

The Digital Examiner

www.ProstaidCalgary.org



Greetings prostate cancer community, friends, and neighbours.



Prostate Cancer is a couples disease and spouses experience similar emotional distress as our men. Sharing our journey with people who understand what we are going through helps relieve our fears and worries. As the facilitator of PROSTAID Calgary's Wives, Partners and Caregivers group, my goal is to create a safe space that encourages conversation and friendship. Ladies, this month I'm inviting you to join me from 6:30pm-7:30pm in Room 313 at the Kerby Centre for an informal tea party. Come out and chat with friends, old and new, and let's connect over a cuppa. *Bring your favorite tea cup, or use one of ours.

I want to give a big shout-out to Dan Maisonneuve. On May 13, PROSTAID Calgary hosted a 50/50 Raffle during the Didsbury Show & Shine and Dan was luck winner. Dan generously donated the \$72.00 cash prize back to the Society. PROSTAID Calgary is entirely self-funded and relies on the generosity of foundations, corporations and most of all, people like you for our ongoing support. Thank you Dan!

Fastest Woman in Canada: I'm on a mission to become the fastest woman in Canada and I've entered my story in the #Canada150in150 competition. Votes are important, and I'm reaching out to ask for your vote. You can view my entry by clicking on the link below. The "Vote for This" button can also be accessed by clicking on the following link. Thank you!
<http://canada150in150.ca/browse-stories/technology/travel-tourism-mobility/home-to-highway/73>

PROSTAID Calgary relies on the generosity of the community to keep our programs running and **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

June 2017 Number 213

Meeting Schedule Tuesday June 13, 2017

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



Dr. Nicole Culos-Reed joins us this month to talk about "Prostate Cancer Survivors Moving More in Alberta" - "Dr. Culos-Reed will present information on the benefits of movement for

prostate cancer, and the resources available in Alberta under the Alberta Cancer Exercise (ACE) and TrueNTH Lifestyle Management programs" Dr. S. Nicole Culos-Reed is a Professor in Health and Exercise Psychology in the Faculty of Kinesiology, and Adjunct Professor in the Department of Oncology in the Faculty of Medicine, University of Calgary. Nicole also holds a Research Associate appointment with the Department of Psychosocial Resources, Tom Baker Cancer Centre. Nicole is a health behaviour change researcher, interested in the uptake and (con't page 2)

Kerby Centre is located at 1133 7th Ave SW. Parking is FREE in lots on both sides of 7th Ave. Remember to register your vehicle license plate number at reception to avoid ticketing. 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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maintenance of healthy lifestyle behaviours to enhance well-being and chronic disease populations. As the Director of the Health & Wellness Lab, her research group primarily examines the role of physical activity on the quality of life of cancer survivors. Nicole is also the Director of the Thrive Centre, a free fitness facility for cancer survivors at the University of Calgary, 100% supported by a group of passionate trained student volunteers that serves the local cancer survivor community.

More information on her research program can be found at www.thriveforcancersurvivors.com.

5 Big Questions and Answers on Inherited Prostate Cancer Testing

Findings are from the Prostate Cancer International Consensus Conference. Note there were three grades for assessing the level of consensus among the 70 experts for the recommendations: High (75% or above), Moderate (50% to 74%), and None (less than 50%).

Question 1: Who should be referred for genetic counselling and for consideration of genetic testing to assess for inherited prostate cancer?

Answer: Men with a first-degree relative (FDR; a father or brother) diagnosed with prostate cancer at age 55 years or younger, men with a personal diagnosis at that age with an FDR diagnosed with prostate cancer at any age, or men with an FDR who died of prostate cancer at age younger than 60 years (High);

Men with two close blood relatives (not just an FDR) with prostate cancer on the same side of a family, with at least one diagnosed with prostate cancer at age 55 years or younger (High);

Men with any FDR with cancer in the spectrum of hereditary breast and ovarian cancer or Lynch syndrome who were diagnosed at age younger than 50 years (High); and

Men whose tumour sequencing has shown mutations in hereditary cancer genes (High).

Question 2: What criteria should be considered to recommend genetic testing for inherited prostate cancer?

Answer: Patients should be part of shared decision-making for this testing (High).

In terms of the criteria for recommending testing, all men with prostate cancer in FDR families that meet established criteria for hereditary breast and ovarian cancer, hereditary prostate cancer, or Lynch syndrome should be considered for testing (High).

Men with prostate cancer who have two or more close blood relatives on the same side of the family with those same three syndromes should be considered for testing (High).

All men with mCRPC (Metastatic castration resistant prostate cancer) should undergo genetic testing (Moderate).

Question 3: What genes should be tested for inherited PCa?

Answer: This question focuses on the multigene panels that are available at this time. Strong and consistent data show that BRCA2 and HOXB13 raise the risk for prostate cancer; to a lesser extent, so do BRCA1 and the DNA mismatch repair genes. Also, in terms of aggressive prostate cancer, consistent data implicate BRCA2 and emerging data implicate ATM. The rest of the genes on the various commercial panels have limited or unknown data.

HOXB13 should be tested in males suspected of having hereditary prostate cancer (High), BRCA1 and BRCA2 should be tested in men suspected of having hereditary breast and ovarian cancer (High), and DNA mismatch repair genes should be tested in those with Lynch syndrome (Moderate).

The following genes should be tested in men with two or more close blood relatives on the same side of the family with the cancer syndromes: BRCA1 and BRCA2 in hereditary breast and ovarian cancer and DNA mismatch repair genes in Lynch syndrome (High).

To help determine their treatment, men with mCRPC should undergo testing for BRCA1 and BRCA2 (Moderate).

These recommendations expand testing to include hereditary cancer syndromes and broader family cancer histories.

Question 4: How should genetic test results inform prostate-specific antigen (PSA) screening?

Answer: BRCA2 mutation status should influence prostate cancer screening discussions. The strategy is to perform baseline PSA testing at age 40 years or 10 years before the youngest age at which prostate cancer was diagnosed in a family (Moderate). The screening interval is 1 year or as determined by baseline PSA (High).

HOXB13 status should also influence discussions. If positive, then the same screening strategy as for BRCA2 applies, as do the same consensus scores.

Scott Eggner, MD, from the University of Chicago, Illinois, said that the "take-home message" for clinicians

is that careful family history, including the history of women in the family, is important in helping establish the need for prostate cancer screening.

Question 5: Should genetic test results inform management of actual prostate cancer?

Answer: Of the genes on multigene panels, only BRCA2 results should be factored into management of early-stage/localized and high-risk/advanced prostate cancers (Moderate).

In the treatment of mCRPC, BRCA1 and BRCA2 (High) and ATM (Moderate) should help inform decisions.

5 Big Questions (and Answers) on Inherited Prostate Cancer Testing - Medscape - May 18, 2017. Article has been abridged. [Click here to read in its entirety](#)

Adding Hormonal Therapy to Radiation lengthens survival in men with recurring prostate cancer

High-grade cancer that's still confined to the prostate is generally treated surgically. But a third of the men who have their cancerous prostates removed will experience a rise in blood levels of prostate-specific antigen (PSA). This is called PSA recurrence. And since detectable PSA could signal the cancer's return, doctors will often treat it by irradiating the prostate bed, or the area where the gland used to be.

In February, researchers reported that radiation is a more effective treatment for PSA recurrence when given in combination with androgen-deprivation therapy (ADT). ADT interferes with the body's ability to make or use testosterone, which is the hormone (or androgen) that makes prostate tumours grow more aggressively. It targets rogue cancer cells in the body that escape radiation.

The newly published study randomly assigned 760 men with detectable PSA after surgery to one of two groups. One group got radiation plus ADT and the other group got radiation plus a daily placebo tablet. The study recruited patients between 1998 and 2003, and after an average follow-up of 12 years, 5.8% of men in the combined treatment group had died of prostate cancer, compared to 13.4% in the radiation-only group. Rates of metastatic prostate cancer were also lower among men treated with ADT: 14.5% compared to 23% among the placebo-treated controls.

"The take-home message is that ADT has a major and beneficial impact on the risk of death from prostate cancer when added to radiation for PSA recurrence,"

said Ian Thompson, M.D., a professor of oncology at the UT School of Medicine, in San Antonio, Texas.

Men in this study received a high dose of the ADT drug bicalutamide, which doctors use less frequently for PSA recurrence today, instead favouring other testosterone-suppressing medications that have since been shown to be more effective. Therefore this is an instance of a long-term study reporting results after treatment standards — in this case the selection of a specific ADT regime — have changed.

A new treatment standard

Still, some men have difficulty tolerating ADT, and not all of them should get it, particularly if they're older and more likely to die of something other than prostate cancer. "I'd reserve ADT for younger men with a long life expectancy ahead of them who were diagnosed initially with high-grade or late-stage disease," Thompson said.

"This important study confirms that combined therapy is superior to radiation alone and should be viewed as the standard treatment for PSA relapse," said Dr. Marc Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, and editor in chief of HarvardProstateKnowledge.org. "High dose bicalutamide has been associated with cardiovascular side effects, but ongoing and future research is clarifying how best to use ADT in this particular setting."

Harvard Health Blog. Article has been abridged. [Click here to ready in its entirety](#).

Breakthrough study stops fat-eating prostate cancer cells

Patients with castration resistant prostate cancer (CRPC) usually have a poor prognosis. In part, this is due to the cancer's ability to resist anti-androgen therapy. A study shows that combining a CPT1A inhibitors with anti-androgen therapy increases the cancer's sensitivity to the anti-androgen drug enzalutamide.

The CPT1A enzyme helps facilitate the entry of long chain fatty acids into the cell's mitochondria for oxidation. This oxidation is vital to lipid metabolism and has been shown to aid cancer cell survival, resistance to radiation, oxidative stress, and activation of oncogenic signalling pathways. Most cells use the energy of glucose (sugar). Some prostate cancers evolve to use energy from lipids (fat). Previous work shows that metabolizing lipids helps prostate cancer escape anti-androgen therapy. However, there are many steps involved in lipid metabolism and researchers have been working to break prostate cancer's ability to harness this energy source. In this study the researchers focused on the CPT1A enzyme.

We had to find a way to block this pathway so that the cancer would not be able to burn lipid in the mitochondria to acquire energy to resist therapy," explains Isabel Schlaepfer, PhD, CU Cancer Center member, assistant professor in the Division of Medical Oncology and senior author of the study.

In fact, we are already able to block the action of the CPT1A enzyme. The drug ranolazine is a fat oxidation inhibitor that earned FDA approval in 2006 to treat angina. When Schlaepfer and colleagues experimented with fat burning inhibitors and anti-androgens in cancer cell lines, they found that the addition of ranolazine to anti-androgen therapy made tumors more sensitivity to the anti-androgen drug enzalutamide.

"This finding may have a huge impact on patients with CRPC that had very few options before," says Schlaepfer. "Since the drugs are clinically safe, a clinical trial can be designed in patients for whom enzalutamide is prescribed."

Science Daily.com Article has been abridged. [Click here to read in its entirety.](#)

PROSTAID Calgary Upcoming Calendar of Events

July 3, 2017 Fun in the 50's Festival

Location: The Military Museums
4520 Crowchild Trail SW
Time: 10am—4pm

The Man Van will be on location

*Volunteers Needed

Volunteers are needed to hand out PROSTAID Calgary brochures and promotional material and help raise awareness to prostate cancer and the programs and initiatives offered by PROSTAID Calgary.

Volunteers are also needed for the 50/50 Raffle.

August 19 & 20 Cash Casino

Location: Cash Casino, 4040 Blackfoot Trail SE

*Volunteers Needed. Please contact Kelly for more information. 403-455-1916

September 21 Down Under Wine Tasting Festival

Location: Willow Park Wines and Spirits
10801 Bonaventure Drive SE

*Volunteers Needed. Please contact Kelly for more information. 403-455-1916

PCRI Conference September 8-10, 2017

Are you interested in attending the Prostate Cancer Research Institute (PCRI) Conference in Los Angeles?

Every September the PCRI Conference bring hundreds of patients caregivers, and physicians together for a weekend of interactive sessions and lectures from experts in the medical community.

This year, PROSTAID Calgary has approved sponsorship funding for 2 members to attend the PCRI Conference. *Eligible Expenses Include: Transport (airfare & taxis), 2 Night Hotel Accommodation, food, and conference registration fees related to your attendance.

Expectations: Conference attendees will report back on what you learned and experienced. Presentations will be made to the PROSTAID Calgary Focus Groups.

Exercise Study for Men with Prostate Cancer

Jessica Danyluk is an exercise physiologist with Dr. Nicole Culos-Reed's lab and they are recruiting for their exercise study for men on ADT treatment for prostate cancer. This is a randomized control trial (RCT) comparing 2 exercise programs for prostate cancer patients on ADT (hormone therapy) .

The purpose of the study is to determine whether home-based exercise has similar benefits compared to instructor led group-based exercise on quality of life, adherence to exercise and fitness levels.

Eligibility Criteria

Age 18 and older; Confirmed diagnosis of prostate cancer; Fluent in English; Not currently participating in regular exercise; Starting or continuing on androgen deprivation therapy (ADT) for at least 6 months.

Contact Study Coordinator:

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Thank you to our Sponsors and Community Partners

