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PROSTAIDCALGARY

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PROSTAID Calgary is self-funded. Help us to continue our good work by donating on-line to PROSTAID Calgary www.prostaidcalgary.org

Prostate Cancer Canada Network Calgary

Greetings prostate cancer community, friends and neighbors. PROSTAID Calgary has another great General Meeting (GM) planned this month, as well as an action packed month of awareness activities. I hope to see you out in the community! *See Page 4 for our Community Events Calendar.

We're another month closer to The Digital Examiner (DE) going digital. **Effective September 2016, PROSTAID Calgary will no longer distribute the DE to our members via Canada Post.** If you receive the DE every month via email, there will be no interruption in your email delivery service. However, if you ONLY receive the DE via Canada Post, you must contact us with your email address. ***Do we have your email address?*** Phone 403-455-1916 or email info@ProstaidCalgary.org

NOTE: For members who wish to continue to receive a paper copy of the DE via Canada Post, we require a minimum annual donation of $25 to cover the costs. Donations can be made at any Tuesday General Meeting , or contact Kelly 403-455-1916.

Become part of our Board of Directors

PROSTAID Calgary is looking for board members who believe in our mission, are willing to be active in their governance roles and will contribute their expertise and knowledge.
If you have the desire to join us, please contact Kelly at 403-455-1916 or info@ProstaidCalgary.org

PROSTAID Calgary has several volunteer opportunities that we'll be announcing over the next few weeks. We're grateful to have such wonderful people in our community! Thank you for your generous gift of time!

PROSTAID Calgary relies on the generosity of the community to keep our programs running. Donating is easy! Just give Kelly a call **403-455-1916** or email info@ProstaidCalgary.org or visit **http://prostaidcalgary.org/c_donate.php**

Kelly Fedorowich
Executive Director

Tuesday, July 12, 2016 Schedule

7:30PM **General Meeting (GM)**
Room 205 (Lecture Room) at Kerby Centre

6:30PM **Newly Diagnosed & Active Surveillance Group**
Room 311 at Kerby Centre

6:30PM **Warriors (Advanced Disease)**
Room 318 (Board Room) at Kerby Centre

6:30PM **Wives, Partners & Caregivers**
Room 313 at Kerby Centre
Everyone is welcome to attend!

GM Topic: Angelica Martin is a Patient Advocate and the Media Chair of Open Arms Patient Advocacy Society. She encourages patients to take on an active role in managing their health, and in empowering them to become responsible consumers of health-related information. Open Arms envisions dignified, respectful healthcare for all Albertans. Through their patient-centered approach, Open Arms aims to address the concerns of patients and families who have experienced negative health outcomes. This presentation provides audiences with an overview of Open Arms Patient Advocacy Society, their history, objectives, and an understanding of the many types of cases that they work on with patients. Angelica will have a co-presenter joining her from Open Arms, Farwa Naqvi. *Con't p.2.*

Kerby Centre is located at 1133 7th Ave SW. Parking is FREE in lots on both sides of 7th Ave. The WEST LRT conveniently stops at the front doors of the Kerby Centre.
Our General Meetings are open to the public and free. Cookies, fruit and refreshments are served.
Ladies, family members, and caregivers are always welcome!

Con't from Page 1 Farwa Naqvi is co-presenting at the July GM with Angelica Martin. Farwa is the Advocacy Chair of Open Arms Patient Advocacy Society. She believes in leading by example, and working with patients to seek clear answers to their concerns when navigating what can often be a very complex and confusing system. Farwa's passion for medical processes and systems led her to advocacy, where she has applied her skills to a wide variety of cases, including: patient complaints, system navigation, and mental health, among others.

BRCA Mutations Are Associated With Increased Prostate Cancer Risk as Well as Aggressive Disease

Though predominantly known for their increased associations with breast cancer (BRCA) risk, germline mutations (a germline mutation is any detectable and heritable variation in the lineage of germ cells. Mutations in these cells are transmitted to offspring) in the BRCA 1 and 2 genes are associated with increased susceptibility to other diseases, including prostate cancer.

The role of genetic sequencing and testing in prostate cancer screening and treatment was highlighted in three studies presented at the 111th Annual Scientific Meeting of the American Urological Association.

The first of the three studies on BRCA mutations and prostate cancer addressed the higher frequency of germline BRCA 1 and 2 mutations in African Americans with prostate cancer. African American men with prostate cancer may be more likely to have germline mutations in the BRCA 1 and 2 genes than Caucasian men with prostate cancer. This possibility suggests that genetic testing could provide important information for treatment stratification.

Using archived blood DNA samples from 857 prostate cancer patients who underwent radical prostatectomy, researchers analyzed previous gene sequencing data for known and novel mutations on the BRCA 1 and 2 genes. Researchers then compared mutations (classified as benign or likely benign, pathogenic, or "variant of unknown significance" with known clinical-pathological parameters for each patient.

Men of African ancestry were more likely to have pathogenic and variant of unknown significance mutations (7.3%) than Caucasian men (2.2%). Patients with pathogenic or variant of unknown significance mutations had an increased frequency of metastasis (9.4%) than those who did not harbor the mutations (2.4%), and were more likely to have a significantly shorter time to metastasis.

The second of the three studies addressed whether men with a history of breast cancer should be screened for prostate cancer. Men diagnosed with male breast cancer could benefit from screening for prostate cancer, according to data from researchers in Illinois who identified a possible association between the two conditions. In their retrospective study using data from the Surveillance , Epidemiology and End Results (SEER) program, they identified 5753 men with prostate cancer.

At a median follow-up of 4.3 years, 250 men were subsequently diagnosed with a second primary breast cancer. A greater incidence was identified in men age 65 – 74 years and those with stage 1 breast cancer, or hormone receptor positivity. This observation suggested that prostate cancer screening could be indicated for men in this age range with these disease characteristics.

The third study addressed high rates of metastatic prostate cancer among BRCA 2 mutation carriers. A meta-analysis of reported cases of prostate cancer in men with known BRCA 2 mutations demonstrate that men with BRCA mutations are more likely to be at poorer risk at presentation. This included a higher rate of non-localized disease and worse outcomes than men who do not carry the mutation.

Using studies from MEDLINE, researchers in Buffalo and Syracuse identified and reviewed 261 cases of prostate cancer in men with BRCA 2 mutations. At the time of diagnosis these men were 61.7 years. Seventy-one percent had a Gleason score of 7 or higher, 41% had stage T3/T4 disease, and 26% had M1 metastasis at presentation. On comparing these data with the general population (using SEER data), men with BRCA 2 mutations had significantly higher rates of metastatic disease (17.4% vs 4.4%) and higher rates of stage T3/T4 cancer (40.3% vs 10.8%).

This article has been abridged. Click here to read in it's entirety.

Advanced Prostate Cancer Center of Excellence
Practice Update Editorial Team

Groundbreaking prostate cancer research being done in Manitoba

CancerCare Manitoba has launched two aggressive clinical trials that could change both prostate cancer diagnosis and treatment. Once prostate cancer is suspected, on or more biopsies are done to determine whether or not cancer is present. Biopsies are invasive and may be painful, but usually give an indication of how serious the cancer is. It now remains to determine the treatment option for the individual. Now a team of doctors and PhD students in Winnipeg are working to change by using a simple blood test. "With just a blood test, we can make a diagnosis about the stage and how severe the cancer is," said Dr. Julius Awe. (This Global News report does not provide the accuracy of scientific articles.) "This project could help in diagnosing prostate cancer before the clinical symptoms show in the patient.

Our meetings are hosted at the Kerby Centre, 1133—7th Ave. SW on the second Tuesday of every month.

It's very early. Before it shows symptoms in the patient we can actually make a detection."

The team is in its third year of research and is hopeful that with a few more years of clinical trials, this could become the standard test for diagnosis. "If we catch (it) earlier we can treat (it) faster and more effectively," said Dr. Awe.

The second clinical trial that is currently underway in Manitoba could dramatically shift the treatment process for prostate cancer patients. "We are going to test if patients, that are eligible, can get treatment in just one week time," said lead researcher Dr. Rashmi Koul. Currently, "most of the people that are eligible for radiation traditionally get seven weeks of radiation, Monday to Friday."

CancerCare Manitoba researchers will be entering the third phase of this clinical trial this summer and believe this will not only help with cutting down wait times but also costs. "It's going to affect the whole system. Patients who are waiting four weeks, will then wait for two weeks. Patients who are waiting for two weeks will then wait for one week," said Dr. Koul.

According to researchers, the cost of treatments could be reduced from $7,000 to about $1,500 if this eventually becomes the standard of care.

Once trials are completed it takes at least five years before the treatment could eventually become the standard. "It's just in the clinical trial but results are very promising," she said. "It's going to change the landscape of prostate cancer treatment."

This *article has been abridged. Click here to read in its entirety.*

By Brittany Greenslade, Global News

Technical improvements preserve potency after treatment for prostate cancer

A new form of highly personalised treatment for prostate cancer is showing promise in preserving potency. It involves a technical advance designed to preserve the function of the interconnected tissues involved in the complex process of a man having an erection. As all men are anatomically slightly different, treatment is planned and then carefully tailored for each individual. According to a review in The Lancet Oncology, this technique preserved erectile function in 80 per cent of men at the five-year follow-up while maintaining excellent cure rates.

The new technique has been termed "vessel sparing radiation" by Patrick McLaughlin, a world leader in the promotion of MRI-based planning for radiation to the prostate and he says there is still much room for improvement. McLaughlin led the review that he describes as a prospective non-randomised test of a technical advance in therapy.

McLaughlin terms this realm of research 'functional anatomy' when applied to prostate because so many critical functions pass through or near the prostate each with their own tolerance to radiation. While cure is the first priority, retaining quality of life is the second and with refined technology he says it is increasingly possible to achieve both.

Functional anatomy approach

Treatment begins by defining a man's critical functions and structures such as nerves, vessels and sphincters involved in erectile, urinary and rectal function. "The benefit of the functional anatomy approach goes well beyond improving sexual function. It has improved urinary and rectal function as well, " says co-author of the review, Jae Lee. "

For most aspects of treatment planning, an MRI is more precise in defining and outlining structures than a CT scan. McLaughlin says it can be more effective to treat an aggressive cancer with a combination of implanted radiated seeds and external beam radiation. Some 49 patients were treated with this combination. They had an average age of 63 and had more aggressive disease but started with slightly better sexual function than the older group, treated only with external radiation. Five years later, 92 per cent of these "younger" men reported they were still able to be sexually active. Typically such aggressive radiation causes greater erectile dysfunction.

The two forms complement each other. While the beams provide a margin of dose around the prostate, they cannot deliver as high a dose within the prostate. Seeds deliver high dose within but cannot provide the margin around. By integrating these two, and summing the dose, severe complications are limited while the tumour has benefited from a very high focus dose.

With standard radiation, erectile function declines continuously over time. With this new technique, the review showed no decline between the second and the fifth year. Men being treated with hormone therapy had poor function at two years relative to the two-year results in those without hormones. By five years, however, when the hormones were long over, they had caught up and had equivalent preservation.

MRI key to treatment plan

McLaughlin says MRI can highlight anatomical aspects that could be useful in making a treatment decision.

If a man's tumour is outside the gland, this would suggest the need for radiation therapy after surgery, if surgery was chosen as primary treatment.

If he has a short urinary sphincter, he would have a higher risk of incontinence with surgery.

For those with slow-growing, non-aggressive cancers, MRI can confirm there is no aggressive cancer present and that active surveillance may be a good choice.

MRI can also reveal more serious cancers not sampled by the biopsy. This can shift treatment to a more aggressive approach.

It's unlikely anyone in Australia has the methodical program described by this group, says Jeremy Millar, associate professor and director of Radiation Oncology at Alfred Health in Melbourne. While his team is well aware of McLaughlin's work, like others in Australia it is limited by the fact that the Medical Benefits Scheme does not cover MRI for planning prostate treatment.

This makes it difficult systematically to use MRI for planning and although local teams do try to spare certain structures, they don't "see" them all with standard CT scan-based radiation planning. "The study shows great promise for vessel sparing radiotherapy, says Anthony Lowe, CEO of the Prostate Cancer Foundation of Australia. Importantly, he says it reflects the growing understanding that erectile function is complex, that anatomy can vary from one man to another and this can profoundly affect sexual function after surgery and radiotherapy. It also demonstrates the importance of MRI in showing anatomical variations and allowing a persoalized rather than a one-size-fits-all approach.

"There is a subset of men who experience profound erectile dysfunction even with vessel-sparing radiotherapy. Hence, it would appear there is something else we do not yet understand which is important in retaining sexual function. "The hope is that modern MRI will allow us to find out what that 'something' is."While commending the push to preserve function and minimise harm, Daniel Moon, Director of Robotic Surgery at Melbourne's Epworth Healthcare and a consultant urologist at Peter MacCallum Cancer Centre, says as the most severe radiation effects generally occur closer to 10 years, he welcomes future publication of this team's results with larger numbers as the series matures.

This article has been abridged. Click here to read in its entirely

By Jill Margo, Financial Review

PROSTAID Calgary hosts Speakers Bureau at the Calgary Chinese Elderly Citizens' Association

PROSTAID Calgary had a booth at the Health and Wellness Fair at the Chinese Cultural Centre on Saturday, June 4 from 10 AM to 3 PM and spoke to many of the 200+ attendees. On Tuesday, June 7 from 1 PM to 3 PM, PROSTAID Calgary gave PowerPoint presentations simultaneously in English and Cantonese to about 35 attendees that included 3 women. The presentation was very well received and we received many questions.

Thank you Josephine and Louis Chow!

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https://www.facebook.com/pccncalgary

Prostate Cancer Canada's Do It For Dads Walk & Run

PROSTAID Calgary was on location at the Do It for Dads event as part of the Dark Side Racing awareness display. Thank you to everyone who participated, volunteered and spectated. Special thanks to XL 103's Buzz Bishop for helping to raise awareness of prostate cancer by climbing into the cockpit for the Fire Up and signing the awareness banner. Signatures on the Fire Up banner include: Jon Cornish, Brett Wilson, Quinn Smith, Charleston Hughes, Jeff Wilkie, Tony Spoletini, JT Hay, Bernie Morrison, Srecko Zizakovic, and more!

Dark Side Racing Fire Up for PROSTAID Calgary July Events and Displays

July 1 Cochrane Canada Celebration w/Dark Side Fire Up

July 3 PROSTAID Calgary Fun in the 50's Festival w/Dark Side Fire Up

July 13 Fountain Tire Blackfoot Customer Appreciation BBQ w/Dark Side Fire Up

July 15-17 Castrol Raceway's IHRA Rocky Mountain Nat's

July 27 Fountain Tire 60th Anniversary "Drive –In" Celebration w/Dark Side Fire Up

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