



Greetings prostate cancer community, friends and neighbours and Happy New Year! While the holiday season is a time for us all to celebrate life and its many blessings, it can also be stressful. Remember to celebrate the little things in life, including each day you are blessed with and the people who support and love you.

The 2016 Pathfinder's Event was a beautiful gathering to celebrate and honour Dr. Siraj Husain. [Click here to view the picture gallery.](#) PROSTAID Calgary would also like to acknowledge and thank David Spence for giving such a genuine and heart-felt tribute speech to Dr Husain.

I want to take this opportunity to thank all of our wonderful volunteers and donors for your continued support in 2016. Volunteers and donors are the backbone of our Society and critical to the continued success of our organization. We thank you for your generous gifts of time, treasure and talent.

PROSTAID Calgary is working hard to develop a comprehensive and impactful calendar of events for 2017. In the coming year, we will focus on increasing our outreach in the community through awareness, education and advocacy. Our first fundraising event of the year is Prostate Cancer Canada's Step Up Challenge.

Prostate Cancer Canada's 2017 Step Up Challenge is being hosted on February 12th and I'm inviting you to join the fun as either a participant or volunteer. [Click here if you'd like to join the PROSTAID Calgary climbing team](#) and [click here if you'd like to volunteer at the event.](#) *I'm captain of Team PROSTAID and I am thrilled to report that all proceeds raised in the Step Up Challenge Calgary will be supporting the Tom Baker Cancer Centre. [Please click here to donate to Team PROSTAID.](#) **More information is included on Page 4.**

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@ProstaidCalgary.org or visit http://prostaidcalgary.org/c_donate.php

Warm regards,
Kelly Fedorowich
Executive Director
403-455-1916

Meeting Schedule Tuesday January 10, 2017

7:30-9:00PM	General Meeting (GM) Room 205 (Lecture Room) Kerby Centre
6:30-7:25PM	Newly Diagnosed & Active Surveillance Room 311 Kerby Centre
6:30-7:25PM	Warriors (Advanced Disease) Room 318 (Board Room) Kerby Centre
6:30-7:25PM	Wives, Partners & Caregivers Room 313 Kerby Centre Everyone is welcome!

GM Topic: Member Reports from the PCRI Conference

Every September the Prostate Cancer Research Institute (PCRI) Conference brings hundreds of patients, caregivers and physicians together for a weekend of interactive sessions and lectures from experts in the medical community. PROSTAID Calgary had 3 members attend the PCRI Conference in Sept 2016 and they will be joining us to share their experiences. The January GM will include presentations from Dave Lunn, Mike McKerrow and Stan Knowlton.

The PCRI Conference is hosted in Los Angeles, CA and is a collaborative learning experience for patients and caregivers. Moderated by Mark Moyad, MD & Mark Scholz, MD - topics cover everything from treatment options, to side effect management. The interactive nature of the event is a breath of fresh air on your journey, and a source of hope and encouragement.

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!

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Top Prostate Cancer News of 2016

Aspirin May Lower Risk of Dying from Prostate Cancer:

A study found that regular aspirin use in prostate cancer patients, defined as taking aspirin more than three times a week, was associated with a 39% lower risk of dying from the disease compared with men who reported less frequent aspirin use or no aspirin use. The study evaluated data from 22,071 men who took part in the Physicians' Health Study. Men enrolled in this cohort were tracked from 1982 until 2009. After more than 27 years of follow-up, 3,193 men were diagnosed with prostate cancer and, of those, 403 developed either metastatic prostate cancer or died from the disease.

[Click here to read more.](#)

Liquid Biopsy Cell Diversity Could Indicate Poor Prostate Cancer Prognosis:

A study of 150 prostate cancer patients found that those who have a more heterogeneous (diverse) set of detectable circulating tumor cells (CTCs) are more likely to develop resistance to anti-androgen therapy. Patients with a high heterogeneity score prior to enzalutamide or abiraterone treatment had a median progression-free survival of 5 months compared with 17 months in patients with a low heterogeneity score. The high heterogeneity score patients also had shorter median overall survival compared with patients with a low heterogeneity score.

[Click here to read more.](#)

Radiation Therapy in Prostate Cancer Linked With Low Risk of Secondary Cancers:

Men who receive radiation therapy as treatment for their prostate cancer may have an increased risk of developing a subsequent, secondary cancer, according to a meta-analysis of 21 observational studies (Meta analysis is a method for systematically combining pertinent qualitative and quantitative study data from several selected studies to develop a single conclusion that has greater statistical power). Among the prostate cancer patients who underwent radiation therapy, the highest absolute rates of bladder, colorectal, and rectal cancers were 3.8%, 4.2%, and 1.2%, respectively. The lowest reported rates for the same cancers were 0.1%, 0.3%, and 0.3%, respectively. The results do not warrant changes to current therapeutic regimen decisions for most men with high-grade prostate cancer. There was no consistent link between radiotherapy for prostate cancer and secondary lung cancer or hematologic malignancies.

[Click here to read more.](#)

PSA Testing Declining Faster With Primary Care Physicians Than Urologists:

In a US study following the US Preventative Services Task Force report that recommended against PSA testing the 2012 change in guidelines regarding prostate-specific antigen (PSA) testing for prostate cancer had a different effect on testing rates depending on which physician specialty was doing the testing. Primary care physicians (PCPs) showed a marked decline in PSA tests administered, while urologists had only a slight drop. The study included 113 patient visits to urologists and 1,109 to PCPs. Among the PCP visits, the use of PSA testing declined from 36.5% in 2010 to 16.4% in 2012. The rate only decreased among urologists from 38.7% to 34.5%.

**At the time of writing, we are not aware of a Canadian study that shows a similar reduction in PSA testing by PCP resulting from the 2014 Canadian Task Force on Preventative Health Care that also recommended against PSA testing.*

[Click here to read more.](#)

Prostate Cancer Survivors Have Elevated Colorectal Cancer Risk:

A large cohort study showed that the risk of colorectal cancer is increased following a diagnosis of prostate cancer. This suggests colorectal cancer screening should be considered following a prostate cancer diagnosis, especially among those undergoing radiotherapy. The researchers conducted a historical cohort study based on data collected in Manitoba, Canada, covering a total of 14,164 men with prostate cancer and 69,051 controls without prostate cancer. Over the course of the follow-up period, 2.8% of the prostate cancer survivors were diagnosed with colorectal cancer, compared with 2.6% of the non-prostate cancer cohort.

[Click here to read more.](#)

Hormone Therapy for Prostate Cancer Linked to Depression:

An analysis of the Surveillance, Epidemiology, and End Results (SEER) database found that men who receive androgen deprivation therapy (ADT) as part of their treatment for prostate cancer may be at higher risk for depression. The researchers analyzed a cohort of men with stage I-III prostate cancer who were over the age of 65. Longer treatment using ADT resulted in an increased risk of depression, from 12% among patients with less than 6 months of therapy to 26% in those with 7 to 11 months of therapy, and up to 37% among those treated for 12 months or longer. Cumulative incidence of newly diagnosed depression from 6 to 36 months after a prostate cancer diagnosis was higher among the men who were treated with ADT.

[Click here to read more.](#)

Maintaining High Physical Activity Improves Prostate Cancer Survival:

A study found that prostate cancer patients who kept up a moderate to high level of physical activity had better survival prognoses compared with their more sedentary counterparts. After a prostate cancer diagnosis, men who exercised for 17.5 or more metabolic equivalent of task (MET) hours per

week prior to their diagnosis had a 30% lower risk of prostate cancer mortality compared with men who exercised for fewer than 3.5 MET hours per week (comparable to less than an hour of moderately paced walking per week). Men who were the most physically active had a 34% lower risk of dying from prostate cancer compared with men who exercised the least.

[Click here to read more.](#)

HIFU for Prostate Cancer: Think Twice

Searching for a "magical" cure for prostate cancer, and believing the stories of men who had purportedly found such cures, patients have long traveled abroad in search of therapies not approved for use in the United States by the Food and Drug Administration. Notably, in recent years some men with prostate cancer have gone overseas to receive a treatment called high intensity focused ultrasound (HIFU).

Medical clinics in Canada are now permitted to offer HIFU as a treatment for diseases of the prostate, including cancer. However, HIFU is currently only offered in select centres in Canada, and this therapy's value and safety remain controversial. HIFU is not covered by Canadian public health insurance—you will need to pay for the procedure yourself. If you have recently been diagnosed with prostate cancer, here's what you should know before considering HIFU.

HIFU uses ultrasound technology to destroy diseased tissue. Most people are familiar with ultrasound as a medical imaging technique for producing pictures of structures inside the body, which it achieves by emitting sound waves and capturing them as they bounce back. However, high-energy ultrasound waves can also kill tissue by generating temperatures up to 176°F (80°C). HIFU also kills tissue by causing cells to collapse.

HIFU can be used to destroy a man's entire prostate. However, the technique is commonly administered as a form of focal therapy, a relatively new strategy that is sometimes used to treat small prostate tumors that have not spread beyond the gland. Traditional treatments such as radical prostatectomy and external beam radiation remain the standard of care for prostate cancer; those so-called "whole gland" therapies aim to treat the entire prostate, along with some surrounding tissue.

By contrast, the goal of focal therapy is to destroy only the tumour, while sparing the prostate gland and other non-malignant tissue (such as nerves) from harm. Cryotherapy is another type of focal therapy; it takes the opposite approach to HIFU by freezing tissue within the prostate.

Despite growing interest in focal therapy, it remains an investigational treatment, and has been primarily studied in men with very low-risk prostate cancer.

HIFU is used to treat other diseases of the prostate, including benign prostatic hyperplasia (BPH), also known as benign prostatic enlargement (BPE). Here's how HIFU is used to treat prostate disease: After a patient is sedated, the doctor inserts a probe through the rectum. The probe uses ultrasound imaging to visualize the prostate, allowing the doctor to make a "map" of which zones to treat. Next, the doctor uses the probe to apply high-intensity ultrasound waves to the targeted area, heating up a spot the size of a rice grain. This process is repeated until the targeted area is destroyed. The procedure takes two to four hours, depending on prostate size and the number of tumors.

Proponents of HIFU emphasize its advantages over other treatments for prostate cancer. For instance, the procedure doesn't require an incision or result in any blood loss, and the patient isn't exposed to any radiation. HIFU is performed on an outpatient basis and recovery is speedy—men are usually up and around within hours of the procedure. Some providers insist that HIFU treats prostate cancer as well as surgery and radiation.

However, it's important to consider such claims with caution, because many questions remain about the overall safety and effectiveness of HIFU. That much became clear when a French company called EDAP asked the FDA to approve its HIFU device, called the Ablatherm HIFU, for the treatment of low-risk prostate cancer that has not metastasized, or traveled, outside the gland. In its FDA application, EDAP noted that the Ablatherm HIFU had been used to treat more than 40,000 patients around the world. To demonstrate the technology's effectiveness to the FDA, EDAP conducted a meta-analysis (an analysis that combines the results of many individual studies to reach a single conclusion) of HIFU for treatment of low-risk prostate cancer. The company argued that the results showed HIFU's effectiveness in treating prostate cancer that has not metastasized.

An expert panel appointed by the FDA to evaluate EDAP's application disagreed with that assessment. In particular, it noted that 28 percent of men who underwent HIFU had positive biopsies for prostate cancer two years later, a figure that members of the panel felt was too high; with more than one in four patients experiencing a cancer recurrence, it appears that the HIFU probe frequently fails to completely eradicate the cancer. The FDA decided to reject EDAP's application for the Ablatherm HIFU in 2014.

The story continues. The FDA's rejection wasn't the end of the story for HIFU in the United States, however. [Click here to read the complete Health After 50 article.](#)

Prostate Cancer Canada's Step Up Challenge Calgary February 12, 2017

What is Step Up Challenge?

Climb the tallest towers in Canada's largest cities with the Step Up Challenge! Not only will you be racing up 5 skyscrapers but you will also be helping lead the way to a better tomorrow for Canadians affected by prostate cancer. But don't do this vertical hurl alone—[CLICK HERE TO JOIN Team PROSTAID!](#) Teams of five will be challenged to climb 5,000 feet while raising a minimum of \$5,000. Register today and throw down the gauntlet as you challenge your colleagues to stair-climb to the top!

Not sure you can climb all 5 skyscrapers?

No problem! We can have relay teams at this event, which means that each member of the team only needs to climb one building.

Calgary Buildings:

Scotia Centre; Stock Exchange Tower, Bow Valley Square 3, Bow Valley Square 4, and Bankers Hall East.

[Please click here to donate to Team PROSTAID.](#)

Where Your Donations Go

Step Up Challenge Calgary: All the proceeds raised in the Step Up Challenge Calgary will be supporting the Tom Baker Cancer Centre. Located in Calgary, it is the comprehensive cancer centre for southern Alberta and a lead centre for the province-wide cancer prevention, research and treatment programs. The Centre provides advanced medical and supportive cancer care, patient and professional education, and conducts research through the Alberta Cancer Research Institute.



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Wellspring Calgary is Growing!

Wellspring Calgary is thrilled to announce that they have now opened an interim Wellspring location at Fountain Court in southeast Calgary.

Their Fountain Court address is #120, 703 – 64 Ave SE Calgary (ph) 587.747.0260.

*Please note: Their existing programs at Carma House in northwest Calgary continues to operate and serve north Calgary and area residents.

Their Carma House address is 1404 Home Rd NW Calgary (ph) 403-521-5292

Wellspring Calgary is a warm and welcoming community that provides a comprehensive range of support, resources and programs so anyone living with cancer and the people who care about them can improve the quality of their lives. Wellspring charges no fees. Its programs are available free to anyone living with any type of cancer at any stage. Programs include individual and group classes, coping skills, expressive therapies, energy work, educational workshops and a discussion series. A lending resource library provides a range of information on the social, emotional and psychological aspects of cancer.

Thank you to our PROSTAID Calgary Sponsors and Associates!

