

The Digital Examiner



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Prostate Cancer
Canada Network
Calgary

A controversial study stirred up a real hornets nest in the already heated PSA testing debate. The research found that PSA screening increases the number of prostate cancer diagnoses, but doesn't decrease the number of deaths caused by the disease. **PROSTAID Calgary strongly disagrees with the study findings and our official response is included on Page 3.** See "THE CONTROVERSY – PSA Screening to assess risk of prostate cancer." **PROSTAID Calgary** recommends that men in their 40s have a PSA test in order to establish their baseline. It's a simple blood test. Many of you know that my husband David is a prostate cancer survivor and, while my opinion is anecdotal, I believe that a PSA test saved David's life. Because of his early diagnosis, David had more treatment options and does not suffer from the many life altering side effects of the more radical treatments required for advanced prostate cancer. As with all cancers, early detection is important in providing more successful treatment options.

Reminder: May 10 is our Annual General Meeting. The meeting will:

-Receive the Treasurer's Report and MNP Auditor's Report for fiscal 2015.

-Appoint our Auditor for 2016.

-Nominate and elect members to the Board of Directors.

-Consider all other business brought to the meeting by members.

Our Bylaws allow for 15 members to serve as Directors. We have 9 men and 1 woman who have agreed to continue as Directors. We would like to fill 5 Director Positions.

More information will be included in the April issue of The Digital Examiner.

PROSTAID Calgary relies on the generosity of the community to keep our programs running. Donating is easy! Just give Kelly a call **403-455-1916** or email

executive.director@pccncalgary.org

or visit

http://prostaيدcalgary.org/c_donate.php

Kelly Fedorowich

Executive Director

April 2016

Number 199

Tuesday, April 12, 2016

Meeting Schedule

6:30 PM Newly Diagnosed & Active Surveillance Group
Room 311 at Kerby Centre

6:30 PM Warriors (Advanced Disease)
Room 318 (Board Room) at Kerby Centre

6:30 PM Wives, Partners & Caregivers
Room 313 at Kerby Centre
Everyone is welcome to attend!

7:30 PM General Meeting (GM)
Room 205 (Lecture Room) at Kerby Centre

GM Topic: Dr. John Lewis joins us to talk about Prostate Cancer



Research and the Alberta Prostate Cancer Registry and BioRepository. The Alberta Prostate Cancer BioRepository allows APCaRI team

members application of state-of-the-art genomic, proteomic, metabolomic and transcriptomic analyses to the development of new and better tests for prostate cancer. Dr. Lewis is an Associate Professor Department of Experimental Oncology, University of Alberta.

Our General Meetings are open to the public and free. (Suggested Donation \$5) Cookies, fruit and refreshments are served. Join us at the Kerby Centre at 1133 7th Avenue SW. Parking is FREE at the Kerby Centre in lots on both sides of 7th Ave. The WEST LRT stops at the Kerby Station, right at the front door of the Kerby Centre.

Active Surveillance in Canadian men with low-grade Prostate Cancer

Canadian Medical Journal Association Original Article:
Active surveillance in Canadian men with low-grade prostate cancer <http://bit.ly/1XocKMK>

Read the complete article on the **Globe and Mail**
<http://bit.ly/21zAUdI>

CARLY WEEKS

The Globe and Mail

Published Monday, Feb. 29, 2016

More men with suspicious prostate test results are being monitored for changes in disease progression instead of undergoing immediate treatment, according to a new study in the Canadian Medical Association Journal.

Experts say the PSA test is a valuable tool and that the potential risks can be managed by relying more heavily on active surveillance, which refers to the use of repeat prostate-specific antigen tests, rectal exams, and biopsies to look for changes over time.

The study looked back at records of men who had been referred to the Ottawa regional Prostate Cancer Assessment Clinic because of abnormal prostate test results from 2008 to 2013. The researchers focused on 477 patients who were diagnosed with a low-grade form of prostate cancer to see what happened to them. The study authors note that this type of low-grade cancer is "associated with a small chance of cancer-related death."

Of the 477 men with low-grade cancer, 244 opted for immediate treatment, with the majority undergoing surgery to remove the prostate gland, while 210 went for active surveillance. The active surveillance group had PSA tests and rectal exams every six months and repeat biopsies within a year of initial diagnosis. Additional biopsies occurred every two to four years, the authors said.

In the end, 30 per cent of the men in the active surveillance group underwent treatment. Most of those patients underwent treatment because their cancer was reclassified as a higher-risk form of the disease.

Overall, the number of men who underwent active surveillance also rose over time, going from 32 per cent in 2008 to 67 per cent in 2013.

The Canadian Cancer Society recommends men over 50 talk to their doctors about their personal risk of developing prostate cancer and the risks and benefits of the PSA test.

The Meaning of PSA

By Mark Scholz, MD

Read the complete article on AboutHealth

<http://abt.cm/1Ll3GYI>

Please visit Dr. Scholz's Blog Prostate Snatchers

<http://prostatesnatchers.blogspot.ca/>

As men get older, they almost all develop enlargement of the prostate. Invariably, PSA rises as a result. PSA comes both from the prostate gland and potentially, in some cases, from prostate cancer. This is what confuses things. PSA can come from both cancer and the benign prostate gland. So when checking PSA, the question should never be, "Is it above a pre-specified arbitrary threshold such as 2.5 or 4.0 µg/L?" The question should be, "Is the PSA elevated above what should be expected based on the size of the prostate?"

In most cases prostate size can only be determined by measuring it with an ultrasound or MRI.

Once the size of the prostate gland has been ascertained by imaging, the expected normal PSA for that individual can be calculated. Typically, PSA rises one point for each 10 cubic centimetres (cc) of prostate volume. Therefore, the formula for calculating how the PSA relates to the prostate's size in normal person works by dividing the prostate volume by 10. A man with a 100cc prostate will have a normal PSA of approximately 10.

The PSA level becomes abnormal when it's 50% higher than what would be expected - based on the prostate's size. In the medical textbooks this ratio of prostate gland size to PSA is called PSA density. Until you determine the size of the prostate gland, unless the PSA level is off the charts, say over 20, you really can't draw any conclusions about how the PSA may pertain to the risk of underlying prostate cancer.

There are also other possibilities to explain why the PSA may be elevated besides cancer or having an enlarged prostate gland. Temporary increases can occur from recent sexual activity, prolonged bicycle riding and from nonspecific prostatitis. PSA levels that seem unexpectedly high should always be repeated to be confirmed before embarking on further action.

By imaging the prostate and accurately determining its size, we can put PSA into a meaningful context. PSA has been a very useful test, but unfortunately, forgetting how much variation there is in the size of men's prostate glands often leads to unnecessary random biopsy. Since PSA levels are affected by the size of the prostate, finding an oversized gland can be good news. It provides a benign explanation for why the PSA level is running high and helps reduce the need for doing a biopsy.

THE CONTROVERSY – PSA Screening to assess risk of prostate cancer

The following is an excerpt from an article written in response to a controversial PSA study published on March 1, 2016. The piece was penned by Stewart Campbell (Director, PROSTAID Calgary) and has been approved by the PROSTAID Calgary Board of Directors. To read the article in its entirety, please click on the following link http://prostaidecalgary.org/n_research.php or visit PROSTAIDCalgary.org

In Canada, prostate cancer is the most common male malignancy and the third most common cause of cancer death in men. From March 1-3, 2016, Calgarians were introduced to vastly divergent views concerning the use of the prostate-specific antigen (PSA) test and PSA screening prior to a cancer diagnosis to assess a man's risk of prostate cancer. This latest discourse about PSA screening followed a publication by Dr. Dickenson from the University of Calgary and co-authors of the article "Trends in prostate cancer incidence and mortality in Canada during the era of prostate specific antigen screening" in the Canadian Medical Association Journal OPEN (Dickenson, 2016). The article presented data depicting prostate cancer incidence and mortality in Canada from 1969 – 2007 in relation to the introduction of the PSA test.

Trends in prostate cancer incidence and mortality in Canada have been reported many times since the PSA test was introduced in late 1980s (Morrison et al, 1995, Nam and Klotz, 2007; Kachuri, 2013). In the USA, early detection through the use of serum PSA testing has resulted in an 80% decrease in the proportion of men with metastases at diagnosis and a >45% decrease in the age-adjusted prostate cancer mortality rate today, compared with the same statistics in the pre-PSA era prior to 1991 (Reinhardt and Catalona, 2013). In Europe, the Gothenburg randomized population-based prostate cancer screening trial started in 1994 illustrates the benefit of organized PSA screening, which reduced prostate cancer mortality. However, single men, men with low socioeconomic status, and men with low education were more likely to be absent for screening during follow-up. It was felt that an organized screening program may reduce such socioeconomic inequalities (Godtman, 2016).

In their recent 2016 article, Dickenson et al. sought to describe secular changes in the Canadian epidemiology of prostate cancer. In particular, they examined these trends in incidence and mortality in relation to the onset of PSA testing.

Of great concern to PROSTAID Calgary were the Task Force recommendations for men who have not previously been diagnosed with prostate cancer.

The Task Force relied on the results from two large clinical trials to develop their recommendations. Unfortunately, the trial designs and implementation of the clinical work were not free of problems. As a result, the data for the purposes of the Task Force was low quality and therefore definitive analysis and recommendations were compromised. For PROSTAID Calgary and our members, the Task Force recommendations make no sense. To say no to any form of PSA screening, while not providing options or proposing an improvement process for everyone to consider, was irresponsible. The Canadian Task Force on Preventative Health Care blew it. It had a unique opportunity to take a collaborative, multidisciplinary approach to its work, but it didn't. Quite frankly, it is hard to see how the Task Force's recommendations against PSA screening for the early detection of prostate cancer are consistent with "preventative health care".

Men's Sexuality Survey

Are you interested in learning about your sexuality?

A team of researchers at the University of Calgary, led by Dr. Lauren Walker, are conducting a research study about men's sexuality in men. We are interested in hearing from you! If you are a man and are able to proficiently read English, you can participate in this study.

By participating you will complete an online survey about different aspects of your health and sexual life. The survey will take approximately 15 minutes to complete. After you finish the survey you will receive summary results of your responses to the survey and will be able to enter a draw to win one of five \$50CAD VISA gift cards. Your odds of winning are one in fifty!

If you would like to participate, you can follow the link below:

<https://cumming.ucalgary.ca/laurenwalker/survey>

This study has been approved by the University of Calgary Conjoint Health Research Ethics Board (Ethics ID: REB15-2071).

If you have any question before you start to answer the questionnaire, you can contact the Study Coordinator, Dr. Pablo Santos (Pablo.Santos@ahs.ca, (403) 698-8001) or the Principal Investigator, Dr. Lauren Walker (Lauren.Walker@ahs.ca, (403) 355-3214).



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Prostate Cancer Canada's Step Up Challenge

March 6, 2016 we came together to climb Calgary's tallest skyscrapers and be champions in the fight against prostate cancer! It was an honour to be there as part of Prostate Cancer Canada and their Guest Services volunteers.

Just over \$80,000 was raised for a disease that affects 1 in 8 Canadian men in their lifetime and the funds are staying local. Proceeds from the event will go towards funding prostate cancer research at the Tom Baker Cancer Centre.

Click here to see Prostate Cancer Canada's photo album on Facebook <http://on.fb.me/1QRhERS>



What are Clinical Trials?

One way to access new treatments before they become widely available is to participate in a clinical trial. A clinical trial is a research study that uses volunteers (called participants) to test new ways to prevent, detect, treat or manage prostate cancer or other illnesses. Some clinical trials help determine whether or not a new treatment, drug or device is effective and safe.

Types of Clinical Trials

There are many different types of clinical trials depending on the research question being investigated. For example, some clinical trials are looking at prevention while others are testing new treatment options.

Why Participate?

Participating in a clinical trial is a valuable contribution to research. Clinical trials answer important questions and lead to better health outcomes. Also, it's a good way for participants to access free treatments and get monitored closely by healthcare professionals.

Participation is Voluntary

Participation in clinical trials is voluntary. You can choose to participate (if you qualify) or you can choose to withdraw from a clinical trial at any point without any penalties.

Qualifying for a Clinical Trial

Not all individuals interested in participating in a clinical trial can do so. There are specific criteria (i.e., inclusion and exclusion) that determine whether an individual can

participate or not. This criteria is outlined by the clinical trial research team, who determine the 'type' of participant they are looking for to get the most accurate results or answer the study question. Inclusion criteria are criteria individuals must meet to participate in the clinical trial, whereas, while, exclusion criteria are factors that exclude some people from participating. In order to become a clinical trial participant you must satisfy both the inclusion and exclusion criteria.

The criterial are often related to:

Age; Gender; Type and stage of disease; Previous or current medications/treatments; Other existing medical conditions

Benefits and Risks

With each clinical trial there are potential benefits and risks to the participants. The clinical trial research team, design the trials to have the most benefits and as few risks as possible. However, each clinical trial will have its unique possible benefits and risks. It's important to consider these and talk to the study team and your doctor if you're considering participation.

Rules and Regulations

There are strict government and international rules, regulations and policies for clinical trials to make sure that research using human participants is done in the most safe and ethical manner. There are various levels of approval before a clinical trial can take place to protect the participants taking part.

For more information and current clinical trials, please visit: [Canadian Cancer Trials](#)

Thank you to PROSTAID Calgary's Sponsors and Associates

