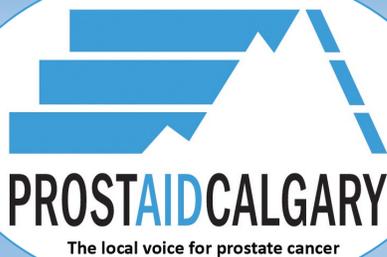


The Digital Examiner

www.ProstaidCalgary.org



Greetings prostate cancer community, friends, and neighbours.



June 2018

Number 225

Meeting Schedule

Tuesday June 12, 2018

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

7:30-9:00PM	General Meeting (GM) Guest Speaker: Mike Dew Project Coordinator, TrueNTH Lifestyle Management Room 205 (Lecture Room)
6:30-7:30PM	Warriors Group Facilitator: Frank Altin Advanced & Recurrent Disease Room 208 (2nd Floor)
6:30-7:30PM	Wives, Partners & Caregivers Facilitator: Linda Maslechko Room 313 (Third Floor)
6:30-7:30PM	Welcoming Group Whether your newly diagnosed or new to PROSTAID Calgary, everyone is welcome. Room 311 (3rd Floor)

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PROSTAID Calgary is self-funded.

Click here to help us to continue our good work by donating on-line.

On behalf of myself and the PROSTAID Calgary Board of Directors, I want to thank everyone who attended the 2018 Cancer Survivorship Symposium.

Our vision was to create a community focused event that would both inform and educate, and provide a networking forum for our guests in a pleasant, comfortable environment. The event was well attended with more than 150 attendees and we've received much positive feedback. Your participation helped make our vision a reality.

PROSTAID Calgary would like to recognize and thank our funding partners Astellas Pharmaceutical Company, Janssen Pharmaceutical, Prostate Cancer Canada, and Bayer Canada.

Thank you to our media partner Global News Radio 770 CHQR.

Thank you to PCCN Edmonton for sponsoring Friday's Hospitality Suite meet & greet.

Thank you to our community partner and videographer Rhetoric Media.

Thank you to our guest speakers Dr. Geoff Gotto, Dr. Gwyn Bebb, Mitch Hermansen from the Movember Foundation, and Emily Sulzer from the Calgary Sexual Health Centre.

Thank you to our Political Panelists Ms Brandy Payne, Mr. David Khan, Mr. Greg Clark and Mr. Tany Yao.

And thank you to our Symposium moderators David Spence and Rob Breakenridge.

The 2018 Cancer Survivorship Symposium was truly a team effort and we could not have done it without the support of the community. Thank you!

PROSTAID Calgary is supported by the community and exists for the community. 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.

Warm wishes,

Kelly Fedorowich

Executive Director, 403-455-1916

GM Presentation

Topic: The TrueNTH Lifestyle Management (LM) initiative first started back in 2015 with a pilot at the U of C through the support



of PROSTAID. Now three years and many evaluations later, TrueNTH LM continues to assist communities throughout Canada to facilitate cancer and physical activity programs. However, a new emphasis has been made on offering free home-based programs for men regardless of where they live through the revamped and simplified...

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!



Mike Dew Continued from Page 1

lifestyle.truenth.ca website. Mike will be providing an update on how physical activity programming for men living with prostate cancer has progressed recently throughout Canada and will be outlining the different features of the website.

Mike's Bio:

Mike is a Certified Exercise Physiologist with the University of Calgary Health and Wellness Lab. He works as the Project Coordinator for the Movember/PCC TrueNTH Lifestyle Management initiative (lifestyle.truenth.ca), which helps to provide prostate cancer specific wellness programming to survivors across Canada through community and online options. He completed both his undergraduate and graduate degrees in Science at the U of C, focusing on sport psychology, clinical exercise physiology, and neuromotor rehabilitation. His passion is advocating for the importance of exercise and fitness as a fundamental part of recovery from clinical conditions. Away from work he enjoys shamelessly making a fool of himself and spending time with his beautiful wife and wonderful young son.

Cancer deaths in U.S. decline again, but prostate cancer death rate creeping up

Cancer deaths continue to decline nationwide, according to the Annual Report to the Nation on the Status of Cancer. But the report also points to one troubling trend - prostate cancer deaths are creeping up again after years of decline, suggesting that controversy over the best way to screen for the disease may have given it a chance to flourish.

Especially troubling is an increase in men diagnosed with late-stage prostate cancer that has spread to other organs.

"We are definitely losing ground," said Dr. Serban Negoita, chief of the U.S. National Cancer Institute's Data Quality, Analysis and Interpretation Branch. "We don't want to have more people diagnosed at a distant stage, and we don't want to have more people dying from prostate cancer."

Overall, cancer diagnoses and cancer deaths continue to decline in the United States, said lead author Kathleen Cronin, a researcher with the U.S. National Cancer Institute.

These declines have been driven largely by improved treatments, prevention and screening in lung, colorectal and breast cancers, she said.

Experts are, however, troubled by the prostate numbers. Screening for the disease has been controversial in the wake of clinical trials that revealed many men suffer erectile dysfunction and urinary incontinence after surgery or radiation therapy to treat a cancer that would not have killed them.

But earlier this month, the U.S. Preventive Services Task Force backed off its long-held hardline stance that no men receive prostate-specific antigen, or PSA, screening for prostate cancer. The task force now recommends that men aged 55 to 69 decide for themselves whether to undergo a PSA test, after talking it over with their doctor.

Data from the Annual Report indicate that a reassessment of prostate cancer screening's value had been due. Cases of prostate cancer that spread to other parts of the body increased from 7.8 new cases per 100,000 in 2010, to 9.2 new cases per 100,000 in 2014, the researchers found. Further, prostate cancer death rates leveled off between 2013 and 2015, after two decades of continued decline, the report noted.

While concerns over the harms associated with prostate cancer treatment were warranted, these numbers show that a decline in screening may be allowing cancers to spread before they are caught, said Dr. Paolo Boffetta. He is associate director of global cancer with the Icahn School of Medicine at Mount Sinai in New York City.

"There was this big concern that probably pushed things a little bit too much in the other direction, and now we see that PSA testing even with some overdiagnosis has contributed to reducing mortality from prostate cancer," Boffetta said.

By Dennis Thompson, HealthDay News.

Article has been abridged. Click on the above link to read in its entirety.

The annual report is a collaborative effort of the U.S. National Cancer Institute, the U.S. Centers for Disease Control and Prevention, the American Cancer Society and the North American Association of Central Cancer Registries.

[Click here to read the Annual Report to the Nation on the Status of Cancer](#)

Prostate cancer research yields hope, disappointment

Michael Izen wrote the book on prostate cancer. And now he's dying of the disease. The Vancouver labour-market analyst consultant jokes that he had "softwood lumber" problems and was diagnosed with prostate cancer in 2012. He had his prostate removed shortly thereafter, but the aggressive cancer — **caused by the defective hereditary gene BRCA2** — always returned. It spread to his liver, spine and, now, to his brain.

"It's moved everywhere," explains 51-year-old Izen, who self-published the book, *Finger Up the Bum*, which sought to educate and add levity to an otherwise grave situation. He's received hormone treatments, two rounds of radiation, chemotherapy, and, as an experiment, the drug Olaparib, normally used for ovarian and breast cancer and which worked well for a year with few side-effects.

The problem is, cancer adapts to treatments. New research is looking at ways to target the disease during these temporary periods of dormancy when drugs have success at arresting its progress.

Researchers are working feverishly to find treatments for men like Izen with late-stage prostate cancers, with a special emphasis on genetics and the search for customized drug treatments for an individual's specific cancer.

Research has shown that the same gene mutations are responsible for several cancers, including prostate, breast and ovarian, which means a man may stand a greater risk of getting prostate cancer if his mother has had breast or ovarian cancer. The cancer gene can also be handed down from man to child.

"This has been under-recognized," said Dr. Kim Chi, a medical oncologist with B.C. Cancer in Vancouver. "A man can carry the same altered gene, which can predispose them to developing prostate cancer. And it affects all races.

Currently, the Alberta medical system does not cover a screening test to determine if a man carries a parent's gene mutation, but one can go to private companies to have the determination made. If a man is found to have the gene, then he can start being more vigilant, including getting regular PSA tests, to catch the prostate cancer early should it surface.

The Screen Project is a Canadian National initiative to make BRCA1 & BRCA2 screening available to all Canadians over 18 years of age at an accessible price. You can order

your BRCA test from your home, from anywhere in Canada. For a cost of \$165 USD, Veritas Genetics will ship a saliva collection kit to your home. Once completed, collection kits are sent back to Veritas Genetics and results will be received in 2-4 weeks. Individuals who are unable to afford the cost of the test are eligible for financial assistance.

As part of The Screen Project, you will also help their team of researchers at the Familial Breast Cancer Research Unit of Women's College Hospital (in Toronto) evaluate the benefits of population-based genetic testing. They hope that their study will reduce the mortality from breast, ovarian, prostate and other cancers.

For more information, contact: thescreenproject@wchospital.ca or visit their website: www.TheScreenProject.ca

The National Comprehensive Cancer Network, an alliance of leading cancer centres in the U.S., recommends that men with advanced or metastatic cancer receive genetic screening for BRCA1 and BRCA2 — but that does not apply in Canada.

"I recommend it, but we can't afford," Chi said. "It would rapidly overwhelm our system. We're doing it through research dollars now, but really it should be a standard test. Eventually it will get so cheap, we can apply this at population levels."

Chi said that of those men with localized prostate cancer, only one to two per cent are genetically predisposed to the disease, but for those with the more aggressive prostate cancers, that number can rise to about 10 per cent.

Currently, researchers at B.C. Cancer and Vancouver Prostate Centre are inviting men from across B.C. with metastatic prostate cancer to be tested for the defective genes as part of a research study. Where the tests are positive, men are referred to B.C. Cancer's hereditary cancer program for counselling and further information. Men who are interested in participating should talk to their doctor to see if they might be eligible for the study.

"It may open up different treatment options, and we'll watch that man more carefully," Chi said. "For every patient, at least three family members on average will come in and get tested. It's big. Prostate cancer is common so there's a lot of people. It gets beyond prostate cancer, it's women and families."

*Written by Larry Pynn for the Vancouver Sun
Article has been abridged. Click here to read in its entirety.*

HAVE YOU BEEN DIAGNOSED WITH PROSTATE CANCER?

Seeking prostate cancer patients and survivors for an online study.

PARTICIPANT CRITERIA

Lifetime diagnosis of non-metastatic prostate cancer

- No other cancer diagnosis
- 18 years of age or older
 - Fluent in English
- Access to the Internet

STUDY PROCEDURES

- Online questionnaires about diagnosis and treatment history, sexual functioning, sexual and relationship satisfaction, mental and physical wellbeing, and healthcare experiences
- Participation will take 60 to 90 minutes

~Prize Draws Available~

INTERESTED?

Access the survey: <https://tinyurl.com/SexLabPCa>

For more information, please contact the Sexual Health Research Laboratory
1.613.533.3276 | sex.lab@queensu.ca

Investigators: Meghan McInnis, BSch; Caroline Pukall, PhD; Michael Brundage, MSc, MD, FRCPC; Deb Feldman-Stewart, PhD; Robert Siemens, MD, FRCSC; and Christine Tong, MA

This study is funded by a Prostate Cancer Canada Movember Discovery Grant

The Sexual Health Research Laboratory (SexLab) is dedicated to understanding human sexuality and sexual health. If you are unfamiliar with our lab and would like to know a bit more about the research we do, please visit our website: www.sexlab.ca

Clinical Trials at the Prostate Cancer Centre

The Prostate Cancer Centre is currently recruiting patients for the studies listed below. For additional information on these studies please feel free to contact their research team at 403-943-8953.

APCaRI: Alberta Prostate Cancer Research Initiative. [Learn More](#)

COSMIC: Study of Zytiga (abiraterone acetate) used in clinical care of hormone-resistant prostate cancer.

EMBARK: Study of Enzalutamide Plus Leuprolide, Enzalutamide Monotherapy, and Placebo Plus Leuprolide in Men With High-Risk Nonmetastatic Prostate Cancer Progressing After Definitive Therapy

ENZAMET: Enzalutamide as 1st line therapy for men with hormone sensitive metastatic prostate cancer.

proSPECT: Study to evaluate an experimental imaging agent for newly diagnosed prostate cancer patients who are scheduled for surgery.

TITAN: ARN 509 plus Androgen Deprivation Therapy (ADT) Versus ADT Alone in Subjects with Metastatic Hormone Sensitive Prostate Cancer

ULTRASOUND STUDY: Study to compare an experimental high resolution ultrasound versus standard low resolution ultrasound during prostate biopsy.

[Click her to visit the Prostate Cancer Centre's website.](#)

Thank you to our Sponsors and Community Partners

