

The Digital Examiner

www.prostaidcalgary.org

May 2020

Number 248

When you have exhausted all possibilities, remember this: You haven't.

Thomas Edison



The local voice for prostate cancer

Contacts

Information

Phone: 403-455-1916

info@prostaidcalgary.org

Brad Sterling

President

president@prostaidcalgary.org

Dave Lunn

Past President

dlunn@shaw.ca

Support Groups

Frank Altin

Warriors

faltin@telusplanet.net

Wives, Partners & Caregivers

info@prostaidcalgary.org

Newly Diagnosed

info@prostaidcalgary.org

Mailing Address

PROSTAID Calgary

PO Box 72126

RPO Glenmore Landing

Calgary, Alberta

T2V 5H9

Phone: 403-455-1916

To subscribe to The Digital Examiner

info@prostaidcalgary.org

PROSTAID Calgary is self-funded.

[Click here to help us to continue our good work by donating on-line](#)

PROSTAID Calgary

is a proud member of the Prostate Cancer Canada Network of support groups.



So many things have changed due to CV19, including the Digital Examiner.



On the positive side, this means that since we are only providing the DE electronically we care share many more articles of interest by using links, which saves space and provides more information. (See Other Articles of Interest)

Annual General Meeting— This meeting is required to fulfil the Bylaws. We will be hosting a Zoom meeting with the election of officers and a guest speaker. (See details to the right)

[National Support Group website](#) is now live— Courtesy of Prostate Cancer Foundation BC.

[Wellspring Calgary](#)—their doors many be closed, but they are still offering a wide range of programs and support, via Zoom. Help is available to get you signed up if you are interested.

TEMPO—this is a study from Dr. Lauren Walker, of the Arnie Charbonneau Cancer Institute, where she has focused her research on identifying needs in prostate cancer with regard to sexual health and rehab. She is inviting members of PROSTAID Calgary to be participants. (See page 4)

SHAReClinic—online support from Dr. Walker.

Website Survey

The website is getting a refresh! We would like your thoughts and suggestions on things you would like to see included.

Please take a quick survey that will help us design the webpage to best meet your needs.

<https://www.surveymonkey.com/r/Z6SWPPX>

Dorothy Rodehutsors

Meeting Schedule AGM June 9th, 2020 Virtual (RSVP required—Zoom) 7:30 p.m.

Guest Speaker:
Dr. Colleen Cuthbert, PhD

Presentation Topic: New Ideas about Patient and Family Caregivers Involvement in Cancer Research

In this presentation, Dr. Cuthbert will provide an overview of the topic of patients as partners in research. The value of patient engagement in research will be highlighted by examples of successful research to date. The audience will be encouraged to ask questions and think about their own role as a partner in research.



Dr. Cuthbert is a Nurse Practitioner in Oncology. Her clinical practice largely focuses on follow-up care and symptom management with a keen interest in survivorship issues. Dr. Cuthbert is also an assistant professor in the Faculty of Nursing at the University of Calgary and an adjunct assistant professor in the Cumming School of Medicine, Department of Oncology. She holds a Tier II Canada Research Chair in patient and family centered cancer survivorship.

FDA Approves Rucaparib for treatment of Advanced Prostate

San Francisco, CA (UroToday.com) --Clovis Oncology, Inc., announced that the U.S. Food and Drug Administration (FDA) approved Rubraca® (rucaparib) tablets for the treatment of adult patients with a deleterious breast cancer gene also responsible for prostate (BRCA) mutation (germline and/or somatic)-associated metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor-directed therapy and a taxane-based chemotherapy. The FDA approved this indication under accelerated approval based on objective response rate (ORR) and duration of response (DOR) data from the multi-center, single arm TRITON2 clinical trial.

“The FDA approval of Rubraca is a significant milestone for patients with metastatic castration-resistant prostate cancer and a deleterious BRCA mutation,” said Howard Soule, Ph.D., Executive Vice President and Chief Science Officer of the Prostate Cancer Foundation. “Although new treatments for prostate cancer have been approved in recent years, most men living with advanced stages of this disease continue to face a difficult journey with few treatment options.”

“Standard treatment options for men with mCRPC have been limited to androgen receptor-targeting therapies, taxane chemotherapy, Radium-223 and sipuleucel-T,” said Wassim Abida, M.D., Medical Oncologist, Memorial Sloan Kettering Cancer Center, and Principal Investigator for the TRITON2 study. “Rubraca is the first in a class of drugs to become newly available to patients with mCRPC who harbor a deleterious BRCA mutation. Given the level and duration of responses observed with Rubraca in men with mCRPC and these mutations, it represents an important and timely new treatment option for this patient population.”

This is an abridged version, read the full article:

[Urology Today](#)
May 15, 2020

Other Articles of Interest

Treatment:

[Darolutamide for Treatment of Castration-Resistant Prostate Cancer - Beyond the Abstract](#) -

There are other trials that are either ongoing or finished accrual that serve to determine the role of darolutamide in other phases of disease in prostate cancer. This manuscript serves to discuss the key trials that are relevant for the use of darolutamide mainly in non-metastatic CRPC.

Research:

[Molecular Genetic Testing in Prostate Cancer](#) (video) -

Dr. Abida provides a current roadmap for molecular genetic subtyping in prostate cancer with the main goal of targeting the right therapies for progressing patients.

[Recent Advances in Management of High-Risk Localized Prostate Cancer—](#)

This article aims to summarize the current evidence for (1) local treatment strategies of patients with high-risk localized disease; (2) use of neoadjuvant and adjuvant systemic therapy, including a discussion on novel therapeutics for disease control; and (3) integration of innovative blood- and tissue-based biomarkers to guide therapy selection for patients with high-risk disease.

Support:

[Cancer Chat Canada](#) -

Continuing to support patients with cancer and their families through therapist-led online support groups. Groups are text based. Group members are invited to participate in a research study to evaluate the usefulness of a new artificial intelligence system (AI) built into the online support group. Three new groups are open for registration.

[Making your treatment decision—](#)

Andy Schwartz, a prostate cancer advocate, and survivor answers a series of questions and explains the importance of seeking information to better prepare yourself for prostate cancer treatment. PROSTAID Calgary has many members who are willing to discuss their treatments. For more information contact any member listed on page 1 of this publication.

Risk for SARS-CoV-2 (Co-Vid 19) Lower for Prostate Cancer Patients on ADT

Monica Montopoli, Ph.D., from the Università degli Studi di Padova in Italy, and colleagues extracted data for 9,280 patients (4,532 men) with laboratory-confirmed SARS-CoV-2 infection from 68 hospitals in Veneto.

The researchers found that compared with women, male patients developed more severe complications, were more often hospitalized, and had a worse clinical outcome. Prostate cancer patients receiving ADT had a significantly lower risk for CV19 infection than those who did not receive ADT (odds ratio, 4.05). Comparing prostate cancer patients receiving ADT to patients with any other type of cancer, there was a greater difference (odds ratio, 5.17).

“Our data are in line with recent reports from China that demonstrated similar trends in male patients and those with cancer. Our study may have some limitations. SARS-CoV-2-infected cancer patients may have been tested at a greater rate than non-cancer patients since these patients are more often hospitalized. This may explain the higher prevalence of infected individuals in the cancer patient population. Prostate cancer patients with ADT may also practice more social distancing than prostate cancer patients with non-ADT and the totality of cancer patients.”

“In sum, these data need to be further validated in additional large cohorts of SARS-CoV-2-infected patients and corrected for multiple variables. ADT, based on luteinizing hormone-releasing hormone (LHRH) agonist/antagonists or androgen receptor (AR) inhibitors, may be considered to reduce SARS-CoV-2 infections or complications in high-risk male populations. LHRH and AR inhibitors reduce the production of testosterone by the testes and its stimulation of prostate cancer cell growth. Given that the effects of these compounds are reversible, they could be used transiently (e.g. one month) in patients affected by SARS-CoV-2, thereby reducing the risk of side effects due to long-term administration.”

This is an abridged version, read the full article: [Abstract/ Full Text](#)

Summary of international recommendations in 23 languages for patients with cancer during the COVID-19 pandemic

Patients with cancer are at high risk for serious illness and death from COVID-19. The pandemic has altered the routine for oncology patients. Their lives depend on their ability to receive medical care, but every visit to a health-care facility exposes them to the risk of contracting the virus; therefore, concerns about getting infected might interfere with their continuity of care. Does oncology treatment outweigh the risk of infection? The psychological pressure of uncertainty for patients with cancer is particularly high. In this difficult phase, these patients need guidance and support.

The panel identified six main areas of recommendations.

1. Concerns general considerations for patients with cancer during the COVID-19 pandemic. Patients with cancer are at higher risk for infection, admission to the intensive care unit, and death.
2. Regards specific protocols or any special measure that people with cancer should take to avoid COVID-19 infection.
3. Reflects on what to do if someone is symptomatic, and indicates to patients whether there are any vaccines, treatment, or dietary or other supplementations that are effective against COVID-19 infection.
4. Relates to mental health: guidance on managing anxiety and stress.
5. Building trust between physicians and patients to enhance patients' confidence in medical staff decisions and improve their compliance with medical advice is important.
6. Concerns the procedures at cancer centres.

This is an abridged version, read the full article:

[The Lancet, May 13th, 2020](#)

New in Our Library

Look for all the new material on the library table at our next in-person meeting. The resources are physically located at the Kerby Centre and not accessible at this time.

If you require assistance in locating online resources, please contact us and someone will be happy to help.

Invitation to participate in a study:

TEMPO – A Tailored, Web-Based, Psychosocial and Physical Activity Self-Management Program, developed in collaboration with Prostate Cancer Canada.

This is an opportunity to participate in a study evaluating an exciting new online program, called TEMPO. Aim of the program: to support men who want to learn and practice strategies with their partners/ caregivers so they can both manage challenges related to prostate cancer.

- * Who can participate? Men diagnosed with prostate cancer within the past 24 months who will receive, are receiving, or have completed treatment.
- * What is TEMPO? TEMPO is a web-based coping skills training and in-home exercise program for prostate cancer patients and their partners/ caregivers. The program runs 7 to 10 weeks, and includes online activities (educational materials, videos, and interactive worksheets) and offline activities (skill builders and home-based physical activities).
- * What's Involved? If you're interested, a brief telephone screening interview will be conducted to see if you're both eligible (approx. 15 mins). Because TEMPO is offered as part of a randomized trial, you will be randomly assigned to one of two groups: 1) TEMPO starts immediately, or 2) TEMPO starts in 3 months.

More Information: Contact Carly Sears at carly.sears@ahs.ca or 403-476-2458 (leave a voicemail for call back). Or visit: [Temp True North](#)

More online support from Dr. Lauren Walker:

SHAReClinic - The Sexual Health and Rehabilitation e-Clinic. SHAReClinic is a completely online clinic that offers structured educational modules as well as guidance from specially trained health coaches.

Aim of the program: SHAReClinic provides personalized sexual health care that is tailored to each patient's treatment history, relationship status (single or coupled), and sexual orientation.

- * Who can participate? Men who will receive, are receiving, or have received surgery or radiation treatment for localized prostate cancer within the past 2 years are welcome to sign up at any time.
- * What's Involved? SHAReClinic online modules provide patients with education and guidance to support their physical recovery and to help them cope with emotional and relationship aspects of sexual dysfunction. Patients also have access to a specially trained sexual health coach (a trained health professional who can support the patient with regard to sexual recovery). Patients are offered support through the SHAReClinic for up to two years.

More information: Contact Carly Sears at carly.sears@ahs.ca or 403-476-2458 (leave a voicemail for call back). Or visit [SHAReClinic](#).

Thank you to our Sponsors and Community Partners



PROSTAID Calgary On-Line

