Greetings prostate cancer community, friends, and neighbours.

Plans are coming together beautifully for PROSTAID Calgary’s 2018 Cancer Survivorship Symposium. We’re firming up an impressive line-up of expert speakers and panelists that will cover five core topics over the day: Research; News Therapies; Political Panel; Mental Health; and Sexuality.

Confirmed speakers for the political session include Associate Minister of Health Brandy Payne, Mr. David Khan Leader, Alberta Liberal Party, and Mr. Greg Clark, MLA Alberta Party. We’re hopeful Mr. Jason Kenney, Leader UCP will also participate as a panelist.

The Symposium is being hosted Saturday May 12th at the Grey Eagle Casino. **It’s free to attend but registration is required.** This community building initiative is being presented by PROSTAID Calgary and has been created to bring the cancer community together through information, education and discussion. Please see Page 4 for more information or visit [www.ProstaidCalgary.org](http://www.ProstaidCalgary.org)

Donations are graciously accepted via Visa, Master Card, American Express, and cheque. Click here to reach our On Line Donation Page for credit card donations. If a donation is meaningful to you, it’s meaningful to us.

More Symposium information will be available on the PROSTAID Calgary website in the coming days: [www.ProstaidCalgary.org](http://www.ProstaidCalgary.org)

**ATTENTION:**

Please note that the AGM scheduled for May 8 is being rescheduled. The new date for the meeting will be announced as soon as possible. The post-AGM session will celebrate PROSTAID Calgary Volunteers.

Warm wishes,

**Kelly Fedorowich**

Executive Director, 403-455-1916

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The Digital Examiner
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PROSTAID Calgary is self-funded. Click here to help us to continue our good work by donating on-line.

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**April 2018 Number 223**

**Meeting Schedule**

**Tuesday April 10, 2018**

*Monthly Meetings are hosted at The Kerby Centre, 1133 7th Ave SW.*

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 7:30-9:00PM   | General Meeting (GM)  
Guest Speaker: Josh Bachynski  
Director, Marketing and Outreach at Harvest Medicine Cannabis Clinic  
Room 205 (Lecture Room) |
| 6:30-7:30PM   | Warriors Group  
Facilitator: Frank Altin  
Advanced & Recurrent Disease  
Room 208 (2nd Floor)  
Kerby Centre |
| 6:30-7:30PM   | Welcoming Group  
Whether your newly diagnosed or new to PROSTAID Calgary, everyone is welcome. |
| 6:30-7:30PM   | Wives, Partners & Caregivers  
Facilitator: Linda Maslechko  
Room 313 (Third Floor)  
Kerby Centre |

**GM Presentation**

**Topic:**

Medical Cannabis 101  
Is medical cannabis  
Right for me?  
Do I need a referral?  
How does the ACMPR work?  
(Access to Cannabis for Medical Purposes Regulations)

Join us for an information session where we answer all these questions and more! After benefiting personally from medical cannabis, Josh has been an advocate and a champion of the ACMPR system.

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**The 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. A light snack and refreshments are served. Ladies, family members, and caregivers are always welcome!
MRI-Targeted or Standard Biopsy for Prostate Cancer Diagnosis

Thank you Dr. Shelley Spaner for sharing this article recently published in the New England Journal of Medicine. Dr. Spaner believes this is a game-changer in the way men with elevated PSA are treated. Instead of going directed to random core biopsy - men are first directed to MRI. If the MRI is positive, they go to targeted biopsy. If the MRI is negative, they do not get a biopsy...they are assumed to have clinically insignificant cancer.

BACKGROUND
Multiparametric magnetic resonance imaging (MRI), with or without targeted biopsy, is an alternative to standard transrectal ultrasonography–guided biopsy for prostate-cancer detection in men with a raised prostate-specific antigen level who have not undergone biopsy. However, comparative evidence is limited.

METHODS
In a multicenter, randomized, noninferiority trial, (if the intent of a study is to demonstrate that an experimental treatment is not substantially worse than a control treatment, the study is known as a noninferiority trial) we assigned men with a clinical suspicion of prostate cancer who had not undergone biopsy previously to undergo MRI, with or without targeted biopsy, or standard transrectal ultrasonography–guided biopsy. Men in the MRI-targeted biopsy group underwent a targeted biopsy (without standard biopsy cores) if the MRI was suggestive of prostate cancer; men whose MRI results were not suggestive of prostate cancer were not offered biopsy. Standard biopsy was a 10-to-12-core, transrectal ultrasonography–guided biopsy. The primary outcome was the proportion of men who received a diagnosis of clinically significant cancer. Secondary outcomes included the proportion of men who received a diagnosis of clinically insignificant cancer.

RESULTS
A total of 500 men underwent randomization. In the MRI-targeted biopsy group, 71 of 252 men (28%) had MRI results that were not suggestive of prostate cancer, so they did not undergo biopsy. Clinically significant cancer was detected in 95 men (38%) in the MRI-targeted biopsy group, as compared with 64 of 248 (26%) in the standard-biopsy group. MRI, with or without targeted biopsy, was noninferior to standard biopsy. Fewer men in the MRI-targeted biopsy group than in the standard-biopsy group received a diagnosis of clinically insignificant cancer.

CONCLUSIONS
The use of risk assessment with MRI before biopsy and MRI-targeted biopsy was superior to standard transrectal ultrasonography–guided biopsy in men at clinical risk for prostate cancer who had not undergone biopsy previously. Men with a clinical suspicion of prostate cancer on the basis of an elevated prostate-specific antigen (PSA) level or an abnormal digital rectal examination are typically offered a standard transrectal ultrasonography–guided biopsy of the prostate during which 10 to 12 cores are obtained. This approach is associated with the underdetection of higher-grade (clinically significant) prostate cancers and the overdetection of low-grade (clinically insignificant) cancers. Despite randomized trials showing that men with clinically insignificant cancer do not benefit from treatment, its identification still results in the overtreatment of some men. Some men will receive radical treatment that has side effects and others will undergo active surveillance with repeated assessment over time that has costs for patients and health care systems.

An alternative diagnostic pathway in men with a clinical suspicion of prostate cancer involves multiparametric magnetic resonance imaging (MRI). With better standardization of the conduct and reporting of multiparametric MRI, the ability to detect clinically significant cancer and to rule it out has improved over the past decade. Multiparametric MRI could be used as a triage test to avoid a biopsy if the results were negative, whereas positive results could be used for targeting abnormal areas in the prostate during biopsy. In single-center studies, the approach of obtaining MRI-targeted biopsy cores alone, without performing standard biopsies, has shown similar or higher rates of detection of clinically significant cancer and lower rates of detection of clinically insignificant cancer than standard biopsy. We compared MRI-targeted biopsy with standard transrectal ultrasonography–guided biopsy in a pragmatic, multicenter, randomized trial. The PRECISION (Prostate Evaluation for Clinically Important Disease: Sampling Using Image Guidance or Not?) trial aimed to evaluate prospectively whether multiparametric MRI, with targeted biopsy in the presence of an abnormal lesion, was noninferior to standard transrectal ultrasonography–guided biopsy in the detection of clinically significant prostate cancer in men with a clinical suspicion of prostate cancer who had not undergone biopsy of the prostate previously.

Article has been abridged. Click here to read the PRECISION Study in its entirety.
**WIVES, PARTNERS & CAREGIVERS MEETING -- TUESDAY**

**APRIL 10**

**6:30-7:30PM**

**SPECIAL EVENT: TURMERIC TEA TASTING**

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**What do Turmeric and Cannabis Have in Common?**

They’ve both been used medicinally for thousands of years! People have consumed turmeric for its flavor and health-promoting properties for 4,000 years. Curcumin is the major active ingredient responsible for turmeric’s medicinal properties, and is a powerful anti-inflammatory and antioxidant. It may help to relieve the symptoms of osteoarthritis, treat bowel disorders, support cardiovascular health, prevent and treat Alzheimer’s, protect the liver, manage diabetes, and with its antiviral and antibacterial properties, boost immune function. A number of research studies on the use of curcumin to treat cancer have shown that curcumin appears to block the blood supply to cancerous tumors, and consequently suppresses the growth and replication of cancer cells. According to “Principles & Practice of Pediatric Oncology”, research has indicated that curcumin can prevent cancer in animals. In addition, high intakes of turmeric have reduced the rate of colorectal, lung and prostate cancer in humans, although the Mayo Clinic reports that not enough research has yet been done to be conclusive. But hey, who doesn’t want all of those potential benefits to be given to their own body? Gimme some of that!

In the upcoming **Wives, Partners & Caregivers Meeting**, we will be having a **Turmeric Tea Tasting**. Join us and sample a homemade turmeric tea recipe made with love. We will share our favourite turmeric recipes, from tea to soup, and post them on the new secret Facebook Group Page that is exclusively for Wives, Partners & Caregivers. (To be invited to the PC Partners Facebook Group, you must be one, and contact Linda at partners@prostaidcalgary.org).

Bring your teacup, your recipes, and your stories to share and support, as we meet from 6:30 – 7:30pm upstairs in Room 313, before the General Meeting.

~ Linda
2018 Cancer Survivorship Symposium
Saturday, May 12th, 2018
9:00 AM – 4:00 PM
Grey Eagle Resort and Casino, Calgary, AB

On Saturday, May 12TH, 2018, PROSTAID Calgary and our partners will hold a Cancer Survivorship Symposium at the Grey Eagle Resort and Casino. We’re lining up an exceptional group of speakers for this one-day Symposium on Cancer Survivorship and Advocacy. Our program will deal with issues related to cancer education, living well, new therapies, research, advocacy and funding. There will be a sponsored Hospitality Room on the Friday evening prior to the Symposium and a Health Fair exhibition on Saturday beginning at 8AM during the Symposium for non-profit organizations and medical / paramedical firms wishing to present information to attendees about their organizations, goods and services. Lunch and coffee breaks will also be provided.

Guest Speakers include Dr. Geoff Gotto, General Cancer Research; Dr. Gwynn Bebb, New Cancer Therapies; and Yolanda Loo, Sexuality and Cancer. Confirmed panelists for the political session include Associate Minister of Health Brandy Payne, Mr. David Khan Leader, Alberta Liberal Party, and Mr. Greg Clark, MLA Alberta Party. We’re hopeful Mr. Jason Kenney, Leader United Conservative Party will also participate as a panelist in the Political Session.

The Symposium is free to attend. Donations are graciously accepted. If it’s meaningful to you, it’s meaningful to us.

REGISTRATION FORM
2018 Cancer Survivorship Symposium
Saturday May 12, 2018

Convention Centre, Grey Eagle Resort Hotel
3779 Grey Eagle Drive, Calgary, Alberta, T3E 3X8
www.greyeagleresortandcasino.ca

Full Name: 

Companion Full Name: 

Organization (if applicable): 

Mailing Address: 

Phone: _______ Email: _______ 

Email or Mail REGISTRATION FORM TO: secretary@pccncalgary.org

PROSTATE CANCER CANADA NETWORK CALGARY SOCIETY
PO BOX 72126 RPO GLENMORE LANDING
CALGARY, ALBERTA T2V 5H9
Phone: 403 455 1916 Website for secure donations: www.pccncalgary.org

PROSTAID Calgary is self-funded. Donations are WELCOME.
“Any donation meaningful to you is meaningful to us.”