

The Digital Examiner



PROSTAID CALGARY

Directors & Officers

President
Dave Lunn
dlunn@shaw.ca

Executive Director
Kelly Fedorowich
403 455 1916
info@prostaiddcalgary.org

Warriors
Frank Altin
faltin@telusplanet.net
Newly Diagnosed / Active Surveillance
Ron Singer
rysingerca@yahoo.ca

Wives, Partners & Caregivers
Kelly Fedorowich
info@prostaiddcalgary.org

Chairman
Ron Gorham
ron.gor45@gmail.com

Past President
Steve Belway
belways@shaw.ca
Visit us at:
www.prostaiddcalgary.org
www.pccncalgary.org

PROSTAID Calgary
PO Box 72126
RPO Glenmore Landing
Calgary, Alberta
T2V 5H9
403 455 1916

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



Greetings prostate cancer community, friends and neighbours. PROSTAID Calgary is currently seeking members for its Board of Directors. Duties include attending monthly Board meetings as well as attending

and participating in Society events including awareness events and fundraisers. Directors are responsible for representing the interests of the organization and must follow three basic principles:
Diligence: Act reasonably and in good faith. Consider the best interest of the organization and its members.
Loyalty: Place the interest of the organization first.

Obedience: Act within the scope of the law. Follow the rules and regulations that apply to the organization.

Are you interested in being involved with and contributing to a growing organization with an exciting future?

Please call Kelly @ 403-455-1916 or email info@prostaiddcalgary.org

Bookkeeper Wanted

PROSTAID Calgary is searching for an experienced Bookkeeper to join our team. This is a part time position available immediately/10-15 hours per month. Interested candidates are asked to email your cover letter and resume in confidence to:
info@prostaiddcalgary.org

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@ProstaiddCalgary.org

or visit http://prostaiddcalgary.org/c_donate.php

Kelly Fedorowich

Executive Director

November 2016

Number 206

Tuesday, November 8 , 2016 Schedule

7:30-	General Meeting (GM)
9:00PM	Room 205 (Lecture Room) at Kerby Centre
6:30-	Newly Diagnosed & Active Surveillance Group
7:25PM	Room 311 at Kerby Centre
6:30-	Warriors (Advanced Disease)
7:25PM	Room 318 (Board Room) at Kerby Centre
6:30-	Wives, Partners & Caregivers
7pm	Room 313 at Kerby Centre Meeting ends early this month. Everyone is welcome to attend!

GM Topic: PROSTAID Calgary is very proud to present an evening with **Dragon Emeritus, W. Brett Wilson.** Brett Wilson 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 talk about both of his cancer graduations and their impact on his life journey. Join us for an evening of inspiration of and fun.

Things Mistakes Have Taught Me:

Brett believes we should all learn from our mistakes. Or at least we should try. [Click here to download W. Brett Wilson quotes for wallpapers, Facebook cover photos or to share with friends.](#)

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!

Gene That Drives Aggressive Prostate Cancer Identified

An overactive gene appears to cause some prostate cancers to transform from a typical tumour type to a much more aggressive form of the disease, according to new research at Weill Cornell Medicine.

Most prostate cancers are a type called adenocarcinoma, which develops in the gland cells in the prostate. These cancers are regulated by male hormones called androgens. Advanced adenocarcinoma of the prostate is treated with drugs that cut off the supply of androgens. This is typically effective in slowing the growth of the cancer, but these tumours are increasingly becoming resistant to androgen-blocking treatment and progressing to a more aggressive disease called neuroendocrine prostate cancer.

"The neuroendocrine type of prostate cancer is much more aggressive, with a much shorter survival time compared to prostate adenocarcinoma," said Dr. David Rickman, assistant professor of pathology and laboratory medicine at Weill Cornell Medicine. "And it is becoming increasingly recognized. There is a huge clinical need to figure out what drives its development so that we can figure out how to best treat it."

A gene has been identified that appears to regulate the change from prostate adenocarcinoma to neuroendocrine prostate cancer. This gene, called N-Myc, is not typically found in prostate cancers, but is known to drive some other cancers, including neuroblastoma, a rare cancer of the nervous system that occurs in children. The researchers studied N-Myc in mice and in samples of tumours from patients. When they caused the gene to overexpress, or become overactive in the mouse prostates, prostate adenocarcinoma progressed to neuroendocrine prostate cancer. In addition, they found that N-Myc recruits a protein called EZH2, which participates in the change to more aggressive cancer. Together, N-Myc and EZH2 shut off the tumour's androgen signalling and turn on the molecular program associated with neuroendocrine prostate cancer. "This makes the cancer impervious to androgen-blocking drugs," Rickman said. "The cancer has found a way to work around the medications designed to destroy it."

The findings may help investigators develop a more effective way to treat advanced prostate cancers. In particular, drugs that target the protein EZH2 – currently in clinical trials to treat other cancers – could be studied for their use in prostate cancer. "We found that if we block EZH2 in our models, we also block N-Myc's ability to drive prostate cancer growth toward this more dangerous cancer subtype," Rickman said. "These findings give us an exciting new direction in treating this cancer."

"This is game-changing discovery in our field," said Dr. Jonathan W. Simons, president and CEO of the Prostate Cancer Foundation. "By identifying new molecular drivers of the most aggressive forms of prostate cancer, we can enable new strategies for targeted pharmacology research and development that could lead to durable remissions. Through development of new NEPC (neuroendocrine prostate cancer) models, Rickman and his team have identified a population of patients that may respond to a new investigational treatment."

By Geri Clark, Cornell Chronicle

[The article has been abridged. Click here to read in its entirety](#)

Radiation, Surgery Equivalent in Aggressive Prostate Cancer

High-dose radiation is as effective as surgery for the treatment of aggressive prostate cancer, according to a new study published in European Urology by investigators at the University of California, Los Angeles.

This study is the first of its kind to directly compare outcomes between radiation-based treatments and surgery for patients with cancers that are Gleason score 9 or 10, according to lead author Amar Kishan, MD, the chief resident in UCLA's Department of Radiation Oncology.

"Previous comparisons of surgery versus radiotherapy for prostate cancer have given the edge in terms of survival outcomes to surgery," Dr. Kishan told Clinical Oncology News. "But radiation therapy [RT] has changed quite a bit in recent years. We know now that we need to use high-dose radiation and add androgen deprivation therapy for the best outcomes, but we didn't know that 20 years ago. Patient populations that were followed for 20 years, beginning in 1996, are arguably not as relevant to prostate cancer treatment today."

Because of those changes in the standard of care, the investigators included only advanced prostate cancer patients who were treated since 2000. Of the 487 prostate cancer patients treated for Gleason score 9 to 10 prostate cancer between 2000 and 2013, 230 received external beam radiation therapy (EBRT), 87 were treated with EBRT and Brachytherapy (BT), and 170 underwent radical prostatectomy (RP). Cancer-specific and overall survival (OS) rates at five and 10 years were similar across the three groups after adjusting for variables including age, clinical stage, biopsy Gleason score, initial prostate-specific antigen level, year of treatment and use of salvage therapies.

Most RT patients received androgen deprivation therapy and dose-escalated RT. "The majority of EBRT patients in prior studies received neither long-course [androgen deprivation therapy] nor high-dose RT," the authors wrote. "In contrast, the majority of RT patients treated in our series were treated in accordance with contemporary standards."

The small subset of patients who received EBRT + BT had the best overall response, Dr. Kishan noted. "They had the best distant metastasis-free survival rates at both five and 10 years. ... But because of the size of this cohort, we have to be cautious about drawing conclusions."

These findings suggest that patients with aggressive prostate cancer should be given the opportunity to choose the course of therapy that they prefer, said genitourinary cancer expert Derek Raghavan, MD, the president of the Levine Cancer Institute at Carolinas HealthCare System, in Charlotte, N.C. "The options, in terms of lives saved at the end, are pretty even."

Prostate cancer patients are best served by a multidisciplinary tumour group that includes a radiation oncologist, a surgical oncologist and a medical oncologist who can counsel them about the advantages and drawbacks of each approach, according to Dr. Raghavan.

"Radiotherapy has the benefit of avoiding major surgery and surgical complications, but it takes longer, and a proportion of patients will have side effects that can include erectile dysfunction and chronic low-grade diarrhea," he said. "Surgery has the advantage of a greater level of certainty, by removing the cancer intact and, if necessary, the lymph nodes. But the downside is discomfort and pain of surgery, as well as the risk of heart attack or pulmonary embolism."

There also is a possibility that surgical patients will need salvage treatment with RT later, Dr. Raghavan noted. In the study, local salvage and systemic salvage were performed more frequently among RP patients (49% vs. 30.1%) compared with EBRT patients (0.9% and 19.7%) or EBRT plus BT patients (1.2% and 16.1%).

"Men for whom an active sex life is still important may choose radiotherapy, while those who are not as sexually active and want a higher level of certainty may choose surgery," Dr. Raghavan said. "This paper reminds us all that these patients have options other than surgery, and the survival is pretty equivalent."

ClinicalOncology News

[Article has been abridged. Click here to read in its entirety.](#)

SBRT Offers Prostate Cancer Patients High Cancer Control and Low Toxicity in Fewer Treatments

High dose stereotactic body radiotherapy (SBRT involves high-dose radiation beams entering the body through various angles and intersecting at the desired target) for men newly-diagnosed with low- or intermediate-risk prostate cancer results in shorter treatment times, low severe toxicity and excellent cancer control rates, according to research presented at the 58th Annual Meeting of the American Society for Radiation Oncology (ASTRO). The study is the first large, multi-institutional

study of SBRT in prostate cancer with long-term follow-up. Although prostate tumours generally respond well to radiation therapy (RT), the possibility of radiation exposure to healthy tissue in the genitourinary (GU) and gastrointestinal (GI) systems can be of concern. SBRT is an advanced technique that precisely targets high doses of RT to the tumour in a small number fractions, simultaneously avoiding surrounding tissue and reducing toxicity to non-cancerous cells. The technique has become the standard of care for many non-surgical lung cancer patients, as it limits exposure to the heart and surrounding lungs. When treating tumours in the prostate, SBRT avoids the adjacent bladder, sex organs and rectum.

A total of 309 men with newly diagnosed prostate cancer were enrolled in the trial at 21 community, regional and academic hospitals across the U.S. Eligible patients had either low-risk disease or intermediate-risk disease. Primary outcomes included GU and GI toxicities and relapse-free survival (RFS). Median follow-up was 61 months. At five years following SBRT, 97 percent of patients were free from prostate cancer progression. In low-risk patients, the cancer control rates was superior to historical controls. Specifically in the low-risk group, the five-year RFS rate was 97.3 percent, which is superior to the 93 percent historical comparison.

Fewer than two percent of all patients experienced serious side effects in the five years following SBRT. Five grade three GU side effects were reported in four of the 309 study participants. There were no reported grade four or five toxicities nor any grade three GI toxicities. Between half and two-thirds of patients experienced less serious side effects, with rates of 53 and 59 percent for grade one GU and GI toxicities and rates of 35 and 10 percent for grade two GU and GI toxicities, respectively. These side effects were usually temporary.

"Our results illustrate how advanced technology has radically improved our ability to target cancer," said Dr. Meier. "After following patients for more than five years, we found that serious side effects from a brief course of SBRT were uncommon and that cancer control rates were very favorable compared to historical data. Our trial confirms that SBRT may be preferable to other treatment approaches for newly-diagnosed cases of prostate cancer, including more aggressive disease."

ScienceDaily, American Society for Radiation Oncology (ASTRO)

[Article has been abridged. Click here to read in its entirety.](#)

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PROSTAID Calgary Upcoming Events and Volunteer Opportunities

PROSTAID Calgary Italian Wine Festival

PROSTAID Calgary is very pleased to announce our 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.

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 Nov 8 General Meeting – cash or cheque.

*Please make cheques payable to PROSTAID Calgary.

Volunteers are Needed

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

Comparing Mindfulness and Tai Chi Tom Baker Cancer Centre Recruitment Opportunity

Interest in mindfulness and meditation has increased in recent years, resulting in a level of attention that is seldom given to complementary or alternative forms of health behaviours. Much of this interest arises because of accumulating research evidence for its usefulness in managing life's challenges such as cancer. The Tom Baker Cancer Centre has long offered a program called Mindfulness Based Cancer Recovery (MBCR), which is a 9-week program that teaches participants many forms of

mindfulness meditation practices as well as some gentle yoga. Tom Baker Cancer Centre recently introduced another program called Tai Chi/Qigong (TCQ) that focuses on learning a number of tai chi forms as well as some breathing exercises over an 11-week course. The new study, called MATCH (Mindfulness and Tai Chi for Cancer Health) compares these two interventions so that they can study which is better for managing symptoms and helping people manage their cancer and its impacts on their daily life. They will be looking at various measures including immune, cellular, hormonal and gene functioning as well as various measures of physical health and quality of life.

To answer these questions, they are looking for people over the age of 18 who have completed their primary cancer treatment (ongoing hormone therapy is fine) – meaning that even if someone only had surgery and not chemotherapy or radiation, they would still be eligible to participate. Unlike many research studies, participants get to choose whichever program they find most appealing. If people don't have a preference, we then assign them to one or the other.

The next groups will begin in early February and late-April of 2017 and they are actively seeking new volunteers in Calgary and Toronto. If MATCH seems like something that is of interest to you, please visit their website at: www.thematchstudy.ca or contact the study co-ordinator Erin Zelinski (403-698-8139, erin.zelinski@albertahealthservices.ca for more info.

Thank you to PROSTAID Calgary's Sponsors and Associates

