleasure to announce the award recipient is renown Calgary Urologist Dr. Bryan Donnelly.

Dr. Donnelly is a staff Urologist at the Calgary Health Region, Clinical Associate Professor at the University of Calgary and is Co-founder of the Prostate Cancer Institute in Calgary. Dr. Donnelly took his Urology training in Dublin, Ireland and also Edmonton, Alberta where he completed an M.Sc. His area of special interest is Prostate Cancer, and is an internationally

December 2015

Number 195

PROSTAID Calgary

Invites you to join us December 8th for our 2015 Pathfinder's Award

An evening to honor

Dr. Bryan Donnelly



Being Hosted

Tuesday, Dec 8, 2015

— 7:30PM - 9PM —

Prostate Cancer Centre

7007 - 14 Street SW

Large Board Room

(6th Floor Parkade, Rocky View General Hospital)

Beverages and light refreshments will be served. **Everyone is welcome.**

recognized authority on the role of cryosurgery in this field. With Dr. Don Metcalfe, he introduced laparoscopic technique to Alberta. Dr. Donnelly initiated the rapid access clinic at the Calgary Prostate Centre, and the Educational forums for newly diagnosed patients. He runs the clinical trials unit at the Prostate Cancer Centre.

Visit PCCN Calgary's YouTube Page
www.youtube.com/user/pccncalgary

Test Indicates Prostate Cancers Resistant to Abiraterone

A blood test that identifies nonresponsiveness or resistance to a drug has obvious clinical utility, especially in the era of precision medicine, as more treatments have narrowed targets and big price tags.

Such a test may be in the offing for patients with metastatic castration-resistant prostate cancer (CRPC) who are candidates for treatment with abiraterone (Zytiga, Janssen Pharmaceuticals, Inc), according to a report published in Science Translational Medicine. In the report, researchers used "liquid biopsies" to identify amplifications in the androgen receptor (AR) gene that are associated with resistance to abiraterone, which is approved for the treatment of CRPC cancer. "Currently, there is no way to identify patients who will not benefit from further hormonal therapy [eg, abiraterone, enzalutamide (Xtandi, Astellas Pharma, Inc)]. The blood test we've developed appears to predict whether a patient will not respond to abiraterone," senior author Gerhardt Attard, MD, PhD, clinician scientist at the Institute of Cancer Research, London, United Kingdom, told Medscape Medical News.

"In addition, our test also identifies AR mutations emerging in a group of patients who develop resistance to abiraterone during treatment," Dr Attard said.

"The presence of genomic AR alterations, as detected from circulating tumor DNA [ctDNA], may prove to be a very useful predictive biomarker, and it adds to a larger narrative regarding what can be learned from a simple blood draw," Michael T. Schweizer, MD, of the University of Washington, in Seattle, told Medscape Medical News.

"The ability to both identify alterations in circulating cell-free DNA and apply them to clinical interventions — without the need for invasive biopsies and their attendant adverse events and inconvenience — will again up the precision with which both treatment decisions and clinical research questions can be more precisely posed," Marc B. Garnick, MD, Gorman Brothers Professor of Medicine at Harvard Medical School, Boston, Massachusetts, told Medscape Medical News. "This was a biomarker discovery effort and has highly encouraging data that if validated as part of routine care may allow us to determine which patients with CRPC should get abiraterone or alternative therapies, such as chemotherapy," Christopher J. Sweeney, MBBS, medical oncologist at the Dana-Farber Cancer Institute, Boston,

told Medscape Medical News.

Brief Extract: Please visit the link below to read the entire scientific paper or email Kelly for a copy.

http://www.medscape.com/viewarticle/854369#vp_1
or

executive.director@pccncalgary.org

Low-Dose Docetaxel Combined with Dexamethasone Is Feasible for Patients with Castration-Resistant Prostate Cancer

Docetaxel-based chemotherapy against castration-resistant prostate cancer (CRPC) has recently been shown to be effective and tolerable. The objective of this study was to retrospectively evaluate the efficacy and toxicity of low-dose docetaxel in combination with dexamethasone. Thirty-seven CRPC patients were administered a treatment regimen consisting of 50 mg/m² docetaxel once every 3-4 weeks and 1 mg dexamethasone daily at our institution, between November 2004 and April 2014. Twenty-four patients (65%) had a decrease in serum prostate-specific antigen (PSA) >50%. The median overall survival (OS) and PSA progression-free survival were 26.2 and 10.0 months, respectively. Ten of 12 patients (83%) taking analgesic agents reduced their intake because of decreased pain levels. Grade 3 febrile neutropenia occurred in 2 patients (5%). Nonhematological toxicities were less frequent but sometimes severe. Treatment-related death occurred in 2 octogenarian patients, 1 due to gastric bleeding and the other due to infective endocarditis.

Low-dose docetaxel in combination with dexamethasone is feasible in Japanese CRPC patients. Hematological toxicity is less than that seen with standard docetaxel therapy, but it is necessary to monitor patients for severe nonhematological toxicities, particularly very elderly patients.

Chemotherapy. 2015 Nov 04

<http://www.ncbi.nlm.nih.gov/pubmed/26528957>



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Androgen Deprivation Therapy Classes at PCC



**Prostate Cancer
Centre**

Patients who have advanced prostate cancer are often treated with Hormone

Deprivation Therapy (ADT). The goal is to reduce the levels of male hormones, called androgens, in the body, or to prevent them from reaching prostate cancer cells. Prostate Cancer Centre's ADT Educational classes began in January 2014 and have now been running 21 months. The classes provide an opportunity for patients to learn strategies to manage and to pre-empt common side effects of androgen deprivation therapy, a common treatment for systemic prostate cancer. While the treatment itself is associated with weight gain and other health risks, patients can manage these changes effectively with lifestyle changes. The classes provide an opportunity both for learning as well as support men in making goals with regards to changes in lifestyle such as diet and exercise. The classes are hosted and supported by the Prostate Cancer Centre in collaboration with Prostate Cancer Canada's TrueNth program. They are part of a national educational initiative and are set to be offered online to patients regardless of location in the spring of 2016.

The Prostate Cancer Centre refers to the ADT clinic that is hosted at the Centre as Rapid Access Clinic 6. If you have any further questions please feel free to call 403-933-8872, and someone will get back to you.



The APCaRI Fall 2015 Symposium



ALBERTA
PROSTATE CANCER
RESEARCH INITIATIVE
knowledge | action | impact

The APCaRI Fall 2015 symposium "knowledge, Action, Impact" was held

at the Delta Lodge at Kananaskis for Oct 23-14, 2015. It was funded by the Bird Dogs and the Alberta Cancer Foundation.

We had 2 well renowned invited speakers: Dr. William Isaacs, Depts. of Urology and Oncology, Johns Hopkins School of Medicine ("Is there a genetic basis for Prostate Cancer Progression?") and Dr. Nicole F. Steinmetz, Dept. of Biomedical Engineering, Case Western Reserve University School of Medicine ("From pathogen to cure: engineering plant virus-based Nanotechnologies for imaging and therapy").

4 Senior scientists presented:

"Targeting of PSMA in prostate cancer" Frank Wuest, PhD, Dept. of Oncology, University of Alberta.

"The ghrelin axis, cancer and imaging" Len Luyt, PhD, Dept of Oncology, Western University.

"Selective targeting of human neuraminidase enzymes for cancer therapeutics" Christopher Cairo, PhD, Dept. of Science & Chemistry, U of Alberta.

"Intravital imaging of prostate cancer metastasis" John Lewis, PhD, Dept. of Oncology, U of Alberta.

13 Short Talks given by trainees in one of the 3 main topics of the meeting:

Genetics and Prostate Cancer

Cancer Therapy, Drug Delivery & Theranostics

Diagnostics and Biomarkers/Clinical Cohorts

52 Attendees.

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**Ripped Out: One Man's Journey
Surviving Prostate Cancer**

A brutally honest description of Bill Martin's experience with prostate cancer, Ripped Out reveals the physical and emotional realities of treatment. This work is intended for anyone facing cancer, either personally or with someone they love. It will be especially valuable to men dealing with prostate cancer and to their partners. Bill and his wife Sharon live in a straw bale house about one hour north of Gimli on the road to Pine Dock in Manitoba, Canada.

This book is available for purchase on Bill Martin's website <http://billmartin.net/>

Prostate Cancer - Part I

Written by PROSTAID Calgary Member Tor Camren

The following article was written in the fall of 2008. Tor had the HIFU procedure June 11, 2008 and his PSA has remained below 1.0 ever since.

Last year I went to my doctor for an annual check up. My PSA blood test was normal and I did not have any difficulty in urinating or any other symptoms associated with prostate cancer. However, just to make certain, my doctor made an appointment for me to have a prostate biopsy. In July 2007, I was diagnosed with Stage II prostate cancer. The test showed 7 over 10.

I saw my urologist to discuss options. He gave me three choices: surgery, radiation or cryotherapy. Well, as we know radiation can easily kill other cells besides the prostate cancer, so I eliminated that option. I saw another urologist to find out about cryotherapy. It kills cancer cells by alternating cycles of freezing and thawing. The temperature change limits the amount of blood supplied to the area, causing the cells to die. I eliminated that too. My first urologist informed me that my cancer had developed past the state where it was possible to do nerve sparing surgery, so in all the above

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cases my manhood would be lost. I said that I would get back to him.

Since I was not about to give up my manhood, I decided to see if there were other options my urologist had not told me about. In August, I read in the Calgary Herald that the Royal Alexandra Hospital in Edmonton had purchased a robot that would allow doctors to do more precise prostate surgeries that could minimize the risk of impotency and urinary incontinence. It is also known as the da Vinci Prostatectomy. The procedure would be available in September.

I contact my first urologist to set up an appointment with the Edmonton urologist. I was astounded by his answer: "No, you can do that yourself." My doctor was not surprised, so he made the appointment. The first urologist I saw in Edmonton was more that 2 hours late for the appointment, which I was not pleased with. Then he sat on a high stool and looked down on me. He talked for 10 minutes in a very condescending way as to what options I had and why he could not do a nerve sparing surgery on me. He then asked if I had any questions. I said that I did not like his attitude and wished to see someone else, which he arranged.

***Part II of Tor's article will be included in the January issue of The Digital Examiner**

Volunteer Opportunities
Cowboys Casino
Monday & Tuesday
December 28 & 29, 2015
 *Late Night/Early Morning Shifts Only
 Please contact Kelly executive.director@pccncalgary.org
 403-455-1916 <http://pccncalgary.org/>

What we do:

- ◆ Help men and their families deal with prostate cancer
- ◆ Educate and inform
- ◆ Provide support
- ◆ Build awareness
- ◆ Advocate

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