

The Digital Examiner

www.prostaidcalgary.org

June/July 2020

Number 249

Cancer didn't bring me to my knees, it brought me to my feet.

Michael Douglas, Actor



Contacts

Information

Phone: 403-455-1916
info@prostaidcalgary.org

Brad Sterling

President

president@prostaidcalgary.org

Dave Lunn

Past President

dlunn@shaw.ca

Support Groups

Frank Altin

Warriors

faltin@telusplanet.net

Wives, Partners & Caregivers

info@prostaidcalgary.org

Newly Diagnosed

info@prostaidcalgary.org

Mailing Address

PROSTAIID Calgary

PO Box 72126

RPO Glenmore Landing
Calgary, Alberta
T2V 5H9

Phone: 403-455-1916

To subscribe to The Digital Examiner

info@prostaidcalgary.org

PROSTAIID Calgary is self-funded.

[Click here to help us to continue our good work by donating on-line](#)

PROSTAIID Calgary

is a proud member of the Prostate Cancer Canada Network of support groups.

Summer is almost upon us! Here's hoping things with the pandemic calm down at least enough for us to enjoy this season.



Annual General Meeting— Although there were some technical glitches, the AGM was held and all legal requirements have been fulfilled. The guest speaker was engaging and thought provoking. Please see the website or Facebook with the link to Dr. Cuthbert's presentation.

****EVENT: Saturday, June 20 Men's Health Webinar, See attached poster for details.**

Warrior Story— Read Larry M's prostate story on page 3.

TEMPO— Still time to take part in this study as the next cohort will start in August. This is a study from Dr. Lauren Walker, of the Arnie Charbonneau Cancer Institute. She is inviting members of PROSTAIID Calgary to be participants. (See page 4)

Life on ADT— One 90 minute, online education seminar from Dr. Walker. After completion, each Canadian patient is mailed a free copy of the book. (See page 4)

This month, we are combining June/July editions of the newsletter and you will notice an extra page. Since we are still only publishing electronically, I thought we should take advantage and offer additional resources/articles.

Have a safe and wonderful summer,

Dorothy Rodehutsors
Program Director

Meeting Schedule

Next regular meeting August 11th, 2020

tentative, depending on
Kerby Centre Re-opening
7:30 p.m.

info@prostaidcalgary.org

Meet the newest Board Director:



Robert (Bob) Phillips

Metis roots, Winnipeg Manitoba.

Raised, educated and employed in Calgary and Edmonton.

Career, Indigenous Relations – Industry Liaison.

Prior: City of Calgary Police Constable and Calgary Transit. 1974-1981.

Indigenous Relations Liaison in three sectors; Oil & Gas, Government of AB Research Council, and Metis Nation of Alberta.

Retired in Calgary 2017 with wife Paulette. Two daughters and grandchildren nearby.

Expert recommendations on the management of patients with metastatic castration-resistant prostate cancer who progress after CHARTED or LATITUDE

Abstract Objective: Our aim was to provide practical recommendations on the management of patients with metastatic castration-resistant prostate cancer (mCRPC) who have progressed after docetaxel plus androgen-deprivation therapy (ADT) or abiraterone plus ADT.

Methods: Systematic literature review (SLR), nominal group meeting, and Delphi process. (the Delphi process is a structured communication technique or method, originally developed as a systematic forecasting method that relies on a panel of experts.) A panel of 12 experts was established who defined the scope, users, and sections of the document. We performed an SLR in order to assess the efficacy and safety of available drugs in patients with mCRPC. Abstracts from the American Society of Oncology and European Society for Medical Oncology meetings were also examined. The results were discussed during an expert meeting in which 14 recommendations were generated. The level of agreement with the recommendations was also tested by 13 additional experts following the Delphi process. Recommendations were voted by means of scores ranging from 0 (total disagreement) to 10 (total agreement). We defined agreement when at least 70% of the experts voted greater than or equal to 7. Next, we assigned a level of evidence and grade to the recommendation using the Oxford Centre for Evidence-based Medicine Levels of Evidence, following which the final document was drafted.

Results: The literature search did not find any articles meeting the inclusion criteria. Finally, 13 out of 14 recommendations were accepted after two Delphi rounds (two were modified after the first round). They pertain to general and individual case-based treatment recommendations. Conclusions: In mCRPC patients who have progressed after docetaxel or abiraterone plus ADT in the metastatic hormone-sensitive prostate cancer setting, these recommendations may support treatment decision-making, due to the lack of evidence or other globally accepted sequencing algorithms.

We don't often have access to the full research article so if you are interested, please email info@prostaidecalgary.org and the **full Journal article from Therapeutic Advances in Medical Oncology 12 will be emailed to you.*

The Effectiveness of a Men-only Supportive Expressive Therapy Group Intervention for Psychosocial Health Outcomes in Gastrointestinal Cancer Patients: A 6-month longitudinal study

***Research conducted at University of Calgary**

Abstract: An increasing number of gastrointestinal cancer (GI) patients suffer from the side effects of cancer treatment that can affect their psychosocial health outcomes such as mood states and quality of life. Despite its demonstrated usefulness in female cancer patients, the Supportive Expressive Group Therapy (SEGT) has not been tested in male cancer patients. The current study sought to examine the longitudinal effects of a professionally-led, men-only supportive-expressive group therapy (SEGT) on mood states, coping, and quality of life (QoL) in male GI cancer patients.

Methods: Male GI cancer patients (n = 31), at different stages of cancer and its treatment, were recruited from an ongoing men-only biweekly GI cancer support group. Data were collected at baseline (before or near the beginning of group attendance) and at three months and six months follow-up. All outcomes were patient-reported and included demographic data as well as the validated questionnaires: Profile of Mood States (POMS) for mood states, Functional Assessment of Cancer Therapy-General (FACT-G) for QoL, and Ways of Coping-cancer version (WOC) for coping. Linear mixed models were used to examine the change in the outcomes over time. Effect sizes were estimated using Cohen's d.

Results: Participants reported improvements in coping through Distancing (distancing oneself from negative thoughts, being more accepting of the situation, and looking for positives) of the WOC ($p = .04$; $d = 0.4$) between baseline and six months.

Conclusions: Given the direct effects of SEGT on anxiety, depression and anger, as well as a strong association between anger and depression in men as reported in past studies, SEGT could be impactful in improving psychosocial health outcomes in male GI cancer patients.

**We don't often have access to the full research article so if you are interested, please email info@prostaidecalgary.org and the full Journal article will be emailed to you.*

Other Articles of Interest:

Treatment:

[ARAMIS Trial: Darolutamide Demonstrates Improved Overall Survival in Nonmetastatic Castration-Resistant Prostate Cancer \(nmCRPC\)](#) - (video)

Dr. Fred Saad provides his perspective on the newest ARAMIS trial results, presented at ASCO 2020. Results from the phase III androgen receptor inhibiting agent for metastatic-free survival (ARAMIS) trial that investigated darolutamide in men with non-metastatic castration-resistant prostate cancer (nmCRPC) showed a significant improvement in delaying the time to death in patients receiving darolutamide plus androgen deprivation therapy (ADT) compared to placebo plus ADT.

[ASCO 2020: Promising Therapeutic Targets in Prostate Cancer](#)

(UroToday.com) Dr. Aparicio discussed Abstracts 5517, 5518, and 5520, representing three promising treatment strategies under development in prostate cancer.

Abstract 5517 – TRANSFORMER: Bipolar androgen therapy versus enzalutamide for castration-resistant metastatic prostate cancer

Abstract 5518– A Phase I, open-label, multicenter study to assess the safety, pharmacokinetics, and preliminary antitumor activity of AZD4635 both as monotherapy and in combination in patients with advanced solid malignancies: Results from prostate cancer patients

Abstract 5520 – ProCAID: A randomized double-blind Phase II clinical trial of capivasertib in combination with docetaxel and prednisolone chemotherapy in metastatic castration-resistant prostate cancer

[PARP inhibitors in prostate cancer: Guidelines, who to test and the patient pathway](#)

- * Video
- * The discussion begins by outlining the main recommendations for urologists and medical oncologists regarding testing for prostate cancer patients - with reference to the PROfound trial. Every patient with advanced disease should be tested for DDR alterations.

Research:

[Darolutamide Demonstrates Improved OS Over Placebo in Phase 3 ARAMIS Trial for Nonmetastatic CRPC](#)

Patients with nonmetastatic castration-resistant prostate cancer receiving darolutamide plus androgen deprivation therapy had a 31% reduction for the risk of death compared with placebo and ADT, according to the results of the phase 3 ARAMIS trial's preplanned final overall survival analysis presented during the 2020 ASCO Virtual Scientific Program.

Other Articles of Interest

[Long-Term Outcomes of Active Surveillance for Prostate Cancer: The MSKCC Experience](#)

[The Journal of Urology](#)

Although active surveillance is a recommended treatment option for grade 1 prostate cancer, understanding the risks of needing further treatment or developing metastatic disease is critical for patient counseling. In this retrospective evaluation of a large active surveillance cohort, the authors reported that the treatment-free survival at 5, 10, and 15 years was 76%, 64%, and 58%, respectively. The risk of distant metastatic disease was 0.2% at 10 years.

Support:

[Redefining Palliative Care](#) (LEAP magazine, ACF)

Why palliative care services can offer an abundance of benefits for Albertans facing cancer

Like many aspects of the cancer experience, the concept of palliative care may be unsettling. After all, there is a strong assumption it is associated with end of life. But this is inaccurate. The truth is, palliative care is much broader and includes services such as pain and symptom management that can improve quality of life and, in some cases, actually extend lives.

[7 mental health coping tips for life in the time of COVID-19](#)—by Dr. Linda Carlson

Half of Canadians reported a worsening of their mental health due to the COVID-19 pandemic in an April poll. In Alberta, a similar government poll found 74 per cent of Albertans felt the pandemic had negatively affected their mental health

[A chat with a friend would really help, according to 1 in 2 men](#)

'Bridging the Distance' research into how men are coping during COVID-19 shows now more than ever it's critical to check in and stay connected

With COVID-19 presenting once-in-a-lifetime challenges to everyone across the world, Movember recently commissioned a survey of people across the UK, US, Canada and Australia to understand the impact of the pandemic on men, social connection and mental health.

My prostate journey... Larry M

Larry, age 61. I was diagnosed by a digital rectal exam that found a lump. Due to some complications I didn't have to pay the \$15 PSA cost. My PSA was just 3.5, but the lump on prostate suggested something more. The biopsy found two spots of cancer on the prostate.

Dr S. recommended removal, but was obliged to send me to check radiation and cryogenic options. I chose the latter with radiation my last choice. Since cryogenic was experimental, I was entered in 50/50 draw with radiation and was drawn for radiation half of the test. I went back to Dr S to see if he would still take me for surgery, but was told with two tumours I was not a good candidate after all. So I began 40 daily radiation treatments supervised by Dr Hussein. Result PSA down to 0.

A few years later, my PSA was again rising so I was put on Luperon which chemically castrated me by blocking testosterone that feeds prostate cancer cells. My wife was menopausal, so sex not such big issue. Few more years later, I was not happy with possible side effects of luperon including kidney failure, I elected for orchiectomy.

My ignorance of getting the correct oncologist was the result of very little research on my part and diligence on the part my GP Dr. Mohammed. I went to him with fatigue and pelvic pain for which I blamed a yoga class. Dr M said he would do everything for me and this included switching me to a medical oncologist.

Thus I met Dr. Danny Heng, a charming, bright young man who sent me for ultra-sound and then dye scan to discover that my pelvic lymph nodes were enlarged with prostate cancer. He offered me a new drug, Xtandi, that had been tested at TBCC with great results. The cost of \$4K per month was waived since I was patient at TBCC, even though I was never in the trial. At first this drug hit me so hard I had to stop for my granddaughters 16th birthday and then went back on it. Meanwhile my urologist had inserted a stent in one kidney that was blocked by enlarged pelvic lymph node. This resulted me pissing a lot of blood and clots. On one of my many calls to say I couldn't pee, he said keep pushing til it popped like a wine cork .

Further scans showed pelvic lymph nodes shrinking back to near normal! After 6 months I was back in day surgery to remove that kidney stent. I watched a screen as the doctor fished around in a bladder, murky with bloody urine, until he finally produced the stent. With a bit of flourish he crossed his fingers and said I HOPE the kidney works!

After 7 years of my granddaughters birthdays I am still alive, but now Xtandi, which averages 2 years, is wearing off. PSA is slowly rising but not fast enough to go on chemo. Next month I get a scan to see how much my pelvic lymph nodes had enlarged. I have had great quality of life, but fatigue lately during walks suggests I will soon bite the chemo bullet. I hate the idea of no immune system in Corona Virus time but will risk anything to have more life and not pop corks when I pee.

Yesterday, I called my oncologist with my concern about sudden fatigue. He told me get blood test and he would try to get me in for scans earlier than mid June as planned. I was walking home after blood test as phone rang. It was Dr. Heng's assistant with new scan appointments the day after tomorrow! Incredible how I am looked after and all covered by our healthcare system...20 years of cancer treatment costs me nothing but parking fees...and I bitched about that!

Arrived at south campus hospital early. Parked in front only to find parking free and go in to be met by a wall of gowned people with masks. After questioning and temp check, I am escorted through near empty halls to diagnostic imaging where I am taken into nuclear med where Jenny welcomes me back after my bone scan 2 years ago. I am hooked up for IV and given the isotope. Then into the scan where only discomfort is hot flush from dye injection.

Week later I call oncologist and am told the scans show bones clear and pelvic nodes growing slowly; no chemo yet. He mentions a new treatment being tested and I sign up. Tuesday I go to TBCC to have blood test to see if I have markers on a gene wanted on this trial. Only 20 percent do...here I go again!

Larry, age 81, Member PROSTAIID Warriors

New in Our Library

Look for all the new material on the library table at our next in-person meeting. The resources are physically located at the Kerby Centre and not accessible at this time.

If you require assistance in locating online resources, please contact us and someone will be happy to help.

Invitation to participate in a study:

TEMPO – A Tailored, Web-Based, Psychosocial and Physical Activity Self-Management Program, developed in collaboration with Prostate Cancer Canada.

This is an opportunity to participate in a study evaluating an exciting new online program, called TEMPO. Aim of the program: to support men who want to learn and practice strategies with their partners/caregivers so they can both manage challenges related to prostate cancer.

- * What is TEMPO? TEMPO is a web-based coping skills training and in-home exercise program for prostate cancer patients and their partners/caregivers. The program runs 7 to 10 weeks, and includes online activities (educational materials, videos, and interactive worksheets) and offline activities (skill builders and home-based physical activities).
- * Who can participate? Men diagnosed with prostate cancer within the past 24 months who will receive, are receiving, or have completed treatment.
- * What's Involved? If you're interested, a brief telephone screening interview will be conducted to see if you're both eligible (approx. 15 mins). Because TEMPO is offered as part of a randomized trial, you will be randomly assigned to one of two groups: 1) TEMPO starts immediately, or 2) TEMPO starts in 3 months.

More Information: Contact Carly Sears at carly.sears@ahs.ca or 403-476-2458 (leave a voicemail for call back). Or visit: [Temp True North](#)

Upcoming Online Classes for ADT Educational Program:

We're reaching out today with a update on upcoming online classes for the Androgen Deprivation Therapy Educational Program. The next three classes will be held on June 16th, July 14th, and August 13th, all at 3:00 PM, Pacific time/6:00 PM, Eastern time.

As you may recall, the online ADT Educational Program is a free resource to help patients manage ADT side effects and engage in healthy lifestyle behaviours (e.g., physical activity). The program provides support to both prostate cancer patients and their partners or loved ones.

Classes are offered monthly, and patients can self-register at www.LifeOnADT.com. The class is a one-time, live, facilitated webinar (90 min.). After attending, Canadian patients are mailed a free copy of our ADT book (linked below). If you would like to receive hard-copies of the program postcards for distribution, please feel free to let us know any time.

Questions can be directed to carly.sears@ahs.ca or LifeOnADT@gmail.com

403-476-2458

www.LifeOnADT.com

Thank you to our Sponsors and Community Partners



PROSTAID Calgary On-Line



MEN'S HEALTH WEBINAR



JUNE 20, 2020

9:00 AM PDT

12:00 PM EDT



Join PCRI on June 20, 2020, at 9:00 AM PST for a discussion on Men's Health. This online event will feature ESPN's 32-time Emmy winning sports anchor, sportscaster, and prostate cancer survivor Vic Lombardi and Mark Moyad, MD, MPH from the University of Michigan Medical Center. This event will feature discussions on men's health topics and interactive live Q+A. You won't want to miss this one of a kind event. This event will be hosted on YouTube Live and our website [PCRI.org](https://www.pcri.org).