

The Digital Examiner



Directors & Officers

President
Dave Lunn

dlunn@shaw.ca

Executive Director
Kelly Fedorowich
403 455 1916
executive.director@pccncalgary.org

Warriors
Frank Altin
faltin@telusplanet.net

Newly Diagnosed /
Active Surveillance
Ron Singer
rysingerca@yahoo.ca

Wives, Partners & Caregivers
Kelly Fedorowich
kelly@darkside.ca

Chairman
Ron Gorham
ron.gor45@gmail.com

Secretary
Ron Singer
rysingerca@yahoo.ca

Treasurer
Gerry Hawley
pccnc_treasurer@yahoo.ca

Past President
Steve Belway
belways@shaw.ca

Visit us at:
www.prostaيدcalgary.org
www.pccncalgary.org

PROSTAID Calgary
PO Box 72126
RPO Glenmore Landing
Calgary, Alberta
T2V 5H9
403 455 1916

PROSTAID Calgary is self-funded.
To continue our good work, please donate on-line to PROSTAID Calgary
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Greetings prostate cancer community, friends and neighbors. Serving our prostate cancer community is of paramount importance to PROSTAID Calgary and I have

a question for you: Are you ready for The Digital Examiner (DE) to go "digital"? The question is being directed to members who currently receive the DE via Canada Post, and I can assure you that going digital is a breeze! All that's required is for you to send me an email and include your first and last name. It's that easy! *And my email address is easy too: info@pccncalgary.org *Please see insert for more information.

Did you know that you have access to more content when you receive the DE via email? Articles in the DE are abridged and you can easily access the full article by clicking on the hyperlink - *but only if you receive the DE via email*. We'll be sending out reminders over the next few months and we hope you agree that this is a step in the right direction. NOTE: Your comments are welcome. Please let us know if you agree or disagree.

Reminder: May 10 is our Annual General Meeting (AGM). The meeting will:
-Receive MNP Auditor's Report for fiscal 2015. **Note:** *Due to medical reasons, the Treasurer's Report will be available in July.*
-Appoint our Auditor for 2016.
-Nominate and elect members to the Board of Directors.
-Consider all other business brought to the meeting by members.
Our Bylaws allow for 15 members to serve as Directors. We have 9 men and 1 woman who have agreed to continue as Directors. We would like to fill 5 Director Positions.

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@pccncalgary.org

or visit

http://prostaيدcalgary.org/c_donate.php

Kelly Fedorowich

Executive Director

May 2016

Number 200

Tuesday, May 10, 2016 Schedule

7:30PM **Annual General Meeting (AGM)**

Room 205 (Lecture Room) at Kerby Centre

7:30-8:00 PM - AGM

8:00-8:45PM David Spence

6:30PM **Newly Diagnosed & Active Surveillance Group**

Room 311 at Kerby Centre

6:30PM **Warriors (Advanced Disease)**

Room 318 (Board Room) at Kerby Centre

6:30PM **Wives, Partners & Caregivers**

Room 313 at Kerby Centre
Everyone is welcome to attend!

GM Topic: David Spence, Calgary's favorite Meteorologist and prostate cancer survivor joins us to talk about his personal journey with prostate cancer. David went public with his cancer diagnosis



in late October 2015, just in time to participate in Movember. You'll likely recall that he shaved off his iconic moustache with cameras rolling. But did you know that David's moustache had been his trademark for 30 years?! In fact, his wife and three children had never seen him without it! Please join us.

Our General Meetings are open to the public and free. (Suggested Donation \$5) Cookies, fruit and refreshments are served.

Join us at the Kerby Centre at 1133 7th Avenue SW. Parking is FREE at the Kerby Centre in lots on both sides of 7th Ave. The WEST LRT stops at the Kerby Station, right at the front door of the Kerby Centre.

Ladies, family members, and caregivers are always welcome!

Weizmann-developed drug may be speedy prostate cancer cure

Scientists at the Weizmann Institute may have found the cure for prostate cancer, at least if it is caught in its early stages, and the cancer has not metastasized from the prostate gland. A drug called **TOOKAD Soluble** is injected into cancerous tissue and then treated with infrared laser illumination.

Using a therapy lasting 90 minutes, the drug, called Tookad Soluble, targets and destroys cancerous prostate cells, studies show, allowing patients to check out of the hospital the same day without the debilitating effects of chemical or radiation therapy or the invasive surgery that is usually used to treat this disease.

Based on principles of photosynthesis, the drug uses infrared illumination to activate elements that choke off cancer cells, but spares the healthy ones. The therapy was recently approved for marketing in Mexico, after a two-year Phase III clinical trial in which 80 patients from Mexico, Peru and Panama who suffered from early-stage prostate cancer were treated with the TOOKAD Soluble system. Two years after treatment, over 80% of the study's subjects remained cancer-free.

TOOKAD Soluble was first synthesized from bacteriochlorophyll, the photosynthetic pigment of a type of aquatic bacteria that draw their energy supply from sunlight. Photosynthesis style, the infrared light activates TOOKAD Soluble (via thin optic fibers that are inserted into the cancerous prostatic tissue) which consists of oxygen and nitric oxide radicals that initiate occlusion and destruction of the tumor blood vessels.

These elements are toxic to the cancer cells, and once the Tookad formula is activated, they invade the cancer cells, preventing them from absorbing oxygen and choking them until they are dead. The TOOKAD Soluble solution, having done its job, is then cleared from the body via the blood stream, with no lingering consequences – and no more cancer.

This article has been abridged.

Originally published in [Times of Israel](#)

Written by David Shamah

[Click here to read the article in it's entirety.](#)

[Click her to read the Weizmann Canada Press Release](#)

Novel way of hitting prostate cancer could be a great help for patients with advanced prostate cancer.

Researchers at University of California, Davis, in collaboration with the other institutions, have found that suppressing the nuclear receptor protein *ROR γ with small-molecule compounds can reduce androgen receptor (AR) levels in castration-resistant prostate cancer and stop tumor growth.

**ROR γ is a protein that in humans is encoded by the RORC gene and is member of the nuclear receptor family of transcription factors. [Click here to learn more about ROR \$\gamma\$](#)*

This novel approach does not directly target the AR, but rather inhibits the gene that codes for the AR protein. Reducing AR levels could help patients overcome treatment-resistant prostate cancer and even rescue existing therapies. The research was published in the prestigious journal Nature Medicine.

In the vast majority of prostate cancers, the AR gene becomes hyperactive, driving tumor growth and metastasis. Anti-androgen therapies can slow, and even stop, prostate cancer -- for a time. But quite often the gene mutates and resists the treatment. (The gene doesn't mutate to resist the treatment. If it did, this would suggest a willful 'desire' to do so by the gene.)

However, suppressing ROR γ circumvents this resistance. Because the protein is required for AR gene expression, ROR- γ inhibition strongly reduces AR protein levels in tumor cells. By preventing AR protein synthesis, ROR γ antagonists can potentially short-circuit the resistance process.

Blocking ROR γ re-sensitizes castration-resistant prostate cancer to drugs that directly inhibit AR pathway signaling, such as enzalutamide. A combination approach can potentially be very effective. In addition to reducing AR levels, ROR- γ suppression also can reduce the prevalence of several known oncogenes.

While ROR γ was previously neglected in cancer research, it has been widely targeted for autoimmune diseases. As a result, there are a number of ROR γ antagonists that may soon e available. These drugs could be re-tasked to fight prostate and possibly other cancers.

This article has been abridged.

Originally published in News Medical

[Click here to read the article in it's entirety](#)

Source: University of California - Davis Health System

A Novel Approach for Performing Bone Marrow Aspiration at the Time of Radical Prostatectomy

There is increasing evidence that metastatic cancer cells utilize the microenvironment of the bone marrow (BM) as a “metastatic niche” in which they can persist and grow. The clinical significance of a limited population of cancer cells reaching the marrow, however, is unclear. To facilitate investigation of this phenomenon, scientists sought to establish efficient methodology for assessment of the BM milieu in men with prostate cancer. Herein they present the case of one such participant and describe their novel approach.

Case presentation

A 65 year-old Caucasian male presented with serum PSA of 9.35 ng/mL and a small left-sided nodule on digital rectal examination (clinical stage T2a). T2a means that the tumor is in half or less than half of one of the prostate gland's two lobes.

Transrectal ultrasound-guided 12-core biopsy revealed Gleason score 4 + 5=9 adenocarcinoma in two of two cores from the left apex, as well as Gleason score 4 + 3=7 and 4 + 4=8 in the left mid-gland and base, respectively. Using 99mTc-methylene diphosphonate whole body bone scan (the initial method of choice to detect skeletal metastases in cancer patient) was negative. As such, the patient was diagnosed with clinically localized high-risk localized prostate cancer. The patient elected to undergo robot-assisted radical prostatectomy (RARP) and was informed of the bone marrow aspiration (BMA) protocol and the risks and benefits of participation. He ultimately elected to participate.

A study protocol was developed for intra-operative obtention of BMA at the time of radical prostatectomy. The patient was treated with general anesthesia. Aspiration was obtained from the pubic bone using a standard manual device.

Ten cubic centimetres of aspirate was obtained; total procedure time was approximately 1 min. RARP was performed without complication. The patient recovered from surgery without complication and reported no pain at the site of BMA. He was discharged on postoperative day one. His final pathology revealed organ-confined Gleason score 4 + 5=9 prostate adenocarcinoma; surgical margins and 21 obtained lymph nodes were negative for tumor.

Discussion

There is great interest in better understanding tumor dissemination and persistence in non-native environments. Bone marrow represents a common site of metastasis in men with advanced prostate cancer. Nonethe-

less, understanding of the BM microenvironment remains limited. Despite playing a central role in the evaluation of hematologic disorders, bone marrow aspiration has traditionally represented a clinically burdensome procedure associated with significant discomfort. BMA has most frequently been described from the posterior superior iliac crest with adequate samples obtained in less than 50% of cases in some series. The inefficiency of these methods presents a significant limitation to our understanding of the metastatic process.

In this report, they have demonstrated a percutaneous approach to BMA, which has been routinely used prior to RARP for men in the lithotomy position (on their back with the hips and knees flexed and the thighs apart). They similarly derived an open approach for use prior to traditional retropubic radical prostatectomy. In some cases, aspiration was performed percutaneously during open procedures due to physician preference. To this point, these methods have demonstrated great success; at the time of analysis, aspirate was successfully obtained in 173 of 180 attempts (96.1%; 99 of 101 open, 74 of 79 percutaneous). All samples analyzed to date have been adequate for bone marrow analysis. These findings suggest the pubic bone is an acceptable site to obtain BMA and may be comparable to the more commonly described iliac crest. They believe these methods provide an efficient means by which the surgeon can routinely obtain bone marrow aspirate.

This article has been abridged.

Originally published in [ScienceDirect.com](#)

[Click here to read the article in its entirety](#)

TrueNTH Lifestyle Management is Available Online!

TrueNTH LM has launched their website and online portal.

This new online component of TrueNTH includes:

- Tools to track your daily activity, sleep, fatigue, and other facets of healthy living.
- A home-based physical activity program with exercises that you can use and track on days you don't have classes.
- Educational resources like home yoga programs, and instructional videos on physical activity, nutrition, and yoga.
- A Health Library of the best wellness resources from organizations across the world.

You can find the TrueNTH LM website at lifestyle.truenth.ca. Any survivor can sign up to the portal by clicking the “connect with us” tab on the top right of the page and follow the instructions to complete your registration.

Feel free to phone them at 403-210-8482 or email them at lifestyle@truenth.ca if you have any questions or need any help.

Tailgate for Charity Donation

April 15, 2016 PROSTAID Calgary was the recipient of a generous donation from Tailgate for Charity. Thank you to Big Doug Lapierre and Reid Morrison for your unwavering commitment to the community. Thank you to Tony Spoletini for allowing us to host the event at Spolumbo's Fine Foods & Deli LTD. Great food, great company and loads of laughs. And thank you to our Calgary Stampeders champion Quinn Smith for joining us.



Left to Right: Kelly Fedorowich, David Lunn, Reid Morrison, Tony Spoletini, "Big Dougie" Lapierre, and Quinn Smith

Prostate Cancer Canada's Do it For Dads Walk & Run

The Do it for Dads 5 km Walk & Run is a fun, family-friendly event, hosted on Father's Day (Sunday, June 19), that raises awareness and funds for the leading cancer affecting Canadian men and the families that love them.

Are you interested in participating? Why not put together a PROSTAID Calgary team? As a partner to Prostate Cancer Canada, 50% of the monies raised by the PROSTAID Calgary team will be donated to PROSTAID Calgary! In 2014 the PROSTAID Calgary team raised \$3,720 and in 2013 \$6,343 was raised by PROSTAID Calgary!

For more information visit [Do It For Dads](#)

Pharmaceutical project with mCRPC patients currently taking Zytiga or Xtandi

A new pharmaceutical project for patients with Metastatic Castration-Resistant Prostate Cancer who are currently taking Zytiga or Xtandi is taking place over the next 3 months in Canada. This is part of a global project. Some European countries have already completed. It would involve a 1/2 hour of time on-line responding to a questionnaire. Payment for completing the questionnaire is \$125.00

Please contact [Research Professionals](#) if you are interested in participating: Phone: 416-483-0446 email: helle@researchprofessionals.ca

2016 PCRI Conference, Sept 9-11 2016

Each year PROSTAID Calgary provides funding for a few members to attend the [Prostate Cancer Research Institute \(PCRI\) 2016 PROSTATE CANCER CONFERENCE](#), The #1 Conference for Patients, September 9-11 at the Los Angeles Marriott.

Here are the funding guidelines:

1. Return airfare, up to three nights at the conference hotel, early registration fees, a maximum per diem for meals not included, fees for closing banquet all subject to PROSTAID Calgary guidelines.
2. Partial - Registration funding of early registration fees for additional 5 members.
3. Applications must be received by July 1 prior to the next (September) conference. If several applications are received, preference will be given those members who have not received previous funding. Selection will be made by the executive committee.
4. Those who receive funding are expected to make 10 to 15-minute presentation at a general meeting as determined by PROSTAID Calgary.
5. Reimbursement to will be made on submission of original receipts.

In your letter of application be sure to indicate whether you are requesting full or partial funding. Send your letter to Kelly Fedorowich, executive.director@pccncalgary.org

Thank you to PROSTAID Calgary's Sponsors and Associates

