Greetings prostate cancer community, friends and neighbours. Summer is officially a wrap and I hope you’re looking forward to the changing of the seasons. It sure is beautiful in Calgary this time of year. Cooler weather means that our prostate cancer awareness initiatives move from outdoor displays and festivals to indoor events and we’re really looking forward to PROSTAID Calgary’s Fall and Winter calendar. We hope you are too!

**October GM**
Nan Stevenson is joining us as our Guest Speaker at the October 11 General Meeting. Nan’s going to talk about estate planning that allows cancer patients to stay in control. This is going to be an incredibly informative presentation and I encourage you to come out and benefit from Nan’s wealth of knowledge.

**November Announcements**
We have two big announcements for November. First up, we are very proud to announce that **Brett Wilson** is joining us as our November 8 Guest Speaker. Brett is one of Canada’s best known entrepreneurs and philanthropists and in 2014, more than a decade after his first bout with prostate cancer, the cancer returned. Brett will share his second cancer chapter and its impact on his on his life journey.

**PROSTAID Calgary Italian Wine Festival**
Join us Wednesday, November 16 and enjoy a great selection of Italian wines in the Festival Cellar at Willow Park Wines and Spirits. As well as an offering of many notable Italian wines, you’ll be treated to a delicious assortment of food courtesy of Spolumbo’s Fine Foods.
Raise a glass and help support the 1 in 8 Canadian men - and their families - who will be diagnosed with prostate cancer in their lifetime. More information is included on Page 4.

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

**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!
While survival at 10 years was nearly identical (close to 99%), a new study found that localized prostate cancer is more likely to metastasize in men receiving active surveillance compared with those who have surgery or radiation therapy. These results were published in the New England Journal of Medicine.

“The results show that death from prostate cancer in such men remained low at a median of 10 years of follow-up, at approximately 1%, irrespective of the treatment assigned, a rate that is considerably lower than was anticipated when the trial commenced,” wrote study authors led by Freddie C. Hamdy, MD, professor of surgery and neurology at the University of Oxford in England. “All-cause mortality was also low—at approximately 10%.”

The PROTECT (Prostate Testing for Cancer and Treatment) trial randomized 1,643 men between the ages of 50 and 69 to active surveillance (545), surgery (553), or radiotherapy followed by androgen-deprivation therapy (545). At 10 years follow-up there have been 17 reported deaths due to prostate cancer (5 in the surgery group, 4 in the radiotherapy group, and 8 in the active surveillance group); the difference in prostate cancer-specific deaths among the three patient groups was not significant.

In addition, no significant difference was seen in all-cause mortality among the three groups (169 deaths overall).

For prostate cancer patients with low- or intermediate-risk disease, this is the first long-term trial that compares the current options for initial care—surgery, radiation therapy and androgen-deprivation therapy, or active surveillance with prostate-specific antigen (PSA) testing and treatment upon progression. Incidence of metastasis was more than twice as high in the active-surveillance group (33 men) compared with the surgery (13 men) and radiotherapy (16 men) groups.

“The clinical significance of this finding is that with the use of active monitoring, more men will have metastasis and the side effects of salvage treatment (meaning at least lifelong intermittent androgen-deprivation therapy), which are not inconsequential,” wrote Anthony V. D’Amico, MD, PhD, chief of genitourinary radiation oncology at the Brigham and Women’s Hospital and Dana-Farber Cancer Institute in Boston, in an accompanying editorial.

There was also a trend toward decreased death from prostate cancer in the group of men who underwent surgery compared with those followed with active surveillance, noted D’Amico, and there were higher rates of disease progression in the active surveillance group (112 men) compared with the surgery and radiotherapy groups.

While the trial is ongoing to analyze whether the trends observed at study year 10 will become statistically significant, “for today, we can conclude on the basis of Level 1 evidence that PSA monitoring, as compared with treatment of early prostate cancer, leads to increased metastasis,” D’Amico added.

In a separate publication, researchers led by Jenny L. Donovan, PhD, of the School of Social and Community Medicine at the University of Bristol in England, analyzed patient reported outcomes, finding that prostatectomy resulted in the most adverse effects on sexual function and urinary continence. All three study groups had similar rates of anxiety, depression, and general health-related and cancer-related quality of life outcomes. This detailed outlook of adverse events should allow patients and clinicians to make informed decisions for an individual’s best course of therapy.

By Anna Azvolinsky, CancerNetwork.com
The article Has been abridged Click here to read in its entire 10-Year Outcomes after Monitoring, Surgery, or Radiotherapy for Localized Prostate Cancer The New England Journal of Medicine

### Radium-223 is given the go-ahead on the NHS

A radioactive prostate cancer drug which targets tumours which have already spread has been recommended for use on the NHS (National Health Service, England). Radium-223 dichloride, marketed as Xofigo, could be made available for treating prostate cancer patients as early as December following a decision by the National Institute for Health and Care Excellence (Nice).

The draft guidance on the drug - which targets in on tumours that have metastasized, or spread, to the bones and blasts them with radioactive alpha particles - has been hailed by charities an 'important victory' for some patients. It is hoped it can help those whose prostate cancer has spread to the bone and who are too unwell to undertake chemotherapy.

In high doses, alpha particles destroy the body’s tissues and organs, but, when used in a carefully targeted and controlled way, they can also destroy cancer cells. Previously, the drug was not recommended for widespread use, but only for those who had already received docetaxel chemotherapy treatment.

Following an assessment by the health watchdog, it was determined that making the drug available for routine use was a ‘cost-effective use of NHS resources’.

In Canada, Radium 223 Dichloride is covered by provincial drug programs in British Columbia (special authorization) and Ontario.
Radium 223 Dichloride is not covered by provincial drug programs in Alberta, Manitoba, New Brunswick, Newfoundland & Labrador, Nova Scotia, Prince Edward Island, Quebec, Saskatchewan, Nunavut, Northwest Territories, and Yukon.
Our meetings are hosted at the Kerby Centre, 1133—7th Ave. SW on the second Tuesday of every month.

Vasectomies not linked to increased prostate cancer risk

A US study suggests that having a vasectomy doesn’t increase a man’s risk of developing or dying from prostate cancer. Previous research has been mixed about the risk of prostate cancer associated with vasectomy, a common form of long-term birth control that involves cutting and blocking tubes that transport sperm out of the testicles.

The study provides some reassurance that having a vasectomy is unlikely to meaningfully increase risk of developing any type of prostate cancer, including fatal prostate cancer. *Two things that increase the risk of prostate cancer are smoking and obesity. While vasectomy isn’t the primary form of birth control for most couples, about 5% of women of reproductive age in the US say this is the method they use to prevent pregnancy. Men who undergo this sterilisation procedure often worry about whether it will negatively impact their sex life or fail to prevent pregnancy.

Concerns about a cancer risk spiked after a large 2014 study linked vasectomies to a 10% greater risk of developing prostate tumors, as well as a 20% higher risk of fatal prostate cancer. But the overall risk of prostate cancer is still quite low, said Jennifer Rider, a public health researcher at Boston University and Harvard University who was an author on the 2014 study. “Even a 20% increase in the risk of lethal disease, if that is in fact the true relative risk, is still quite small in absolute terms,” Rider said.

For the current study, researchers examined data on almost 364,000 men who were at least 40 years old when they joined a large cancer prevention study in 1982, including 42,000 men who’d had vasectomies. Over 30 years of follow-up, 7,400 men died of prostate cancer.

Overall, men with a vasectomy had a 1% higher risk of dying from prostate cancer, a difference too small to rule out that it was due to chance. When men did develop prostate cancer, those with vasectomy were 9% less likely to have lethal “high-grade” cancers, though this difference was also statistically insignificant.

In this study, as well as in the 2014 research, it’s possible that men who had vasectomies were screened more often for prostate cancer or that they were different in some ways from their peers who didn’t get the sterilisation surgery, noted Siobhan Sutcliffe, a public health researcher at Washington University School of Medicine in St. Louis who wasn’t involved in either study.

“Another possible explanation for the difference in study findings is chance,” Sutcliffe said by email. “This is why we investigate associations in many different study populations so that we can ultimately draw conclusions from a large body of evidence rather than from one study.”

Written by Lisa Rapaport/Reuters
The article has been abridged
Click here to read the article in its entirety
Journal of Clinical Oncology

New Study: Cannabinoids a Promising Tool in Treatment of Breast and Prostate Cancer

A new study being published in the upcoming issue of the Journal Expert Opinion on Investigational Drugs, and published online ahead of print by the U.S. National Institute of Health, has found that cannabinoids (CBD) may be a promising tool for the treatment of breast and prostate cancer. According to the study’s abstract; “The aim of this review is to evaluate the promising chemotherapeutic utility of phytocannabinoids, endocannabinoids, and synthetic cannabinoids in breast and prostate cancer.”

In their evaluation, researchers found that; “Cannabinoids, in particular the non-psychoactive CBD, may be promising tools in combination therapy for breast and prostate cancer, due to their direct antitumor effects, their ability to improve the efficacy of conventional antitumor drugs and their usefulness as palliative treatment.”

Researchers do note that; “Nevertheless, deeper studies to fully establish the mechanisms responsible for their antitumour and pro-tumour properties and their formulation in efficient delivery systems remain to be established.”

The study, conducted at the Complutense University of Madrid in Spain, can be found by clicking here.
PROSTAID Calgary Italian Wine Festival

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Raise a glass and help support the 1 in 8 Canadian men - and their families - who will be diagnosed with prostate cancer in their lifetime.

Italian Wine Festival
Date: Wednesday, November 16
Time: 7pm - 9pm
Where: Willow Park Wines and Spirits
10801 Bonaventure Drive SE, Calgary
Cost: $50/ person and will include a $25 charitable tax receipt

Proceeds will go towards PROSTAID Calgary, support and education for families faced with prostate cancer, as well as the Central Italy Earthquake Relief Fund.

Tickets are $50 each and can be purchased by credit card through PROSTAID Calgary’s Italian Wine Festival event page on www.PROSTAIDCalgary.org

And on Canada Helps: Italian Wine Festival

Tickets can also be purchased in person at the October 11 General Meeting – cash or cheque.
*Please make cheques payable to PROSTAID Calgary.

Volunteer Call Out

Are you interested in being part of the Italian Wine Tasting Volunteer Team? We are looking for individuals to help set out glasses and bus tables, and to look after the PROSTAID Calgary information table.

Send Kelly an email info@ProstaidCalgary.org or call her at 403-455-1916

We hope to see you there.