



The Digital Examiner

www.ProstaidCalgary.org

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Meeting Schedule Tuesday March 13, 2018

7:30-9:00PM	General Meeting (GM) Guest Speakers: Gabriela Hennig and Diana Wark from the Calgary Sexual Health Centre. Room 205 (Lecture Room) Kerby Centre
6:30-7:30PM	Warriors Group Advanced & Recurrent Disease Room 208 (2nd Floor) Kerby Centre
6:30-7:30PM	Welcoming Group No Meeting in March
6:30-7:30PM	Wives, Partners & Caregivers Meet your new facilitator, Linda Maslechko. Room 313 (Third Floor) Kerby Centre



Greetings prostate cancer community, friends, and neighbours. They say sharing is caring. *After all, who doesn't love good news!* Well, PROSTAID Calgary has some really great news to share this month.

Cancer Survivorship Symposium

PROSTAID Calgary is proud to announce the 2018 Cancer Survivorship Symposium. The Symposium will be hosted Saturday May 12 at the Grey Eagle Casino. The Board of Directors is lining up an exceptional group of speakers for this one-day Symposium on Cancer Wellness and Advocacy. The program will deal with issues related to cancer education, living well, new therapies, research, advocacy and funding.

More information will be available on the PROSTAID Calgary website. www.ProstaidCalgary.org

Justin & Whitney's Run for PROSTAID Calgary

I'm excited to announce that so far, Justin and Whitney's LA Marathon fundraiser has raised over \$1,225. Thank you to everyone who's donated! There's still time to give and PROSTAID Calgary needs your help. Your donations help ensure the continuation of PROSTAID Calgary's programs and awareness initiatives. Developing and maintaining services for survivors and their families is an ongoing challenge that we meet in a variety of ways including our monthly publication The Digital Examiner and our monthly General Meetings that are hosted at the Kerby Centre.

DONATE NOW:

www.prostaidcalgary.org/f_runforprostaid.php

Wives, Partners and Caregivers (WPC)

I am thrilled to introduce you to Linda Maslechko. Linda is joining us as facilitator of the new Wives, Partners and Caregivers support group. She's a remarkably giving person with a unique ability to connect deeply with others. I know Linda's going to bring so much value to the group. We hope you'll come out and meet Linda at the March 13th meeting and learn about her vision for the WPC group. Exciting times are ahead!

Warm wishes,

Kelly Fedorowich

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Welcoming Group

Volunteer Facilitator Needed

Wives, Partners & Caregivers

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Prostate Cancer
Canada Network
Calgary



Diana Wark



Gabriela Hennig

GM Presentation Topic:

In this workshop, participants will explore a framework for healthy sex after prostate cancer. As well, participants will develop a tool to help reframe sex and sexuality and experience sexual wellbeing.

Gabriela Hennig is an Adult Program Facilitator at Calgary Sexual Health Centre. She has been a Community Educator within

The 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!

Gabriela H and Diana W Continued

the field of sexuality and sexual health since 2013. As an educator, Gabriela has worked with people across the life span to deliver comprehensive sexual health programs. Gabriela is a current graduate student pursuing a Masters in Counselling, and holds a Bachelor of Fine Arts in Theatre and a Bachelor of Arts with Honours in Psychology in which she researched if there was a relationship between religiosity and sexual attitudes with women's perception of pleasure.

Diana Wark is a Training Centre Facilitator at Calgary Sexual Health Centre. She has been with CSHC for 10 years providing comprehensive sexual health education, management, curriculum development and professional development training. Diana is a Registered Social Worker and has been working in the field of Sexuality and Sexual Health since 1992.

experiences and the way that I think medical oncologists should practice. That is not to say anyone else is wrong, but it is a really important part of my practice. This is something that patients are living with day to day. It's something that needs to be addressed and can negatively impact their quality of life.

A patient's experience of his quality of life is what really matters at the end of the day. Length of life and quality of life, to me, are both critically important. If you are not thinking clearly or you're severely depressed or anxious—about your job, financial issues, or dying— you can't live your best life. Helping optimize quality of life during treatment for cancer is a pivotal part of what we do. That being said, I don't criticize any of my colleagues for missing discussions on this or myself when I'm having a day and running an hour and a half late, but it is something we should strive to do.

Cognitive Impairment and Prostate Cancer

Dr. Alicia Morgans is a medical oncologist at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University in Chicago, Illinois. She specializes in treating advanced prostate cancer and is particularly interested in addressing treatment side effects.

The magazine, Prostatepedia spoke with her about cognitive impairment, stress, and prostate cancer treatment.

What role do you think medical oncologists traditionally play in anticipating that patients might have these kinds of struggles? What role do you think the medical oncologist should play?

That is a tricky question. I think, in general, medical oncologists (may) have a lot of things on their plates. They're trying to balance all of the side effects of therapy, the reason for doing a particular therapy, the complications that a therapy can cause that are medically dangerous, as well as where we go next if this treatment fails. I don't know that they always take the time to dig deeply into questions about cognitive function, depression, or anxiety unless those things are very clear because a patient is complaining about them himself or a caregiver says it is a huge issue.

Medical oncologists have very short patient visits, especially for followups, and have many things going on that they're trying to work through with patients. These cognitive changes are not always at the top of their list. However, it's a critical part of our job and something that I take the time to do because of both my personal

Are there ways to circumvent problems with cognitive function, or is it just a matter of identifying them early on and getting patients the help they need?

I don't know if there's necessarily a way to completely avoid them, but we might, with some of the research being done, identify patient populations or individual patients who might be most susceptible to some of these side effects based on their genetics or based on the way they metabolize certain drugs.

If we can identify who may be most sensitive, we might be able to steer those men away from certain treatments and toward other treatments or delay treatment if that's in their best interest and is a clinically reasonable choice. Our goal is to provide men with a balance of best quality of life and longest length of life.

What we can do now is ask questions of our patients to diagnose these issues. We can ask, "How's your mood? Are you feeling depressed? Are you feeling down?" We can figure out if they're depressed or anxious.

If we talk to men and their caregivers about their daily life, we can treat these problems whether it is through pharmacologic therapy or counseling with a social worker, a psychologist, or a psychiatrist. We can treat depression and anxiety.

Loss in cognitive function is a little more challenging. I have referred patients to behavioral or cognitive therapy (similar to what is recommended for patients post-stroke) to give them strategies for dealing with memory loss or thinking problems. I've had some success with that approach, but I would say the standard approach to managing cognitive decline is still being defined. This is the work

that I am trying to do, because we still need to confirm which tools are best for measuring cognitive change, and then we need methods to prevent or reverse these issues.

Source: [Prostatepedia](#)

[Subscribe to Prostatepedia to read the rest of Dr. Morgan's comments.](#)

Health Canada Approves New Indication for Zytiga, broadening its use for Treatment of Newly Diagnosed Metastatic Prostate Cancer

Health Canada recently approved of ZYTIGA® (abiraterone acetate) in combination with prednisone and androgen deprivation therapy (ADT) for the treatment of patients with newly diagnosed, high-risk metastatic hormone-sensitive prostate cancer (mHSPC) who may have received up to three months of prior ADT.

This latest approval is based on Phase 3 data from the pivotal LATITUDE clinical trial, a multinational, multicenter, randomized, double-blind, placebo-controlled trial that examined the use of ZYTIGA® 1,000 mg once daily in combination with prednisone 5 mg once daily and ADT, compared to placebos plus ADT in patients with newly diagnosed mHSPC (Metastatic hormone-sensitive prostate cancer). The study showed ZYTIGA®, in combination with prednisone and ADT reduced the risk of death by 38 per cent compared to placebo plus ADT in patients with mHSPC.

“Previously men with newly diagnosed metastatic prostate cancer have had limited options for first-line treatments,” Dr. Fred Saad, Chief of Urology, Centre Hospitalier de l’Université de Montréal, Université de Montreal and LATITUDE clinical investigator. “This latest approval for ZYTIGA® is an exciting milestone for men, their caregivers and treating clinicians as it provides a new first-line treatment option for high-risk metastatic hormone sensitive prostate cancer that improves overall survival and quality of life.”

About the LATITUDE Study

The LATITUDE study, published in the New England Journal of Medicine, 5 enrolled 1,199 newly diagnosed patients with high-risk mHSPC and was conducted at 235 sites in 34 countries, including sites in 10 Canadian cities and with 33 Canadian patients. A total of 597 patients were randomized within three months of diagnosis to receive ADT plus ZYTIGA® and prednisone, while 602 patients were randomized to receive ADT and placebo. Patients were high-risk mHSPC as defined as having at least two of the three following factors associated with poor prognosis: Gleason score ≥ 8 , ≥ 3 bone lesions and/or presence of measurable visceral metastases.

Overall, the safety profile of ZYTIGA® in combination with prednisone and ADT was similar to prior studies in patients with metastatic castration-resistant prostate cancer (mCRPC). In the LATITUDE study, patients received a lower dose of prednisone at 5 mg/day with the usual dose of ZYTIGA® at 1,000 mg/day plus ADT. The most common all grade adverse reactions ($\geq 10\%$) observed with ZYTIGA® compared to placebo were hypertension (36.7% versus 22.1%), hypokalemia (20.4% versus 3.7%) and hot flushes (15.4% versus 12.5%).

Source: [Prostate Cancer News Today](#)

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

What is Climacturia?

Climacturia, also called orgasm-associated incontinence, occurs when a man leaks urine as he ejaculates. It is a common side effect of radical prostatectomy (surgical removal of the prostate gland).

The prostate is surrounded by nerves and tissue needed for proper urinary and sexual function. But sometimes, these nerves and tissues are damaged during surgery, which can lead to incontinence and erectile dysfunction. An estimated 22% to 43% of men experience climacturia after prostatectomy. It can be a distressing situation for both men and their partners. Some men start to avoid sex because of it, leaving partners to wonder what is wrong. Others feel too embarrassed to talk about it, with their partners or with a healthcare provider.

What can men do?

First they should see their urologist. A doctor can suggest certain strategies for coping with climacturia, such as emptying the bladder before having sex.

Using a variable tension penile loop may help. Made of soft silicone, the loop is placed around the penis before sex. The man then adjusts the tension of the loop for his comfort. The loop compresses the urine channel so that urine won't leak during orgasm. A urologist can provide more information, including instructions for use.

Pelvic floor muscle training (PFMT) is another option. This technique involves building strength and endurance in the pelvic floor muscles with the help of a trained physical therapist. Research published in 2015 found that men who underwent a three-month PFMT program saw greater reduction of climacturia and improved erectile function compared to men who received no treatment.

Men with climacturia are also encouraged to communicate with their partners and share their feelings of frustration or anxiety. Without communication, partners may feel distanced, especially if the man is avoiding sex.

Couples may find that seeing a therapist can help them learn to talk about sexual and relationship issues. For some men, climacturia does get better in a year or two.

Climacturia Management Strategies

http://www.prostatecentre.com/sites/default/files/images/climacturia-brochure_2016-3-1.pdf

Meet Linda Maslechko, Facilitator of the Wives, Partners and Caregivers Group

A diagnosis of prostate cancer can be overwhelming, and lead to feelings of fear, anxiety, and depression. Although prostate cancer only strikes men, the disease and its treatment can have a profound impact on his and your lifestyle, quality of life and emotional well-being; and it may introduce challenges for sexual intimacy.

A partner still “experiences” cancer. And when your loved one is not responding to treatment, or his prostate cancer has returned, you may feel even more anxious, fearful and frustrated than when he was first diagnosed. As we strive to provide a sense of strength and security to our loved one, taking care of ourselves by staying healthy and emotionally balanced can often be a challenge.

In many ways, we can’t prepare for the unexpected, but we can learn from more seasoned couples and take courage in their strength and love. Collaborating with your peers can provide emotional support, as well as valuable treatment information, advice and tips from others who have “been there, done that”. Knowledge is a powerful tool in coping and creating pathways to a shared quality of life.

Chinese proverb: “To know the path ahead, ask someone coming back.”

Whether your partner is newly diagnosed, recovering from treatment, or in advanced stage cancer, the **Wives, Partners & Caregivers Support Group** is where you will find other real women, sharing what loving your partner ‘in sickness and in health’ really looks like.

Come to a meeting. Join our new private Facebook Group. Hop on a phone call with someone. Access resources. Stay connected to others who understand.

Wives, Partners & Caregivers Group meets 6:30–7:30pm in Room 313 Kerby Centre, the second Tuesday of every month. To join the private Facebook Group or contact Linda, the Group Facilitator, please email:

partners@prostaidcalgary.org

Justin & Whitney’s Run for PROSTAID Calgary

[CLICK HERE AND DONATE NOW](#)



On May 18, Justin & Whitney will challenge both body and mind and run in support of PROSTAID Calgary and help raise awareness and support for our Society and our community programs and initiatives.

Established in 1986, the Los Angeles Marathon is one of the largest marathons in the country with more than 25,000 participants and hundreds of thousands of spectators. Completing a marathon is considered to be one of the most challenging and rewarding accomplishments a person can achieve.

Help make Justin & Whitney’s run more meaningful by donating now. Secure online donations can be made at PROSTAID Calgary’s website. An electronic tax receipt will be sent to you by email. Thank you!

[CLICK HERE AND DONATE NOW](#)

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