

The Digital Examiner

www.ProstaidCalgary.org



Greetings prostate cancer community, friends, and neighbours.



April 2018

Number 223

Meeting Schedule
Tuesday April 10, 2018
*Monthly Meetings are hosted at The Kerby Centre, 1133 7th Ave SW.

7:30-9:00PM	General Meeting (GM) Guest Speaker: Josh Bachynski Director, Marketing and Outreach at Harvest Medicine Cannabis Clinic Room 205 (Lecture Room)
6:30-7:30PM	Warriors Group Facilitator: Frank Altin Advanced & Recurrent Disease Room 208 (2nd Floor) Kerby Centre
6:30-7:30PM	Welcoming Group Whether your newly diagnosed or new to PROSTAID Calgary, everyone is welcome.
6:30-7:30PM	Wives, Partners & Caregivers Facilitator: Linda Maslechko. Room 313 (Third Floor) Kerby Centre

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The Digital Examiner

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PROSTAID Calgary is self-funded.

Click here to help us to continue our good work by donating on-line.

Plans are coming together beautifully for PROSTAID Calgary's 2018 Cancer Survivorship Symposium. We're firming up an impressive line-up of expert speakers and panelists that will cover five core topics over the day: Research; News Therapies; Political Panel; Mental Health; and Sexuality.

Confirmed speakers for the political session include Associate Minister of Health Brandy Payne, Mr. David Khan Leader, Alberta Liberal Party, and Mr. Greg Clark, MLA Alberta Party. We're hopeful Mr. Jason Kenney, Leader UCP will also participate as a panelist.

The Symposium is being hosted Saturday May 12th at the Grey Eagle Casino. **It's free to attend but registration is required.** This community building initiative is being presented by PROSTAID Calgary and has been created to bring the cancer community together through information, education and discussion. Please see Page 4 for more information or visit www.ProstaidCalgary.org

Donations are graciously accepted via Visa, Master Card, American Express, and cheque. [Click here to reach our On Line Donation Page for credit card donations.](#) If a donation is meaningful to you, it's meaningful to us.

More Symposium information will be available on the PROSTAID Calgary website in the coming days: www.ProstaidCalgary.org

ATTENTION:

Please note that the AGM scheduled for May 8 is being rescheduled. The new date for the meeting will be announced as soon as possible. The post-AGM session will celebrate PROSTAID Calgary Volunteers.

Warm wishes,

Kelly Fedorowich

Executive Director, 403-455-1916

GM Presentation

Topic:

Medical Cannabis 101

Is medical cannabis

Right for me?

Do I need a referral?

How does the ACMPR work?

(Access to Cannabis for Medical Purposes Regulations)

Join us for an information session where we answer all these questions and more!

After benefiting personally from medical cannabis, Josh has become an advocate and a champion of the ACMPR system.



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!



MRI-Targeted or Standard Biopsy for Prostate Cancer Diagnosis

Thank you Dr. Shelley Spaner for sharing this article recently published in the New England Journal of Medicine. Dr. Spaner believes this is a game-changer in the way men with elevated PSA are treated. Instead of going directed to random core biopsy - men are first directed to MRI. If the MRI is positive, they go to targeted biopsy. If the MRI is negative, they do not get a biopsy...they are assumed to have clinically insignificant cancer.

BACKGROUND

Multiparametric magnetic resonance imaging (MRI), with or without targeted biopsy, is an alternative to standard transrectal ultrasonography-guided biopsy for prostate-cancer detection in men with a raised prostate-specific antigen level who have not undergone biopsy. However, comparative evidence is limited.

METHODS

In a multicenter, randomized, noninferiority trial, (if the intent of a study is to demonstrate that an experimental treatment is not substantially worse than a control treatment, the study is known as a *noninferiority trial*) we assigned men with a clinical suspicion of prostate cancer who had not undergone biopsy previously to undergo MRI, with or without targeted biopsy, or standard transrectal ultrasonography-guided biopsy. Men in the MRI-targeted biopsy group underwent a targeted biopsy (without standard biopsy cores) if the MRI was suggestive of prostate cancer; men whose MRI results were not suggestive of prostate cancer were not offered biopsy. Standard biopsy was a 10-to-12-core, transrectal ultrasonography-guided biopsy. The primary outcome was the proportion of men who received a diagnosis of clinically significant cancer. Secondary outcomes included the proportion of men who received a diagnosis of clinically insignificant cancer.

RESULTS

A total of 500 men underwent randomization. In the MRI-targeted biopsy group, 71 of 252 men (28%) had MRI results that were not suggestive of prostate cancer, so they did not undergo biopsy. Clinically significant cancer was detected in 95 men (38%) in the MRI-targeted biopsy group, as compared with 64 of 248 (26%) in the standard-biopsy group. MRI, with or without targeted biopsy, was noninferior to standard biopsy. Fewer men in the MRI-targeted biopsy group than in the standard-biopsy group

received a diagnosis of clinically insignificant cancer.

CONCLUSIONS

The use of risk assessment with MRI before biopsy and MRI-targeted biopsy was superior to standard transrectal ultrasonography-guided biopsy in men at clinical risk for prostate cancer who had not undergone biopsy previously. Men with a clinical suspicion of prostate cancer on the basis of an elevated prostate-specific antigen (PSA) level or an abnormal digital rectal examination are typically offered a standard transrectal ultrasonography-guided biopsy of the prostate during which 10 to 12 cores are obtained. This approach is associated with the underdetection of higher-grade (clinically significant) prostate cancers and the overdetection of low-grade (clinically insignificant) cancers. Despite randomized trials showing that men with clinically insignificant cancer do not benefit from treatment, its identification still results in the overtreatment of some men. Some men will receive radical treatment that has side effects and others will undergo active surveillance with repeated assessment over time that has costs for patients and health care systems.

An alternative diagnostic pathway in men with a clinical suspicion of prostate cancer involves multiparametric magnetic resonance imaging (MRI). With better standardization of the conduct and reporting of multiparametric MRI, the ability to detect clinically significant cancer and to rule it out has improved over the past decade. Multiparametric MRI could be used as a triage test to avoid a biopsy if the results were negative, whereas positive results could be used for targeting abnormal areas in the prostate during biopsy. In single-center studies, the approach of obtaining MRI-targeted biopsy cores alone, without performing standard biopsies, has shown similar or higher rates of detection of clinically significant cancer and lower rates of detection of clinically insignificant cancer than standard biopsy. We compared MRI-targeted biopsy with standard transrectal ultrasonography-guided biopsy in a pragmatic, multicenter, randomized trial. The PRECISION (Prostate Evaluation for Clinically Important Disease: Sampling Using Image Guidance or Not?) trial aimed to evaluate prospectively whether multiparametric MRI, with targeted biopsy in the presence of an abnormal lesion, was noninferior to standard transrectal ultrasonography-guided biopsy in the detection of clinically significant prostate cancer in men with a clinical suspicion of prostate cancer who had not undergone biopsy of the prostate previously.

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

**WIVES, PARTNERS & CAREGIVERS MEETING -- TUESDAY
APRIL 10TH 6:30-7:30PM
SPECIAL EVENT: TURMERIC TEA TASTING**

What do Turmeric and Cannabis Have in Common?

They've both been used medicinally for thousands of years! People have consumed turmeric for its flavor and health-promoting properties for 4,000 years. Curcumin is the major active ingredient responsible for turmeric's medicinal properties, and is a powerful **anti-inflammatory and antioxidant**. It may help to relieve the symptoms of osteoarthritis, treat bowel disorders, support cardiovascular health, prevent and treat Alzheimer's, protect the liver, manage diabetes, and with its **antiviral and antibacterial** properties, boost immune function. A number of research studies on the use of curcumin to treat cancer have shown that curcumin appears to block the blood supply to cancerous tumors, and consequently suppresses the growth and replication of cancer cells. According to "Principles & Practice of Pediatric Oncology", research has indicated that curcumin can prevent cancer in animals. In addition, high intakes of turmeric have reduced the rate of colorectal, lung and prostate cancer in humans, although the Mayo Clinic reports that not enough research has yet been done to be conclusive. But hey, who doesn't want all of those potential benefits to be given to their own body? Gimme some of that!

In the upcoming **Wives, Partners & Caregivers Meeting**, we will be having a **Turmeric Tea Tasting**. Join us and sample a homemade turmeric tea recipe made **with love**. We will share our favourite turmeric recipes, from tea to soup, and post them on the new secret Facebook Group Page that is exclusively for Wives, Partners & Caregivers. (To be invited to the PC Partners Facebook Group, you must be one, and contact Linda at partners@prostaidealcalgary.org).

Bring your teacup, your recipes, and your stories to share and support, as we meet from 6:30 – 7:30pm upstairs in Room 313, before the General Meeting.

~ Linda



Prostate cancer symptoms: This nighttime habit could indicate you have the disease

Sometimes prostate cancer symptoms do not become apparent until the disease has progressed. The cancer may grow large enough to put pressure on the urethra making urinating difficult. As a result, the majority of symptoms are associated with urination, such as straining or taking a long time while urinating.

Needing to urinate more frequently during the night is one of the signs, and if this is out of the ordinary, you should go visit your GP. Other symptoms linked to urination include needing to rush to the toilets, difficulty in starting to pee, straining or taking long time while urinating, a weak flow and feeling your bladder has not emptied fully. A PSA blood test and a digital rectal exam are the recommended initial methods that may show if the prostate gland is enlarged or irregular. The first stage of the process is a simple blood test.

A rectal exam may help identify obvious abnormalities on the surface of the prostate even if the PSA is normal. It's important to note that your PSA can be high if you have prostate cancer but it can also be higher than normal if there is an infection, inflammation or you have an enlarged prostate. Recent sexual activity before the test or pressure from a bike saddle during cycling can also raise your PSA levels, so make sure your family doctor is aware of anything that could affect the test.

Article has been abridged. Click here to read in its entirety.
Article from the Express.

**Bladder Cancer:
The Basics, Treatments and Beyond**

When: Friday, April 20 from 10:30 am to 1:00 pm
light lunch included
Where: Rockyview General Hospital, Fisher Hall
Cost: Free but regular parking fees apply
Register: Register online starting March 15th
<http://bit.ly/book-cancerpatiented>



Bladder Cancer 101, Treatment for Nonmuscle-Invasive Bladder Cancer, Surgery and Urinary Diversions

Dr. Geoffrey Gotto, Urologic Oncologist and Clinical Associate Professor (University of Calgary)



Drug therapy in the management of invasive bladder cancer: Current strategies and future possibilities

Dr. Scott North, Director of Medical Oncology
Cross Cancer Institute

Navigating the Nutrition Essentials of Bladder Health

Miranda Wong and Leanne Mulesa
Registered Dietitians (UAH)

For more information: toll free at 1-855-258-9963 or email cancerpatienteducation@ahs.ca (put the word 'event' in the email title)



2018 Cancer Survivorship Symposium

Saturday, May 12th, 2018

9:00 AM – 4:00 PM

Grey Eagle Resort and Casino, Calgary, AB

On Saturday, May 12TH, 2018, PROSTAID Calgary and our partners will hold a Cancer Survivorship Symposium at the Grey Eagle Resort and Casino. We're lining up an exceptional group of speakers for this one-day Symposium on Cancer Survivorship and Advocacy. Our program will deal with issues related to cancer education, living well, new therapies, research, advocacy and funding. There will be a sponsored Hospitality Room on the Friday evening prior to the Symposium and a Health Fair exhibition on Saturday beginning at 8AM during the Symposium for non-profit organizations and medical / paramedical firms wishing to present information to attendees about their organizations, goods and services. Lunch and coffee breaks will also be provided.

Guest Speakers include Dr. Geoff Gotto , General Cancer Research; Dr. Gwynn Bebb, New Cancer Therapies; and Yolanda Loo, Sexuality and Cancer. Confirmed panelists for the political session include Associate Minister of Health Brandy Payne, Mr. David Khan Leader, Alberta Liberal Party, and Mr. Greg Clark, MLA Alberta Party. We're hopeful Mr. Jason Kenney, Leader United Conservative Party will also participate as a panelist in the Political Session.

The Symposium is free to attend. Donations are graciously accepted. If it's meaningful to you, it's meaningful to us.

Donate Now

CLICK HERE!



www.ProstaidCalgary.org

REGISTRATION FORM



2018 Cancer Survivorship Symposium Saturday May 12, 2018

Convention Centre, Grey Eagle Resort Hotel

3779 Grey Eagle Drive, Calgary, Alberta, T3E 3X8

www.greyeagleresortandcasino.ca

Free Registration & Lunch

**8:00 AM Registration and
Health Exhibits**

9:00 AM - 4:00 PM Program

Full Name: _____

Companion Full Name: _____

Organization (if applicable): _____

Mailing Address: _____

Phone: _____ Email: _____

Email or Mail REGISTRATION FORM

TO: secretary@pccncalgary.org

PROSTATE CANCER CANADA NETWORK CALGARY SOCIETY

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CALGARY, ALBERTA T2V 5H9

Phone: 403 455 1916 Website for secure donations: www.pccncalgary.org

PROSTAID Calgary is self-funded. Donations are WELCOME.

"Any donation meaningful to you is meaningful to us."