PROSTAIDCALGARY

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PROSTAID Calgary is self-funded. <u>Click here to help us to</u> <u>continue our good work by</u> <u>donating on-line</u> Merry Christmas and Happy Hanukkah from PROSTAID Calgary!

The holiday season can take on a whole new meaning when you or someone you love has been diagnosed with prostate cancer. And while there's no right or wrong way to celebrate the holidays, it's my sincere hope that you'll take time to celebrate life and what's meaningful to YOU!

This year, I'm incredibly joyful to be celebrating Christmas with my Mom. Aside from being an awesome and incredible woman, my mom is hands down the world's BEST cook. Food and love have always been intertwined for my mom, and she shows her love of family, friends and neighbors though her cooking. My mom is also passionate about music and has a beautiful singing voice. Fun Fact: Eleanor (aka my mom) was one of the original members of Winnipeg's own Sisters of the Holy Rock! She no longer sings with them, but the group is still going strong 25 years later. Our plan for the holidays is to bake and cook and listen to holiday music all week long. I can't wait to prepare Christmas dinner by her side! Yes, this year spending the holidays with my Mom is what I am most grateful for. Merry Christmas everyone!

Reminder that PROSTAID Calgary is hosting the Pathfinder's Award Celebration on Tuesday December 11 at the Kerby Centre. We hope you'll join us and help celebrate and acknowledge Dr. Nicole Culos-Reed and her many contributions to the prostate cancer community. Details for the event are included on page 2.

PROSTAID Calgary is supported by the community and exists for the community. Donations are graciously accepted via Visa, Master Card, American Express, and cheque. <u>Click here to reach our On Line</u> <u>Donation Page for credit card donations.</u> If a

donation is meaningful to you, it's meaningful to us.

Warm wishes,

Kelly Fedorowich

Executive Director, 403-455-1916



December 2018 Number 231

Meeting Schedule Tuesday December 11, 2018

Monthly meetings are hosted at The Kerby Centre, 1133 7th Ave SW.

7:00-9:00PM

The Digital Examiner

www.ProstaidCalgary.org

Pathfinder's Award ^A Celebration

Room 205 (Lecture Room) Please note that the event begins at 7pm.

Congratulations Dr. Nicole Culos-Reed



No Support Group Meetings this month

No Meeting	Warriors Advanced & Recurrent Disease Facilitator: Frank Altin Room 208 (2nd Floor)
No Meeting	Wives, Partners & Caregivers Facilitator: Linda Maslechko Room 313 (Third Floor)
No Meeting	Newly Diagnosed Facilitator: TBA Room 311 (Third Floor)

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 to attend. A light snack and refreshments are served. Ladies, family members, and caregivers are always welcome!

Our meetings feature Healthcare, Medicine and Health & Wellness Presentations Digital Examiner Page 2

Congratulations Dr. Nicole Culos-Reed PROSTAID Calgary's 2018 Pathfinder's Award Recipient

Pathfinder's Award Celebration

WHEN: Tuesday, December 11, 7:00pm - 9pm WHERE: The Kerby Centre, Lecture Room (Room 205) 1133 7th Ave SW Calgary, Alberta

*Open to the public and free to attend

The Pathfinder's Award is given to individuals who have made a significant contribution to the education, research, treatment, and support for men and their families dealing with prostate cancer.

Dr. Culos-Reed is a Professor in Health and Exercise Psychology in the Faculty of Kinesiology, and a Professor in the Department of Oncology in the CUMMING SCHOOL of Medicine, University of Calgary. She is a Research Associate with the Department of Psychosocial Resources at the Tom Baker Cancer Centre.

Much of her work deals with physical activity for cancer survivors, the psychological factors that they experience, and focuses on improving their quality of life.

Nicole leads the Health and Wellness Lab, which focuses on delivering community-based, 12-week physical activity programs. For prostate cancer survivors and their families, this has included the TrueNTH Lifestyle Management Program.



Physical activity and wellness programs for cancer survivors

Exercise medicine for the management of androgen deprivation therapy related side effects in prostate cancer

Androgen deprivation therapy (ADT) is associated with considerable adverse side effects which compromise the health and wellbeing of many men with prostate cancer.

Exercise has been identified as a therapy to help manage ADT-related treatment toxicities.

This paper systematically reviews the scientific literature investigating the impact of exercise on men receiving ADT and discusses strategies to effectively implement exercise in clinical practice. The findings of this review demonstrate that exercise has therapeutic benefit for the management of ADT-related side effects.

Significant positive effects following exercise were observed for aerobic fitness, muscular strength, physical function, body composition, fatigue, sexual wellbeing, mental wellbeing, social function, comorbid disease risk factors, and quality of life.

Emerging evidence suggests exercise may also play a role in managing bone loss, cognitive decline, and urinary problems, and may be delivered without exacerbating bone pain.

Exercise did not negatively influence ADT treatment efficacy and led to few adverse events of minor severity, rendering it a safe intervention for men receiving ADT.

To maximize the therapeutic effect of exercise, men with prostate cancer should participate in moderate-to-high intensity aerobic, resistance and impact exercise which is prescribed and supervised by a qualified exercise physiologist and delivered at a convenient location in a prostate cancer specific group-based environment. The level of evidence now available supports the view that the prescription of exercise medicine should be part of routine prostate cancer care.

UroToday.com

Our meetings are hosted on the second Tuesday of every month at the Kerby Centre Digital Examiner Page 3

pCODR Expert Review Committee (pERC) FINAL RECOMMENDATION Apalutamide (Erleada)

Earlier this year PROSTAID Calgary prepared and distributed a survey to our membership as part of the pan-Canadian Oncology Drug Review (pCODR), an evidence-based, cancer drug review process.

The pCODR process is designed to bring consistency and clarity to the assessment of cancer drugs by reviewing clinical evidence, cost-effectiveness, and patient perspectives, and using this information to make recommendations to Canada's provinces and territories (except Quebec) in guiding their drug funding decisions.

The role of the pan-Canadian Oncology Drug Review (pCODR) Expert Review Committee (pERC) is to assess the clinical evidence and cost-effectiveness of cancer drugs in order to make recommendations to the provinces and territories to help guide their drug funding decisions.

Drug: Apalutamide (Erleada)

pERC conditionally recommended reimbursement of apalutamide (Erleada) in combination with ADT for the treatment of patients with CRPC (castrate resistant prostate cancer) who have no detectable distant metastases by either CT, MRI or technetium—99m bone scan and who are at high risk of developing metastases only if the following condition is met:

• Cost-effectiveness being improved to an acceptable level

If the above condition cannot be met, pERC does not recommend reimbursement of apalutamide plus ADT treatment. High risk is defined as a prostate-specific antigen doubling time (PSADT) of < 10 months during continuous ADT. Patients should have good performance status and no risk factors for seizures. Treatment should continue until an unacceptable toxicity or radiographic progression.

pERC made the above recommendation because it was satisfied that compared with ADT monotherapy, there is a net clinical benefit of apalutamide plus ADT based on statistically significant and clinically meaningful improvements to MFS (metastasis-free survival), significant improvements in time to symptomatic progression, a manageable toxicity profile with no significant detriment to QoL (Quality of Life), and a need for treatment options in this population of patients, who are at increased risk of developing metastases.

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

What are bone metastases in prostate cancer?

Prostate cancer can sometimes spread from the prostate to the bones, which is known as bone metastasis. Although there is no cure for bone metastases, treatment can help relieve symptoms and extend life.

Metastasis is the term for cancer spreading to other parts of the body. Although prostate cancer can spread to any part of the body, it most commonly goes to the bones. Even when cancer has spread from the prostate to the bones, doctors still refer to it as prostate cancer because they are prostate cancer cells in the bones and not bone cancer cells. When treating bone metastases, doctors aim to minimize any further spreading of cancer and relieve pain and other symptoms.

This article discusses the symptoms of advanced prostate cancer and bone metastases. It also covers treatment options for bone metastases, side effects of treatment, and survival rates.

Symptoms

Early prostate cancer often has no symptoms. Once cancer has spread beyond the prostate gland, doctors refer to it as advanced prostate cancer.

Symptoms of advanced prostate cancer may include: -difficulty urinating or a weak or slow urine stream -the need to urinate more frequently, usually at night -blood in the urine or semen

-erectile dysfunction

-weakness or a numb feeling in the legs or feet -loss of control of the urinary bladder or bowel.

Although many of these symptoms can occur due to conditions other than prostate cancer, anyone who

Our meetings are hosted on the second Tuesday of every month at the Kerby Centre Digital Examiner Page 4

experiences them should see a doctor for an evaluation.

Once prostate cancer has spread to the bones, symptoms may include:

-bone pain

-weak bones that are more likely to fracture

-pain or stiffness in the neck or back

- -trouble urinating
- -constipation

-numbness and weakness from spinal cord compression

Bone metastasis may cause bones to release their calcium into the bloodstream, resulting in high levels of calcium building up in the blood. This condition is known as hypercalcemia. Untreated, it can be very dangerous and may cause: kidney stones, disrupt muscle including heart function, and unconsciousness.

Symptoms may include:

-nausea

-constipation

- -appetite loss
- -feeling very thirsty
- -urinating more frequently
- -fatigue and weakness
- -headaches
- -bone pain

-confusion

-depression, memory loss, and irritability

People who experience any of these symptoms should see a doctor immediately. Treating bone metastases early on can help prevent further complications.

Treatment

Treatment for bone metastasis can help relieve pain and prevent complications. A doctor will work with the individual to develop a suitable treatment plan.

Treatments options include:

Bisphosphonates - are drugs that work by reducing bone loss

Denosumab - has the brand names Xgeva and Prolia, and is another drug that reduces bone loss.

Radiation therapy - uses a machine to aim an external radiation beam at the cancer cells,

Radiopharmaceuticals - are injected to treat bone metastases. Once inside the body, these drugs move to the bones and release radiation that destroys cancer cells.

Managing pain

Pain medication can be very effective in relieving the pain of prostate cancer and bone metastases.

A person should talk to a doctor about any pain that they are experiencing. The doctor can prescribe appropriate pain relief and work with the individual to develop a pain control plan.

Pain relievers are most effective when people take them at regular intervals and not just when pain is severe.

Survival rates and outlook

There is currently no cure for advanced prostate cancer, but advances in treatments are extending life expectancy and improving quality of life.

Statistics indicate that the 5-year survival rate for most men with local or regional prostate cancer is nearly 100%. Ninety-eight percent (98%) are alive after 10 years. For men diagnosed with metastatic prostate cancer the 5-year survival rate is about 30%. These survival rates are only estimates, and everyone is different. Unfortunately, no one can tell you exactly what your outlook will be since many factors come into play: the stage of your cancer, the speed that your cancer is spreading, as well as your age, general health, and other health problems.

Ongoing research on cancer is also facilitating the development of more effective treatments and leading to improvements in survival rates.

Medical News Today, Written by Beth Sissons <u>Article has been abridged and edited. Click here to read the</u> <u>original.</u>

