



The Digital Examiner

www.ProstaidCalgary.org

March 2017 Number 210

Meeting Schedule

Tuesday March 14, 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. Everyone is welcome!

GM Topic: Terry K. is a prostate cancer survivor and recipient of a penile transplant. He joins us this month to share his journey with humour and frankness on this topic.

In spite of a dance with prostate cancer, life has been grand for Terry. Good health 5 years out has allowed Terry and his wife to visit Israel, Greece, Turkey, South Africa, France, Croatia, Italy, Mexico and a stop to see a brother in New Zealand in the last 3 years. They just returned from India in April and are planning a trip to the Baltic nations in September.

Terry is the 4th oldest in a family of 11 boys and girls. He's the father of 3 sons and grandfather to 6 grandchildren. And is celebrating 49 years of marriage to Nona this October.

Terry spent 25 years in various Air Traffic control positions and in 1993 left the air traffic control career to serve as MLA for Leduc constituency. When that career ended in 1999, he started Alberta Container Services, which he sold in 2012.

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!



Greetings prostate cancer community, friends, and neighbours.

Over the past 20+ years, members of PROSTAID Calgary have benefitted greatly from the information, knowledge and expertise shared at our monthly General Meetings by an impressive array of guest speakers. We're both fortunate and grateful to be able to present current, accurate and timely information to the prostate cancer community and look forward to continuing the tradition in 2017.

We want to remind our members that the monthly General Meetings are free to attend and open to the public, and that all of the presentations are videotaped and posted to our comprehensive on line [Video Library](#) and [YouTube channel](#). This is one of our greatest resources and allows PROSTAID Calgary to share the presentations with the world wide prostate cancer community. Photographs are also taken at our monthly GM's and may be shared in The Digital Examiner, on our website and on social media. If you do not want to be videotaped or photographed at a PROSTAID Calgary General Meeting, you're encouraged to let Kelly know and she will show you where best to sit near the back row. Note: PROSTAID Calgary's 6:30pm support group meetings are private and confidential—no videos and no photos.

PROSTAID Calgary wants to extend our sincere thanks to Astellas Oncology for providing the funding that allowed us to bring Dr. Laurence Klotz to Calgary in February. Your generous donations help us to fulfill our 3 missions of providing peer-to-peer mutual support for men and their families on their journey with prostate; increasing public awareness of the disease; and advocating for a strong provincial voice in the matters relating to prostate cancer. Thank you.

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

Contacts

President
Dave Lunn
dlunn@shaw.ca

Executive Director
Kelly Fedorowich
403 455 1916
info@prostaidcalgary.org

Chairman
Ron Gorham
ron.gor45@gmail.com

Past President
Steve Belway
belways@shaw.ca

Support Group Facilitators

Warriors
Frank Altin
faltin@telusplanet.net

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

Wives, Partners & Caregivers
Kelly Fedorowich
info@prostaidcalgary.org

Mailing Address

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

FREE!

Subscribe to
The Digital Examiner
info@prostaidcalgary.org

PROSTAID Calgary is self-funded.
[Click here to help us to continue our good work by donating on-line.](#)



When Treatment Stops Working: Blame Resistance

In prostate cancer, resistance is bad and resistance can be lethal. The goal is to figure out how to shut down prostate cancer's resistance once and for all.

It's a matter of evolution. In the beginning, when they are very young, cancer cells aren't that different from normal cells. They have fairly well-defined borders, they gather in orderly groups, their growth is fairly restrained, and as cancer cells go, they're tame. If a normal cell looks like a clean-cut soldier, then early cancer cells look pretty much the same. Some cancer cells don't ever go beyond this point. Those are the Gleason 3 + 3 or 3 + 4 cells, the ones that tend to stay in the prostate.

Some cancer cells don't do this and are prone to instability, fuelled by bad diet, bad genes, bad lifestyle, or a bad combination of these, they evolve. As cancer cells change and move beyond the prostate, they "learn" evasive manoeuvres. This is called tumour dormancy.

The genes of cancer cells may mutate (change) and if they are treated with a drug "new" to them, they may be resistant to it and continue to grow and spread, or if sensitive to it, then they are likely to die. In response to treatment, advanced prostate cancer cells either evolve, adapt and thrive, or they die off and become extinct. The reason why metastatic cancer kills people is that there's no extinction event for something that is just sitting there evolving differently than a normal cell.

How is metastasis treated? Most doctors start with androgen deprivation therapy (ADT). Note: This is different from the limited course of ADT given to some men with radiation therapy, which is very effective. Long-term continuous ADT should not be started until you have actual, visible metastases. There is no scientific proof showing a benefit to starting it just because you have a rising PSA.

ADT causes some cells – the ones most responsive to male hormones – to become extinct. But others just hunker down and hibernate. But remissions don't last. Why not? Because of those sleeper cells are quietly evolving even as they're playing dead.

Androgen receptor blockers. If a man's PSA starts to rise after he's been on ADT for months or years, treatment moves to a new target: the androgen receptor. Enzalutamide and abiraterone are examples of drugs that block the androgen receptor. Because some cancers evolve faster than others, some men do very well on these drugs.

But other men, even before treatment, develop androgen receptor mutations and have either a very short remission with these drugs or none at all. Why is this? Receptors are like electrical outlets in the wall, designed for particular chemical plugs. It turns out that androgen receptors have two important parts. Basically, they have two sites like a "North Pole" and a "South Pole". When a man with a variant, or mutated, androgen receptor takes enzalutamide or abiraterone, the drug "plugs in" to the North Pole of the androgen receptor and shuts it down, but the South Pole keeps right on working, turning on bad genes. We need to fund research to shut down the South Pole of the androgen receptor.

What happens if enzalutamide or abiraterone either stop working or don't work at all? We move on to an ever-improving group of approaches, including:

Chemotherapy. Chemotherapy has traditionally been started after ADT has failed. But doctors are seeing better results by starting these drugs earlier – even before hormonal therapy, in men who only have a rising PSA but no signs of metastasis.

Targeted drugs. There are a few of these, and new compounds are currently being developed. Two of these are Olaparib and Rucaparib, approved by the FDA to treat ovarian cancer. The target of these drugs is specific – a mutated BRCA gene that is supposed to repair damage to the gene's DNA. Some men with prostate cancer have responded so well. These are men with advanced metastatic disease, with PSAs in the thousands, whose tumors cells are being destroyed. Mutated BRCA genes are the cause of breast cancer and other cancers, including prostate cancer, and they can be inherited.

How do they work? Olaparib and Rucaparib are PARP-inhibitors (a group of pharmacological inhibitors of the enzyme poly ADP ribose polymerase (PARP)). They are developed for multiple indications; the most important is the treatment of cancer). PARP is not a gene, but a protein that helps cells with mutations repair their DNA. Cancers that spring from a damaged BRCA gene selectively use PARP as their repairman of choice. Without PARP to keep up the maintenance, the cancer cells die.

Written by Janet Farrar Worthington for the Prostate Cancer Foundation.

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

Emotional Distress after a Prostate Cancer Diagnosis

Men with emotional distress after a prostate cancer diagnosis may be more likely to choose aggressive treatment, such as surgery rather than active surveillance, according to published findings. The good news is that there's already a shift in the field toward being more concerned about cancer patients' emotional well-being. This study tells us that we should be concerned about prostate cancer patients' well-being from the point of diagnosis, not just after treatment.

Prostate cancer overtreatment often occurs among men with low-risk disease. For these men, active surveillance or monitoring for cancer progression — with the option to undergo some sort of therapy or surgery later if necessary — can be a viable course of treatment. This research showed that most low-risk or intermediate-risk men were good candidates for active surveillance instead of surgery, but the patients' emotions played a role in alternate treatment decision-making.

Although men with both low- and intermediate-risk prostate cancer were more likely to choose surgery over active surveillance if they were more emotionally distressed, the most important clinical implication may be for men with low-risk disease. Many of these men might be good candidates for active surveillance, and emotional distress may be pushing them toward a more aggressive treatment option.

The study measured emotional distress among 1,531 men (83% non-Hispanic white; 11% non-Hispanic black; and 6% Hispanic) with newly diagnosed, localized prostate cancer from two academic and three community facilities. Of these men, 36% had low-risk cancer, 49% had intermediate-risk cancer and 15% had high-risk cancer. Twenty-four percent chose active surveillance, 27% chose radiation and 48% chose surgery.

Researchers used the Distress Thermometer — an 11-point scale ranging from 0 (no distress) to 10 (extreme distress) — to measure patients' distress after diagnosis and again after treatment decision-making. The mean emotional distress was 4.37 at baseline, and reduced to 4.1 after a patient made their treatment decision.

Multivariate logistic regression analysis showed men who experienced distress shortly after diagnosis were more likely to choose surgery over active surveillance.

Men who experienced distress around the time of treatment decision were more likely to choose surgery over active surveillance and over radiation therapy.

Among men with low-risk disease, distress shortly after diagnosis was associated with choosing surgery over active surveillance. Distress around the time of treatment decision also increased the likelihood of choosing surgery over active surveillance, and over radiation therapy.

Among men with intermediate-risk disease, distress at decision-making was associated with a greater likelihood of choosing surgery over active surveillance and over radiation therapy. However, distress shortly after diagnosis was not linked to treatment choices.

Among men with high-risk disease, no association between distress and treatment choice was observed.

There is interest among physicians to assist patients in their decision-making experience to help prevent any overtreatment, and that they don't want men making decisions they may regret later. Supporting men's emotional well-being could help them make treatment decisions they are happy with for the rest of their lives.

Written by Melinda Stevens

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

Prostate Cancer Centre's Man Van Program

Since the Man Van first hit the road in 2009, 30,000 men have stopped by for their free PSA (Prostate Specific Antigen) blood test...nearly half receiving a test for the very first time!

Over the years, the program has continued to grow and develop. A second Man Van dedicated to rural communities joined the fleet and recently they expanded the program to include "Know Your Numbers". This men's health initiative offers men the opportunity to get their blood pressure, blood sugar and body mass index measurements done onsite with the Man Van.

Sponsorship to host a clinic in Calgary is \$1500, which helps the Centre offset the clinic costs and keep the Van on the road. As a bonus, any organization booking a clinic in March, April or May will receive the "Know Your Numbers" men's health clinic at no charge. For more information about the Man Van, please contact Ken Rabb at 403-943-8952.

***PROSTAID Calgary is not affiliated with the Prostate Cancer Centre or the Man Van, although some PROSTAID Calgary members volunteer with Prostate Cancer Centre.**

Men's Sexuality Survey

Are you interested in learning about your sexuality? A team of researchers at the University of Calgary, led by Dr. Lauren Walker, are conducting a research study about sexuality in men who have been diagnosed with prostate cancer. We are interested in hearing from you!

If you are a man, have been diagnosed with prostate cancer, and are able to proficiently read English, you can participate in this study.

By participating you will complete an online survey about different aspects of your health and sexual life. The survey will take approximately 15 minutes to complete. After you finish the survey you will receive summary results of your responses to the survey and will be able to enter a draw to win one of five \$50CAD VISA gift cards. Your odds of winning are one in fifty!

If you would like to participate, you can follow the link below: <https://cumming.ucalgary.ca/laurenwalker/survey> If you have any question before you start to answer the questionnaire, you can contact the Study Coordinator, Dr. Pablo Santos (Pablo.Santos@ahs.ca, (403) 698-8001) or the Principal Investigator, Dr. Lauren Walker (Lauren.Walker@ahs.ca, (403) 355-3214).

Join us in Welcoming our New Board Member

PROSTAIID Calgary recently welcomed two new members to our Board of Directors, Kathryn Rauch and Jennifer Thorne. This month, we will introduce you to Kathryn Rauch.



Kathryn Rauch is born and raised Calgarian. It is where she attended post-secondary schooling, obtaining a Bachelor of Commerce degree from the University of Calgary in 2009. She entered the oil and gas industry after graduation and has since attained a Chartered Professional Accountant designation. Her early career

was spent as an analyst and accountant working with commodities marketers. Now, she has moved into an analyst role in oil and gas midstream infrastructure. Her father, Frank Altin, was diagnosed with prostate cancer in 2008. Like many afflicted, his treatments have varied over the years with some successes and some setbacks. He remains hopeful that he has many healthy years ahead. Frank lead the Warriors meetings at 6:30PM prior to the General Meeting (see page 1) and attends pizza lunch on the first Tuesday of the month with other Warriors.

Volunteer needed for PROSTAIID Calgary's Knowledge Library Resource Table

Do you attend most of our monthly General Meetings throughout the year?

Are you looking for a fun and interactive way to be more involved?

PROSTAIID Calgary is in need of a volunteer to set up and take down the Knowledge Library resource table at our monthly General Meetings.

Duties and Responsibilities:

- Arrive at the Kerby Centre by 7:00pm for set up and stay until the end of the meeting for take down.

- Table should be organized and professional looking.

- Talk with members and inform them that books are available to loan.

- Display Sign Out sheet for books on loan.

*Volunteering is one of the best ways to make new friends and strengthen existing relationships. It's a great way to meet new people, it strengthens your ties to the community, and broadens your support network, exposing you to people with common interests, neighborhood resources, and fun and fulfilling activities.

Please contact [Kelly](#) if you're interested in this volunteer opportunity or would like more information. Thank You!

Thank you to our Sponsors and Community Partners

