



## Meeting Schedule Tuesday April 11, 2017

7:30-9:00PM	<b>General Meeting (GM)</b> Room 205 (Lecture Room) Kerby Centre
6:30-7:30pm	<b>Warriors (Advanced Disease)</b> Room 318 (Board Room) Kerby Centre
6:30-7:30pm	<b>Newly Diagnosed &amp; Active Surveillance</b> Room 311 Kerby Centre
6:30-7:30pm	<b>Wives, Partners &amp; Caregivers</b> Room 313 Kerby Centre. Everyone is welcome!

Greetings prostate cancer community, friends, and neighbours. It's finally time to bid farewell to a long cold winter and welcome Spring, the season of hope and renewal. Many cultures will take part in spring equinox rituals to welcome in the season and celebrate nature in a time of transition. A life-threatening illness like prostate cancer is also a transition and an initiation into a phase of life that is precipitated by changes in the body. There are major changes in roles, and there is need for emotional and spiritual sustenance for all concerned. This is a time when ritual can make a difference to the soul.



The importance of the ritual is not defined by whether or not it is common versus uncommon. The levels of meaning are related to the degree to which the act of ritual comes from the soul. Many rituals incorporate some form of symbolism. For example, a person might plant a bush in their garden to signify new life, or bury an item somewhere special in nature signifying what they want to release. People affected by cancer can cultivate rituals that are meaningful to them based on the current circumstances of their life.

Some potential components of a ritual might include the following: *Lighting a candle; the sound of a bell; a moment or period of silence; reading meaningful writing; storytelling; prayer; dance; singing; aromatherapy; burning incense; burning a piece of paper with what you want to release; planting flowers, a tree, or even an item you've created; painting or other types of art; a bath; or a simple cup of tea.*

Most importantly, cultivate rituals that are meaningful to you!

**PROSTAID Calgary** relies on the generosity of the community to keep our programs running and **donating is easy!** Just give Kelly a call 403-455-1916 or email [info@ProstaidCalgary.org](mailto:info@ProstaidCalgary.org); or visit [http://prostaidcalgary.org/c\\_donate.php](http://prostaidcalgary.org/c_donate.php)

Warm regards,

*Kelly Fedorowich*

Executive Director  
403-455-1916

**Guest Presenter:**  
Dr. Nawaid Usmani



**GM Topic:** Hormonal therapy: PRIME examples of the good, the bad and how to avoid the ugly in prostate cancer.

**Bio:** Dr. Nawaid Usmani completed his undergraduate and medical degrees at McMaster University in Ontario. He completed his residency at Queen's University and then completed a fellowship in prostate brachytherapy at the University of British Columbia in Vancouver. He joined the Department of Oncology at the University of Alberta in 2007 and currently maintains his clinical practice in Genito-urinary and Gastro-intestinal malignancies.

Dr. Usmani conducts a great deal of research, with the bulk of his research in prostate cancer. His main area of interest is in prostate brachytherapy, where he is working with engineers to improve accuracy in placing seeds in the

Kerby Centre is located at 1133 7th Ave SW. Parking is FREE in lots on both sides of 7th Ave. Remember to register your vehicle license plate number at reception to avoid ticketing. The WEST LRT conveniently stops at the front doors of the Kerby Centre. Our General Meetings are open to the public and free. A light snack and refreshments are served. Ladies, family members, and caregivers are always welcome!

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### Dr. Usmani Bio Continued

prostate, as well as with scientists and statisticians to identify clinical and genetic risk factors of toxicity after brachytherapy. He has also studied MR and PET imaging in prostate cancer and worked with scientists to try identify new biomarkers in prostate cancer.

Currently, a major interest of Dr. Usmani is in the harmful effects of hormonal therapies used to treat prostate cancer. Dr. Usmani currently has a regional randomized clinical trial (called PREMIUM) and national randomized clinical trial (called PRIME) that are studying if metformin may be able to prevent the development of some of these harmful effects of hormonal therapies.

### Prostate cancer trial shows treating with precision radiotherapy cuts course of treatment by 50 percent

An Ontario-led international clinical trial with 1,206 men with localized prostate cancer shows that compressing radiation treatments into four weeks from eight delivers similar outcomes.

The findings, published online today in the Journal of Clinical Oncology, provide a new standard of care worldwide, which the participating centres have already adopted, says co-principal investigator Charles Catton, radiation oncologist, Princess Margaret Cancer Centre, University Health Network.

"We conducted a randomized clinical trial looking at a way of improving radiation therapy for men with intermediate-risk prostate cancer. Using modern radiation therapy techniques that are very precise, we determined there was no noticeable difference between eight- and four-week treatment regimens in terms of cancer control or side effects of treatment," says Dr. Catton. The trial participants were followed for six years.

"In fact, for some men, the shorter regimen meant slightly fewer side effects (particularly regarding bowel function) and therefore improved quality of life. The compressed course of treatment is of great benefit to patients and also to the system in terms of being able to treat more patients in less time," he says. In Canada, 20,000 men are diagnosed with prostate cancer every year; many of whom have intermediate-risk disease that has not spread.

The trial was conducted with co-principal investigator Himu Lukka, radiation oncologist, Juravinski Cancer Centre,

and Professor, Department of Oncology, McMaster University, and coordinated by the Ontario Clinical Oncology Group, Hamilton, Ontario. Twenty-seven cancer centres in Canada, Australia and France participated in the study, which began in 2005.

Dr. Catton says the trial further improved patient care by standardizing quality delivery of precision radiation techniques among participating institutions.

The research was funded by the Canadian Institutes for Health Research and The Princess Margaret Cancer Foundation.

Story Source:

Materials provided by [University Health Network](#). Note: Content may be edited for style and length.

[Click here to read the report in the Journal of Clinical Oncology](#)

### Prostate cancer patients report that surgery offers worst outcome on quality of life

At the moment a man hears a diagnosis of prostate cancer, his first thought is often of survival.

It's later — sometimes after treatment — that the patient considers the cost medical intervention can have on his sexual and mental well-being, said Prof. Gabriela Ilie, who is conducting research on quality of life for prostate cancer patients.

"At first the idea is, 'Do I want to survive, or do I want to have sexual function?'" the Dalhousie University scientist said. "Once that's settled, they become increasingly concerned about [the latter] following treatment."

But two other studies published Tuesday in the Journal of the American Medical Association (JAMA) explore the consequences of such decisions, by getting patients to rank their quality of life — defined as sexual, urinary and bowel function — in the two to three years following treatment.

#### Loss of sexual function

Both studies found that patients who chose a radical prostatectomy — the complete removal of the prostate gland — suffered the most significant drop in their quality of life, particularly related to sexual function.

Those who opted for active surveillance, the most conservative approach and one pioneered by Dr. Laurence Klotz, identified as having the best quality of life at three months and one year compared with all of their counterparts.

But at two years post-treatment, the results were about the same as those who underwent targeted radiation therapy, or brachytherapy, in which radioactive seeds are placed inside the tumour to target cancer cells and reduce damage to surrounding healthy tissue.

Active surveillance monitors a tumour's growth.

Between 25 and 40 per cent of patients in Canada are candidates for that at diagnosis, said Dr. Neil Fleshner, a professor and chair within the University of Toronto's urology department. As the disease progresses, they may need more aggressive treatment.

But the uro-oncologic surgeon at the Princess Margaret Cancer Centre also noted the number of men who qualify for active surveillance has been dropping, which he blamed on changes to screening guidelines.

In 2014, a federal task force recommended that men younger than 55 should no longer take the prostate-specific antigen test — because both age and a prostate infection can elevate those levels, prompting unnecessary screening.

But Fleshner said that's resulted in tumours being discovered at a later stage, an argument he also brought up at the time of the task force's findings.

### Surgery versus radiation therapies

Both JAMA studies focused exclusively on American prostate cancer patients, where it's more common than in Canada to operate on a tumour, Fleshner said. The two-year study looked at roughly 1,150 patients, all of whom chose their own treatment option — something that the specialist noted can create a bias.

He also argued that the analysis lacks a critical component for those making decisions either here or in the U.S.: it doesn't compare the long-term survival rates.

The authors looked at quality of life at three months, one year and two years post-treatment, and acknowledged that missing piece limits their findings.

There's minimal research on the long-term survival rates. "The comparative effectiveness of contemporary treatment options for localized prostate cancer is a top research priority according to the National Academy of Medicine," one of the JAMA studies noted.

There was, however, a major study published in 2016 that found men diagnosed with early-stage prostate cancer who monitored their tumour's growth had the same 10-year survival rates as those who underwent surgery or radiation.

### Mental well-being critical to future studies

Professor Ilie said she's encouraged by the JAMA study's findings and the fact that others are studying the effect these treatments have on a man's quality of life.

The health researcher, however, said she would like to see someone follow patients for at least 10 years after treatment — and to ask questions about their mental well-being as well as their physical functions.

She's currently creating a framework for clinicians to follow up on these issues.

"We are sexual beings, we are beings with emotional states that vary," she said. "And yet, we don't know how we respond to this type of catalyst."

By Laura Fraser, CBC News

<http://www.cbc.ca/news/health/prostate-cancer-treatment-1.4035330>

Click on the links below to read the 2 JAMA reports:

[\*Association Between Radiation Therapy, Surgery, or Observation for Localized Prostate Cancer and Patient-Reported Outcomes After 3 Years\*](#)

[\*Association Between Choice of Radical Prostatectomy, External Beam Radiotherapy, Brachytherapy, or Active Surveillance and Patient-Reported Quality of Life Among Men With Localized Prostate Cancer\*](#)

### Reader's Digest Presents: 10 Prostate Cancer Truths That Might Surprise You

- 1) Fewer men are being diagnosed than ever before
- 2) Prostate cancer in men is more common than breast cancer in women
- 3) Age is the biggest risk factor
- 4) The 5-year survival rate for prostate cancer is nearly 100 percent
- 5) Robots can now be used to remove your prostate
- 6) Prostate cancer is one of the only cancers that can be detected through blood work alone
- 7) Treatment does not cost a man his sex life
- 8) Not every patient with prostate cancer needs treatment
- 9) There are many treatments for men with metastatic prostate cancer
- 10) A vasectomy does not increase your risk of prostate cancer

[Click here to read the Reader's Digest article in its entirety](#)

### Tailgate for Charity cheque presentation at Spolumbo's Fine Foods and Deli

On Friday March 3rd we gathered at Spolumbo's Deli for a cheque presentation ceremony celebrating donations awarded to PROSTAIID Calgary by Tailgate for Charity, Calgary Stampeders Alumni Foundation and the Calgary Football Officials Association, totaling \$8,750 in charitable support. Thank you! And thank you Tony Spoletini for your commitment to the community and generosity of spirit!



### Join us in Welcoming our New Board Member



Jennifer Thorne has lived in Calgary for most of her life and attended the University of Calgary to obtain her Bachelor of Physical Education and Education degrees. A teacher by trade,

Jennifer taught high school for 6 years before raising a family and moving into the world of sales. Her sales career spans a few industries including publishing, pharmaceutical and her current role in technology sales. Outside of work, Jennifer is an active athlete (running, biking and swimming), loves hiking in the outdoors and also sings in a choir.

While working in pharmaceutical sales, Jennifer assisted in the promotion of prostate medications and it was here that she saw the impact that Prostate Cancer can have not only on men's lives but those around them. For this reason, Jennifer feels that it is important to be involved in a patient support group which helps men and those around them deal with the diagnosis of Prostate Cancer.

### August 19 & 20 Cash Casino Volunteer Call Out

PROSTAIID Calgary's 2017 Casino is being hosted August 19 & 20 (Saturday & Sunday) and Volunteers are needed for all positions. No experience is required. Volunteers will be provided a complete description of Volunteers Positions and the associated duties.

Date: August 19 & 20

Location: Cash Casino, 4040 Blackfoot Trail SE

\*Cash Casino is a smoke free facility.

### General Requirements for Casino Volunteers

Possess picture identification at all times during the casino event; Competent in handling money; Able to hear, see, speak or have an attendant with these capabilities; Alert and observant; Able to manoeuvre in the casino facility for the duration of the shift; Able to use CasinoTrack system for certain positions; Able to pass a security clearance check; And be a minimum of 18 years of age.

Please contact Kelly at [info@prostaidcalgary.org](mailto:info@prostaidcalgary.org) or 403-455-1916 if you're interested in being part of the Cash Casino Volunteer Team.

Thank you for your generous gift of time!

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