



The Digital Examiner

www.prostaidcalgary.org

260 June 2021

“Anything that’s human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less upsetting and less scary.”
Fred Rogers

Connect with us:

Information

Phone: 403-455-1916
info@prostaid.org

Brad Sterling

President
president@prostaid.org

Support Groups

Frank Altin Warriors

faltin@telusplanet.net

Wives, Partners & Caregivers

info@prostaid.org

Newly Diagnosed

info@prostaid.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@prostaid.org

PROSTAID Calgary is self-funded.

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

Next General Meeting:

Tuesday, June 8th, 2021

@ 7:30 p.m., via Zoom

**“Up and Away”: Surgical Options for
Erectile Dysfunction and Incontinence”**

[Please RSVP to program.director@prostaid.org](mailto:program.director@prostaid.org)

Guest Speaker: Dr. Richard Baverstock



Dr. Richard Baverstock has been practicing urology in Calgary since 2004, having completed urology residency training at the UBC in 2003 and a fellowship in male reconstructive surgery, andrology, incontinence and urodynamics at U. of Toronto.

Dr. Baverstock’s primary areas of expertise are male urethral stricture disease and incontinence management. He is a Clinical Associate Professor at the University of Calgary and is actively involved in clinical research. His research focus is on treatment of overactive bladder and improving patient outcomes and access to care. He has published numerous peer-reviewed articles and is a sought-after speaker both locally and nationally.

In 2011, Dr. Baverstock and Dr. Kevin Carlson co-created Vesia [Alberta Bladder Centre], after recognizing a need for improved multi-disciplinary care of patients with lower urinary tract issues. Their unique model has been recognized locally and nationally and continues to assess over 20,000 patients per year.

Outside of practice, Dr. Baverstock enjoys time with his family as well as golfing, hiking and cross-country skiing.

SIDE BAR:

Of particular note:

SAVE-THE-DATE

PROSTAID Calgary Society 2021 Annual General Meeting will be held, Tuesday, June 22nd at 7:30 p.m. via ZOOM. A notice will be sent to ALL members closer to that date. Meeting will include a guest speaker with the generous support of Bayer Canada.

There will be NO General Meeting in July, however there WILL still be a July edition of the DE.

Regards,
Dorothy

Dorothy Rodehutsors
Program Director
PROSTAID Calgary



Personal Story:

Antonio's story:

Benign Prostatic Hyperplasia (BPH) is one of the potential prostate problems. Indeed, our PROSTAID Calgary Society By-Laws indicate that membership is open “to any man diagnosed with prostate cancer or BPH or diseases or conditions related thereto”. BPH, diagnosed when the prostate is enlarged but not cancerous, is the most common prostate problem for men older than 50, and its presence and symptoms increase with age, from around half of men in their fifties to up to 90 percent in their eighties.

I began to experience the common symptoms of prostate problems in my sixties, which included increased urinary frequency, urgency, and a weak urine stream. Simultaneously, during my health checkups PSA blood tests were prescribed, and their values increased during a period of several years from around 1.5 to near 7. Given the similarity of the symptoms with those of prostate cancer, a big concern at that time was the presence of this type of cancer in me, and a biopsy was conducted which resulted negative.

The medicines generally recommended for an enlarged prostate and to alleviate the resulting urinary problems consist of alpha blockers such as tamsulosin (Flomax), to improve urine flow and reduce bladder blockage by relaxing the muscles of the prostate and bladder neck, and 5-alpha reductase inhibitors such as finasteride (Proscar), which blocks the production of dihydrotestosterone (DHT), which may cause prostate growth. Both were prescribed to me but I decided to adopt the “watchful waiting” approach.

After approximately ten years of experiencing the first symptoms of BPH, I had an episode of urinary retention that required surgery to remove some prostate tissue. A transurethral resection of the prostate (TURP), which is considered the “gold standard” in this type of procedure, was conducted. Because treatments for BPH leave a good part of the prostate intact, recurring problems could happen which require further treatments. In my case, hematuria, the presence of blood in the urine, occurred after the operation, and required a second TURP operation one year after the first one. Five years have elapsed since my second surgical procedure and I am experiencing again hematuria, which probably will result in another TURP operation.

BPH could result in a debilitating chronic condition for elder men. My personal approach to deal with it is to adopt a healthy lifestyle, including appropriate eating and nutrition. To this end, and being a retired person, I have found that volunteering provides me with additional incentives to keeping physically and mentally active. I am happy that I found an organization such as PROSTAID Calgary where I can interact in a friendly way with other people affected by prostate problems and contribute with my modest efforts in supporting the aims of the organization.

Antonio Martin, Member Board of Directors and Volunteer in Charge of Knowledge Library

Articles of Interest:

For Newly Diagnosed:

[Active surveillance for prostate cancer: selection criteria, guidelines, and outcomes.](#)

- * Active surveillance (AS) has been widely adopted for the management of men with low-risk prostate cancer. However, there is still a lack of consensus surrounding the optimal approach for monitoring men in AS protocols.
- * March 2021

[New Endoscopic In-office Surgical Therapies for Benign Prostatic Hyperplasia: A Systematic Review.](#)

- * In recent years, new technologies have been developed to treat benign prostatic enlargement (BPE). Three of these devices may be utilized in office and are promising additions.
- * March 2021

[Role of Multiparametric Prostate Magnetic Resonance Imaging before Confirmatory Biopsy in Assessing the Risk of Prostate Cancer Progression during Active Surveillance - Beyond the Abstract](#)

- * Magnetic resonance imaging (MRI) has evolved as a useful tool to improve the stratification and characterization of PCa candidates for AS.
- * March 2021

For Care-givers & families:

[Relationship between caring burden and quality of life in caregivers of cancer patients in Iran](#)

- * Cancer is associated with social, economic, and emotional consequences. Cancer caregivers would face high caring burden predisposing them to stress, depression, and decreased quality of life. This study aimed to determine the relationship between the quality of life and caring burden among cancer patients' caregivers in Iran.
- * December 2019

For Everyone:

[Preoperative Frailty Predicts Adverse Short-Term Postoperative Outcomes in Patients Treated with Radical Prostatectomy](#)

- * Radical prostatectomy (RP) for localized prostate cancer (PCa) is a surgical procedure not devoid of complications, and ideal predictors of suboptimal short-term postoperative outcomes after RP have not yet been identified. Preoperative counseling aimed at identifying patients at higher risk of adverse short-term outcomes after surgery may be of particular importance in PCa patients with localized disease, since alternative treatment modalities may be used in this patient population to avoid RP-related complications.
- * January 2021

[Experiences of Support for Sexual Dysfunction in Men With Prostate Cancer: Findings From a U.K.-Wide Mixed Methods Study.](#)

- * This study included a U.K.-wide survey of men 18-42 months post-diagnosis of PCa, identified through cancer registries. The survey measured sexual function and the extent to which men perceived sexual dysfunction to be a problem (Expanded Prostate Cancer Index Composite-26), access to and experience of medications, devices, and specialist services for sexual dysfunction, and included a free-text question for further comments.
- * March 2021

[Erectile dysfunction, lower urinary tract symptoms, and quality of life in men above 50 years of age.](#)

- * Lower urinary tract symptoms (LUTS) and erectile dysfunction (ED) are relevant health problems worldwide, especially in men 50 years of age and older. With the increase in life expectancy, their prevalence is expected to rise in the coming years.
- * March 2021

Videos:

[The Importance of Quality Information and Knowing Your Family History for Early Detection of Prostate Cancer](#)

- * Conversation about the importance of communicating with patients about the risks of prostate cancer, prostate cancer screening, diagnosis, and the accuracy of the information
- * September 2020

[Bone Imaging in Metastatic Prostate Cancer: A Patient Education Video](#)

- * In this patient-focused educational video, knowledge is shared on the role of skeletal imaging in prostate cancer; the common ways imaging scans are done and how your physician applies this information to the treatment of metastatic prostate cancer.
- * February 2021

[Which Systemic Therapy for Which Patient with Newly Diagnosed Metastatic Prostate Cancer](#)

- * The spectrum of patients starting androgen deprivation therapy (ADT) for metastatic disease is quite vast. Discussion focuses on several treatments and several studies as well as their overall survival treatment benefit and which systemic therapy for which patient with newly diagnosed metastatic prostate cancer.
- * September 2019

[Real-World Treatment Patterns and Health Outcomes in Patients with Metastatic Castration-resistant Prostate Cancer \(mCRPC\)](#)

- * The primary objective of this analysis is to describe real-world treatment patterns, including treatment type, duration, and sequencing. Secondary objectives included describing patient characteristics and clinical outcomes.
- * February 2021

[Baseline Pathogenic Mutations in Metastatic Castration-Resistant Prostate Cancer Patients Being Treated with High-Dose Testosterone](#)

- * Discusses baseline pathogenic mutations in patients who are getting treated with high-dose testosterone and explains the challenge in this trial in determining clinical characteristics of who might benefit and who might not benefit.
- * March 2021

New in Our Library

Look for all the new material on the library table at our next in-person meeting.

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

[From our Video Library \(YouTube\):](#)

Dr. Richard Baverstock is no stranger to PROSTAID Calgary. Here are links to his previous presentations from our YouTube Channel:

[Therapy & Surgical Management for Incontinence and Impotence - Dr. Richard Baverstock](#) - June 2016

[Dr. Richard Baverstock - Urinary Incontinence](#) - June 2014

[Surgical Options for Erectile Dysfunction and Incontinence](#) - January 2013

PROSTAID Calgary On-Line



Thank you to our Sponsors and Community Partners

