# The Digital Examiner

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PROSTAIDCALGARY


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Prostate Cancer Canada Network

**Donate to PROSTAID Calgary on-line at www.pccncalgary.org**

**SEPTEMBER IS PROSTATE CANCER AWARENESS MONTH.** Come help us take our message to the community in September.

**PROSTAID Calgary** has been serving the needs of our Calgary and area prostate cancer community for over 20 years. We are a proud member of the **Prostate Cancer Canada Network** of 70+ support groups in communities across Canada.

Including family members and caregivers, our message via **The Digital Examiner** goes directly each month to more than 2000 (850 men who are survivors or living with prostate cancer and their families and caregivers). Even so, our membership is small compared to the more than 22,000 men in Alberta who have had primary treatment for prostate cancer and are living knowing that perhaps 40% will experience recurring disease. And unfortunately, 350 men in Alberta die from prostate cancer each year.

**PROSTAID Calgary's** goals are to educate, inform, build awareness, provide peer-to-peer support, and advocate for men and their families in their journeys with prostate cancer. Yes, September is prostate cancer awareness month in Canada. However, our society works diligently 12 months a year to support our members and to reach out to the community with a strong and consistent message about prostate cancer. We are Calgary and area's prostate cancer's feet on the ground. Our members have:

- Experienced prostate cancer first hand or know someone who has;
- Gone through the shock and trauma of the initial diagnosis;
- Learned the medical language of prostate cancer;
- Made tough decisions about the many complex treatment options;
- Been served by some of the finest clinicians we could hope for;
- Supported our peers in their journeys;
- Participated in clinical research trials;
- Kept abreast of new developments in prostate cancer therapies; and
- Grieved when a member has passed away from prostate cancer.

**We constantly give back to the community in the ways we know best—through our own experiences.**

Our message is clear to our fellow men: **GET CHECKED** (PSA that is!!) and take control of your overall health.

Our journeys continue …….

Stewart Campbell,
Executive Director

## Tuesday, Sept 9th, 2014 Meeting Schedule

**6:30 PM: Newly Diagnosed & Active Surveillance Group**
Mewata Armouries Lecture Rm
Ron Singer, Facilitator

**6:30 PM: Warriors Group**
Mewata Armouries Lecture Rm
Jim Swaile, Facilitator

**6:30 PM: Ladies & Caregivers Group**
***New !!*** Mewata Armouries Dining Rm
Kelly Fedorowich, Facilitator

**7:30 PM: General Meeting. Mewata Armouries Dining Room**

***Diagnostic Imaging***
***Dr. Shelley Spaner***
***RCA Diagnostics***

***Our General Meetings are open to the public and free. Cookies, fruit and refreshments will be served.***

**Come join us Tuesday, Sept 9th at the Mewata Armouries, 801 11th Street SW. across the street from Kerby Centre.**
There is FREE parking at Kerby Centre lots. The WEST LRT stops at the Kerby Station

**Ladies, family members and caregivers are always welcome at our meetings.**

# Tuesday, September 9th Speaker

## Dr. Shelley J. Spaner, MD, FRCPC
## RCA Diagnostics
## Diagnostic Imaging of Prostate Cancer

Dr. Spaner graduated from the Univ. of Alberta with an undergraduate degree in Physical Education, and was a member of the National Championship University of Alberta Pandas Gymnastic Team. She earned her medical degree from the University of Alberta and went on to complete her residency in diagnostic radiology at the University of Alberta in 2001. She has been a partner with RCA Diagnostics since 2003 and an Associate Clinical Professor at the University of Calgary since 2004. She holds both Canadian and American Fellowships in diagnostic radiology.

Dr. Spaner has an interest in Body Imaging and is especially interested in Uroradiology. She is involved with a number of research projects that are investigating applications of utilizing prostate MRI in surveillance and preoperative management of prostate cancer. She has a special interest in undergraduate medical education, serving as the Department of Radiology liaison with the Undergraduate Medical Education Program at the University of Calgary for the past five years. She has been recognized by the UGME office with four teaching awards in the past five years.

## UPDATE—Detecting Lymph Node Metastasis with Combidex

In 2010, two Warriors participated in research in the Netherlands involving the contrast agent Combidex used in conjunction with MRI scanning. They then travelled to Univ. of California, San Fran. where Dr. Mack Roach lll applied focal radiation to the identified lymph nodes. The imaging was exceptional and both responded to their focal treatments.

Combidex became available for human use about 15 years ago. Early studies showed it was safe and well tolerated, and had no effect on immune function. Studies evaluating intravenous Combidex indicated that normal lymph nodes could be distinguished from metastatic nodes even when the metastases was very small (>2 mm). Combidex-enhanced MRI scans have significant improvement of the detection of metastases compared to Choline PET scans. MRI with Combidex detected more metastatic nodes in more patients in smaller nodes. Studies also indicated that a Comibdex-enhanced MRI may obviate the need for surgical node dissection, reducing both side effects and cost.

The company developing Combidex attempted to register it in the US and Europe in the late 2000s but was unsuccessful, due to suboptimal trial design, suboptimal statistics and suboptimal central –enhanced MRI. Development of Combidex ceased in 2010 when the company ceased operations.

Research into the manufacture and use of Combidex has restarted at Nijmegen based on the files from the original research and approved GMP-quality control by a certified body. Combidex-MRI is available again at Nijmegen.

Some researchers feel that Combidex could open up the possibility of doing selective radiation directed to these small, thus far, undetected metastatic nodes. The hope is that this early intervention will result in increased cure rates and less side effects.

*Text adapted from an article by Jelle Barentsz, MD, Professor of Radiology and Chair of the Prostate MR-Center of Excellence in Nujmegen, Netherlands. www.pcri.org.*

## New Developments in the Imaging of Metastatic Prostate Cancer

In the last 10 years, treatment of metastatic castration-resistant prostate cancer (mCRPC) has completely changed. Several new agents have been shown to increase mCRPC patients' overall survival. The importance to define CRPC as metastatic and to enable earlier detection of cancer progression set a renewed role for PCa imaging.

Recently published data on molecular imaging of mCRPC has involved diagnostic accuracy, clinical impact and prognostic value of newer techniques using PET and MRI.

Molecular imaging techniques are more sensitive and accurate than conventional imaging for the early detection of lymph node and bone metastasis. New capabilities offered by PET imaging, MRI lymphography and whole-body MRI are consolidating the role of imaging in mCRPC management. These techiques are particularly useful for detecting metastasis, a driver for treatment initiation, especially in patients under androgen-deprivation therapy. Moreover, there is an increasing body of evident supporting the use of metabolic PET and CT as a prognostic biomarker able to predict survival in patients with mCRPC.

*Text adapted from an article by Jean-Mathieu Beauregard, Division of Nuclear Medicine, Université Laval, QC and Frédéric Pouliot, Division of Urology, Université Laval, QC.*

## Efficacy of Enzalutamide (Xtandi) following Abiraterone Acetate (Zytiga) in Chemotherapeutic-naïve mCRPC Patients

**BACKGROUND:** The activity of enzalutamide after prior treatment with both abiraterone acetate (abiraterone) and docetaxel has been examined in several retrospective studies. However, limited data are available on the efficacy of enzalutamide following abiraterone in chemotherapy-naive patients with metastatic CRPC.

**OBJECTIVE:** To compare the activity of enzalutamide after abiraterone in docetaxel-experienced and docetaxel-naive mCRPC patients.

**DESIGN, SETTING, AND PARTICIPANTS:** The British Columbia Cancer Agency Cancer Registry was searched for mCRPC patients who received enzalutamide after prior abiraterone. Clinicopathologic characteristics, confirmed prostate-specific antigen (PSA) response rates (PSA decline ≥50% confirmed ≥3 wk later), and survival data were collected.

**RESULTS AND LIMITATIONS:** A total of 115 patients received enzalutamide after abiraterone: 68 had received prior docetaxel and 47 were docetaxel naive. Median time on enzalutamide was 4.1 mo. Confirmed PSA response rates (22% vs 26%; p=0.8), median time to radiologic/clinical progression (4.6 mo vs 6.6 mo; p=0.6), and median OS (10.6 mo vs 8.6 mo; p=0.2) did not differ significantly between docetaxel-experienced and docetaxel-naive patients. No clinical variables (including prior response to abiraterone) were found to associate significantly with confirmed PSA response to enzalutamide.

**CONCLUSIONS:** Antitumour activity of enzalutamide following abiraterone was limited in mCRPC patients irrespective of prior docetaxel use. Identifying clinical and molecular factors predictive of response to enzalutamide remains a high priority for future research.

**PATIENT SUMMARY:** We looked at the effectiveness of enzalutamide after abiraterone acetate for treatment of advanced prostate cancer. We found that patients who had received docetaxel chemotherapy before abiraterone gained similar benefit from enzalutamide compared with patients who had not received docetaxel. These results suggest that earlier treatment with docetaxel does not have a large impact on the activity of enzalutamide after abiraterone.

**Written by** Azad AA, Eigl BJ, Murray RN, Kollmannsberger C, Chi KN. *Department of Medical Oncology, British Columbia Cancer Agency, Vancouver, BC.*

## Prostate Cancer Drug Abiraterone 'Too Expensive' to Use on Terminally-ill Patients!!

Thousands of terminally ill prostate cancer patients in England will be denied early access to a drug which can both extend life and reduce pain, after the UK medicines watchdog NICE ruled it would be too expensive for the UK NHS.

Abiraterone (Zytiga), a drug for advanced PCa which can extend life by an average of four months, is available on the NHS to men who have already undergone chemotherapy for their condition. Charities and patient groups had hoped it would also be approved for use **before chemotherapy** – delaying the time at which men would have to undergo the painful, last resort treatment.

Prostate Cancer UK said that the decision, announced in final draft guidance, was a "fiasco" and a "kick in the teeth" for men with advanced PCa.

Sir Andrew Dillon, NICE's chief executive, said he was disappointed not to be able to recommend the drug as a way to delay chemotherapy, but added that "the manufacturer's own economic model demonstrated that the drug does not offer enough benefit to justify its price".

Clinical evidence supplied to NICE by the pharmaceutical firm Janssen, came from only one study. The cost of the drug to the NHS would have been £2,930 per patient per month. Prostate Cancer UK said it could delay a patient having to undergo chemotherapy by more than two years.

Janssen said it was "extremely disappointed" by NICE's decision. "If it stands, [this] will leave thousands of men in England in the advanced stages of prostate cancer with no option but to accept chemotherapy – which they may not necessarily need or want yet," said the firm's medical director Dr Peter Barnes.

Abiraterone is already available pre-chemotherapy through the Cancer Drugs Fund, but only on a case-by-case basis, and only in England. The Scottish Medicines Consortium is due to consider its use before chemotherapy next year.

Owen Sharp, chief executive of Prostate Cancer UK, said that it was patients that were bearing the brunt of a "flawed" system. "We urge Janssen and NICE to get their act together and do whatever is necessary to get abiraterone pre-chemotherapy across the line without delay," he said.

**Case study**: "I've been very lucky to survive"!!

Mike Sawkins, 58, from Bordon, Hampshire, was diagnosed

with incurable prostate cancer six years ago.

"I've been very lucky to survive quite a long time. In March last year, my consultant at St Luke's Cancer Centre at the Royal Surrey Hospital in Guildford said we should try to get me on abiraterone [before chemotherapy] through the Cancer Drugs Fund. We were successful and I've been on it since the end of March 2013. It's worked. I've been very lucky and it's given me time. I'm still working full time – it allows me to do that and I intend to carry on for as long as I can.

I'm productive, still a full-blown taxpayer. It's allowed me to carry on and we'll see where we go from there. It has helped with the pain – which hasn't got any worse than it was. I don't have any major problems to stop me doing things. With chemotherapy, you never know how you'll be with it. You could be somewhere between fine and a total wreck. If there's something else that allows you to continue working and enjoying life as best you can, that's preferable. It's hard to know how to put a value on that time.

*Charlie Cooper. August 15, 2014. http://www.independent.co.uk/life-style/health-and-families/health-news/prostate-cancer-drug-abiraterone-too-expensive-to-use-on-terminallyill-patients-9669849.html?printService=print*

## US FDA Panel Recommends Against Approval of HIFU for Early Prostate Cancer

At a meeting on July 30, the US FDA's Gastroenterology and Urology Devices Panel voted 8-0, with one abstention, that a device that thermally ablates the prostate gland using high intensity focused ultrasound (HIFU) should not be approved for treating men with localized prostate cancer now, because of issues that included no proof of efficacy and a high rate of adverse events for a noninvasive treatment.

The Ablatherm integrated imaging device has been available in Europe for 15 years. The computer-controlled device includes a treatment module, a control console, and an endorectal probe that is inserted rectally, heating the target tissue to therapeutic levels, while the patient is under general or spinal anesthesia. The company describes HIFU therapy as a "minimally invasive treatment during which the Ablatherm device precisely focuses ablative energy on the prostate gland while avoiding damage to sensitive adjacent anatomy."

The panel unanimously voted that there was not reasonable assurance that the device was effective for the proposed indication. The vote on the safety issue alone was mixed, with panelists voting 5-3, with one abstention, that there was not reasonable assurance that the device was safe for the indication.

Dr. Eric Klein, chairman of the Glickman Urological and Kidney Institute, at the Cleveland Clinic said "I don't think the potential benefits outweigh the risk." For his negative vote on the efficacy question, he noted, "relates mostly to the fact that patients with low-risk prostate cancer are at low risk for progression and being harmed by their disease, and there are other management strategies that have lower risk than this proposed therapy."

Dr. Patrick Walsh, professor of urology, Johns Hopkins University, said that "at the present time, I do not believe there's any evidence that efficacy, which has not been proven, outweighs what I look at as significant side effects." Describing a noninvasive treatment that has a 41% rate of serious adverse events as safe was "excessive," he added.

Another panelist, Dr. Marc Garnick, professor of medicine, Harvard Medical School, said he appreciated the technologic advance HIFU represents and acknowledged the difficulties involved in studying the treatment in the low-risk population. However, as a practicing physician who counsels many patients with early-stage, low-risk cancer trying to make a decision about primary therapy versus active surveillance, he said it "would be very, very difficult for me to make a recommendation for HIFU therapy if one takes a look at the metastasis-free survival and the cancer-specific survival in patients with low-risk features that basically don't get any therapy and compared that to the vagaries of the safety considerations that they would be subjected to with HIFU."

***As always, PROSTAID CALGARY recommends that men consult their medical team before starting any therapies or strategies discussed in* The Digital Examiner.**

## Volunteers Needed for September Events

We need volunteers to work our booths at several of our September Prostate Cancer Awareness events.

- **Aug 31.** **Cochrane Rodeo**, co-sponsored by Cochrane Lions Club and Prostate Cancer Centre (ManVan). **3 volunteers**. !0:30—5:00PM. FREE lunch and entrance to rodeo.
- **Sept 1.** **Cochrane Labour Day Parade & Rodeo**, co-sponsored by Cochrane Lions Club and Prostate Cancer Centre (ManVan). **2 men** for parade from 9:30—12 noon. FREE lunch. **3 volunteers** at Championship rodeo events from 2—6PM. FREE lunch & entrance to rodeo
- **Sept 8.** **Tailgate for Charity Golf Tournament**. River Spirit Golf Course, 241155 Range Road 34, Calgary. 1:00PM—5:00PM. **3 volunteers.** Supper provided.
- **Sept 10/11.** **Kerby Centre Expo.** Kerby Gym. 9:30 —3:30 PM. **3 volunteers each day.** Lunch provided.
- **Sept 13.** **Calgary Stampeder home game vs Toronto.** 1:00PM—5:00PM Tailgate. **6 volunteers.** 4:00PM—8:00PM Entrances. **10 volunteers** FREE tickets to the game for volunteers.

If available, please phone or email Stewart Campbell at 403 932 2372 or sjcampbell_ltd@shaw.ca.