

The Digital Examiner



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**PROSTAID Calgary is
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**To continue our good
work, please
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Prostate Cancer
Canada Network
Calgary



Greetings prostate cancer community, friends and neighbors. A wonderful opportunity presented itself and I'm very proud to tell you that on June 6th, I'm flying to Toronto to participate as a Community Representative for Prostate Cancer Canada's Discovery Panels. Prostate Cancer Canada has been entrusted with an important mission - to allocate the funds raised by Canadians to programs that support research that will have the greatest potential to improve prostate cancer prevention, diagnosis and treatment to better manage the survivorship of men living with the disease. These opportunities are proudly funded by the Movember Foundation. [Click here for more information about Prostate Cancer Canada and Movember Discovery Grants.](#)

June 1st—30th [Canada Helps](#) is hosting [The Great Canadian Giving Challenge](#). Trusted by Canadians and charities for over 15 years, [Canada Help's](#) is Canada's platform for donating and fundraising online. All donations made to [PROSTAID Calgary](#) in June through www.CanadaHelps.org will automatically enter us to win a \$10,000 donation. The more you give, the more chances we have to win. Please give today.

Classic car junkies and motorsports enthusiasts rejoice. The 2016 Show and Shine season has officially kicked into high gear and on Sunday, July 3 PROSTAID Calgary will once again host our signature event of the summer: [PROSTAID Calgary's 8th Annual Fun in the 50's Festival!](#) This year's event is being hosted at the Grey Eagle Casino and we're expecting 300+ classic cars and hundreds more fans and enthusiasts. The Dark Side Racing Top Fuel Dragster will be on location promoting PROSTAID Calgary, prostate cancer awareness and our Fire Up for Prostate Cancer Awareness Campaign. Please visit [PROSTAID Calgary](#) for more information.

[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 info@pccncalgary.org

or visit
http://prostaiddcalgary.org/c_donate.php

Kelly Fedorowich

Executive Director

June 2016

Number 201

Tuesday, June 14, 2016 Schedule

- 7:30PM General Meeting (GM)**
Room 205 (Lecture Room) at Kerby Centre
- 6:30PM Newly Diagnosed & Active Surveillance Group**
Room 311 at Kerby Centre
- 6:30PM Warriors (Advanced Disease)**
Room 318 (Board Room) at Kerby Centre
- 6:30PM Wives, Partners & Caregivers**
Room 313 at Kerby Centre
Everyone is welcome to attend!

GM Topic: Dr. Richard Baverstock joins us to talk about post prostate cancer therapy incontinence and surgical management of ED and Incontinence.



Dr. Baverstock has been practicing urology in Calgary since 2004, having completed urology residency training at the University of British Columbia in 2003 and a fellowship in male reconstructive surgery, andrology, incontinence and urodynamics in 2004 with Dr. Sender Herschorn at the University of Toronto. Since his return to Calgary, Dr. Baverstock has led the care of males with urethral stricture disease requiring reconstruction. He has also introduced new techniques in the management of male incontinence.

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 Ave 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.

Ladies, family members, and caregivers are always welcome!

Combination of hormone therapy and radiotherapy halves risk of death from prostate cancer

A **longitudinal** Nordic study, comparing the results of hormone (antiandrogen) therapy with or without the addition of local radiotherapy, shows that a combination of treatments halves the risk of death from prostate cancer 15 years after diagnosis. This according to a follow-up study recently published in the journal *European Urology*. *Note: A longitudinal study is an observational research method in which data is gathered for the same subjects repeatedly over a period of time.*

"Before the turn of the century, it was tradition to castrate men with high-risk or aggressive local prostate cancer with no signs of spreading, as the disease at that point was thought to be incurable," says Anders Widmark, senior physician and professor at Umea University, who led the study.

In the study, researchers have compared a common Nordic pill-based antiandrogen hormone therapy and the same treatment method with the addition of local radiotherapy. The results of a long-term follow-up 15 years after diagnosis showed that treatments with the addition of radiotherapy halved the risk of patients dying from prostate cancer from 34 to 17 per cent. Researchers at Umea University, together with colleagues in Norway and Denmark, recruited 875 patients treated for locally advanced prostate or aggressive prostate cancer at around 40 clinics in Sweden and Norway from 1996-2002 and then continued to follow the patients. In 2009, the group published its first results in the journal *Lancet*, which contributed to changing the attitude towards treatment of older people with prostate cancer.

Prostate cancer is the most common type of cancer in Swedish men with about 9,000 diagnosed patients per year. In Sweden, the traditional treatment is hormone therapy using antiandrogens that has fewer side-effects than castration. The hormone suppressing treatment slows down the growth of cancer cells by blocking the growth-stimulating effect of testosterone.

"We are also in the process of evaluating how hormone therapy against prostate cancer affects the patients' quality of life. We will publish that study shortly," says Anders Widmark.

Source:

Umea University

<http://www.news-medical.net/news/20160510/Combination-of-hormone-therapy-and-radiotherapy-halves-risk-of-death-from-prostate-cancer.aspx>

Five-year study shows that Stereotactic Body Radiation Therapy (SBRT) to treat prostate cancer offers a higher cure rate than more traditional approaches

The study - the first trial to publish five-year results from SBRT treatment for prostate cancer - found a 98.6% cure rate with SBRT. Stereotactic body radiotherapy (SBRT) is a way of giving radiation to a tumour from several different directions to target the treatment very accurately. This state-of-the-art technology allows a concentrated dose to reach the tumour while limiting the radiation to the surrounding healthy tissue.

"The high cure rate is striking when compared to the reported five-year cure rates from other approaches like surgery or conventional radiation, which range between 80 to 90 percent, while the side effects of this treatment are comparable to other types of treatment," said Dr. Raquibul Hannan, Assistant Professor of Radiation Oncology and lead author for the study. "What we now have is a more potent and effective form of completely noninvasive treatment for prostate cancer, conveniently completed in five treatments."

The current form of radiation is 44 treatments given over nine weeks. In contrast, the SBRT therapy we used allows the delivery of highly focused radiation in only 5 treatments, allowing patients to return to their normal lives more quickly. SBRT is both more convenient and has increased potency.

In addition to shorter treatment times, researchers found that side effects were not necessarily different compared to other forms of prostate cancer treatment. In the short term, the side effects of SBRT can include urinary issues (urgency, frequency and burning) and rectal irritation, which are often temporary and reverse within four weeks of treatment. Researchers found a small risk of longer-term urinary and rectal complications, which is also comparable to conventional treatments. Decrease in erectile function was seen in 25 percent of patients, fewer than with conventional radiation or surgery, said Dr. Hannan.

To reduce the side effects associated with SBRT, current clinical trials at UTSW (University of Texas Southwestern) are using a unique and biodegradable rectal spacer gel to protect the rectum. UTSW is currently the only accredited site in Texas at which this spacer gel can be used.

Source:

UT Southwestern Medical Center Harold C. Simmons Comprehensive Cancer Center

This article has been abridged. Read the full article by clicking on the link below

<http://www.utsouthwestern.edu/newsroom/news-releases/year-2016/april/sbrt-hannan.html>

Eye of the Beholder: Is Delayed Treatment on Active Surveillance a Success or Failure?

Dr. Laurence Klotz of the Sunnybrook Research Centre, in Toronto critically analyzed the outcomes of the Active Surveillance (AS) for low to intermediate risk prostate cancer. Currently, there is a greater recognition of an overtreatment problem and effect on quality of life with treatment. We also know the nature of occult (primary malignancy) high grade disease. New biomarkers and multiparametric MRI (mpMRI) are also having an impact on Active Surveillance and may allow us to identify those who can be placed on surveillance or treated. Active Surveillance is a success when it avoids mortality and disease related morbidity while at the same time avoiding quality of life side-effects.

We are beginning to realize that the metastatic potential of Gleason Score (GS) 3 is about zero. Molecular genetics of GS 3 resembles normal cells with a molecular signature distinct from aggressive cancer cells. The major limitation of current active surveillance strategies relate to pathologic miss of coexistent higher grade cancer. Dr. Klotz then poses the question: "If GS 3 does not metastasize, why does volume of GS 3 matter?" He answers that the high volume is a marker for the presence of higher-grade cancer. Under-staging is a major limitation and hopefully mpMRI may allow us to identify clinically significant cancer.

Current predictors of disease reclassification during active surveillance are increased PSA density, race and % core involvement. In their Toronto series, the 15 year CSS (cancer specific survival) is about 5%. Their protocol for AS currently allows for low volume intermediate prostate cancer. However, recent analysis of data suggest a lower overall survival, CSS, and metastatic free survival with any GS 4 component.

Current paradigm of identification for AS is pathological from biopsy and risk stratification. Imaging may change this and may allow us to more accurately identify those who may benefit from AS. Dr. Klotz concludes that clear candidates for AS include patients with GS 6 with non-extensive disease, non-suspicious MRI, and low PSA density. The grey areas are patients with extensive GS 6, GS 6 in men < 50 years and GS 7 with < 10% tumour involvement.

In conclusion, the current protocol that Dr. Klotz adopts is:

- Eligibility: most GS 6, PSA < 15, selected GS 3+4 with low volume (<10%)
- Exceptions: High volume GS 6 in young patients, high psa density.

- Workup: MRI and targeted biopsy is done for all high volume GS 6, high PSA density, and any pattern 4 diseases.
- Follow-up: PSA at 6 months
- Confirmatory biopsy or MRI within 1 year. If MRI negative and low risk, biopsy is optional.
- Repeat MRI/biopsy at 3-5 years until age 80.

Presented By: Laurence H. Klotz, MD

Written By: Mohammed Haseebuddin, MD

This article has been abridged. Read the full article by clicking on the link below

<http://www.urotoday.com/conference-proceedings-home/aua-2016/aua-2016-prostate-cancer/88672-aua-2016-eye-of-the-beholder-is-delayed-treatment-on-active-surveillance-a-success-or-failure-session-highlights.html>

Incontinence Products

Lots of men hate the idea of using incontinence products - so-called adult diapers, urine collection bags, and catheters. But if you're having a problem with male incontinence, these products can really help. They can prevent embarrassing accidents, simplify your life, and increase your confidence. Here's a rundown of some of your options.

- Incontinence pads and other absorbent products. While women grow up using pads (albeit of a different sort), men can find the idea pretty weird and distressing. But these incontinence products can be enormously helpful. They can prevent leaking onto your clothes, control odour, and prevent skin irritation. What's more, knowing you're protected can provide you with a sense of security.

Of course, there are so many types available that you may not know where to start. The best choice depends on your symptoms. If you're just having occasional leaking or dribble, a drip collector - an absorbent padded sheath that goes around the penis - might do the trick. For mild cases, an incontinence pad inserted into the underwear and held in place with an adhesive strip might work. If you're having more severe incontinence, a larger guard or pair of absorbent underwear may be what you need. Some briefs are washable; others are disposable. If you're confused about what type will work best for you, just ask your doctor for advice. It may take some experimentation before you find a type of incontinence product that works and feels comfortable for you.

- External catheters. Unlike the catheters used at the hospital, external catheters for male incontinence are silicone or latex devices that go over the penis instead of into the urethra. They're usually rolled on like condoms. The urine is sent through a tube into a drainage bag. Some men only use these devices at night. To prevent leaks, it's very important to get the right fit and to follow the instructions from the manufacturer.

- Drainage bags. These are just the plastic bags that you would attach to a catheter. Larger ones are called "bedside bags" and are hung near the bed. Smaller ones can be worn on the body, attached to the abdomen or leg with straps.

- Underpads. These incontinence products are basic waterproof pads or covers that can be placed on furniture or mattresses to protect against leaks. They add an extra level of protection.
- Urinals and other toilet substitutes. When getting to the bathroom isn't possible, plastic urinals can be a big help for male incontinence. These are plastic containers that a man can urinate into. They may be particularly helpful if you have urge incontinence, which makes it tough to get to the bathroom fast enough. You can keep one by the bed and another in the car in case you get stuck somewhere without a bathroom.
- Penile clamps. They may sound unpleasant, but for certain men, penile clamps -- also called "external compression devices" -- can make a big difference. A small amount of pressure exerted on the penis can temporarily close off the urethra, stopping any potential leakage. The part that fits around the penis is soft foam and shouldn't be uncomfortable. These devices aren't right for everyone, so talk to your doctor. Using them too often could cause circulation problems, skin irritation, and strictures. Generally, they're only meant to be used for a couple of hours at a time.

**Dark Side Racing June Calendar
Fire Up for PROSTAID Calgary Displays and Events**

June 4 & 5 Medicine Hat: CMDRA Spring Nationals
 June 11 Nisku: Edmonton Motorcycle Ride for Dad
 June 19 Calgary: PCC's Do It For Dads Walk and Run
 June 25 Strathmore: Fountain Tire Strathmore Customer Appreciation BBQ & Fire Up for PROSTAID Calgary and prostate cancer awareness event

We hope you'll join the Dark Side Racing team at their displays and events throughout the season and help to raise awareness to PROSTAID Calgary and prostate cancer!



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<https://www.facebook.com/pccncalgary>

Visit PCCN Calgary's YouTube Page
www.youtube.com/user/pccncalgary

Fire Up Fundraiser at Buffalo Wild Wings



L-R: David F, Quinn Smith, Angie Shilliday, Kelly F, Charleston Hughes, Coach DeVone Claybrooks, Warren Simmons



L-R: Jeff Wilkie, Charleston, Quinn, Coach DeVone

Thank you to everyone who came out in the rain, sleet and snow to help raise funds for PROSTAID Calgary and raise awareness for prostate cancer. Special thanks to Buffalo Wild Wings GM, Nikolai Whistlecraft and his awesome staff for hosting the event. And a huge shout out to Calgary Stampede's Quinn Smith, Charleston Hughes and Coach DeVone Claybrooks, and Jeff B. Wilkie (Mr. Calgary) and Angie Shilliday (Mrs. Canada 2014). Thank you all for your support.

It was wonderful way to spend the day!

Thank you to PROSTAID Calgary's Sponsors and Associates

