



The Digital Examiner

www.ProstaidCalgary.org

June 2019

Number 237

Meeting Schedule

Tuesday June 11, 2019

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

7:30-9:00PM	General Meeting Room 205 (Lecture Room) Video Presentation Dr. Scholz: Staging Prostate Cancer Dr. Kwon: How Immune Therapy Works to Treat Prostate Cancer
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Support Group Meetings

6:30-7:20pm	Warriors Advanced & Recurrent Disease Facilitator: Frank Altin Room 208 (2nd Floor)
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6:30-7:20pm	Wives, Partners & Caregivers Room 205 (Lecture Room) No facilitator this month.
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6:30-7:20pm	Newly Diagnosed Room 311 (Third Floor) No facilitator this month.
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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. General Meetings are open to the public and free to attend. A light snack is served. Ladies, family members, and caregivers are always welcome!

Rock & Roll Gala Sponsors



Hello PROSTAID Calgary members and friends.



Father's Day is around the corner... This year, give him a gift that you'll both enjoy! PROSTAID Calgary's Rock & Roll Gala Fundraiser is a wonderful opportunity to celebrate Father's Day and the men in our lives.

The Rock & Roll Gala is being hosted Saturday June 15, *Father's Day Weekend*, at the Grey Eagle Resort & Casino. The evening includes a four-course dinner, a live & silent auction and a performance from legendary Canadian rock & roll icon **Randy Bachman**. Join us and help support men and their families on their journey through prostate cancer.

Individual Gala tickets are \$199 plus taxes
Full tables of 10 are \$1899 plus taxes
[Click here to purchase Gala tickets from Ticketmaster](#)

For a limited time only, Sponsorships \$5,000+ include 10 Complimentary Gala Tickets (Full Table) with VIP Seating!
Please contact Kelly to secure your sponsorship!
403-455-1916

Pete Archdekin—Honorary Gala Chair

Welcome Pete Archdekin, aka Pete The Plumber! We're excited to announce that Calgary's infamous Pete the Plumber has joined the cause and Pete's been smashing porcelain to help raise awareness.
[Click here to check out Pete's awesome video!](#)



PROSTAID Calgary is supported by the community and exists for the community. [Click here to reach our On Line Donation Page on Canada Helps.](#)
If a donation is meaningful to you, it's meaningful to us.

Warm wishes,
Kelly Fedorowich,
Executive Director, 403-455-1916

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Wives, Partners & Caregivers
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Newly Diagnosed
Volunteer Facilitator Needed

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PROSTAID Calgary
Proud member of the Prostate Cancer Canada Network of support groups



New technique promises improved metastatic prostate cancer detection

Prostate cancer is the second-leading cause of male cancer deaths worldwide. Deaths from prostate cancer are primarily due to metastasized cancer, in which cancer cells have migrated through the body and begun to grow in other areas.

Results reported in *Biomicrofluidics* promise a new way to detect this deadly disease through a simple, inexpensive device. The device forces cell samples through tiny channels less than 10 microns wide. When prostate cancer cells are forced through these channels, the metastatic cells exhibit "blebbing," in which portions of the cell's outer layer bulges outward from the more rigid inner layer. The resulting bulges, known as blebs, allow the cell to migrate the way amoeba do. This crawling-type motion is accomplished when the cell sends out cytoplasm protrusions known as pseudopodia, or "false feet."

The experiments show that highly metastatic prostate cancer cells are more likely to exhibit blebbing than normal cells or even less-metastatic cells are. The new device can quickly detect the amount of blebbing in cells from cancer samples and could potentially be used in a clinical setting to inexpensively test large numbers of samples.

In tests with their new microchannel instrument, the investigators observed that highly metastatic prostate cancer cells exhibited more blebbing in the channel than did moderately metastatic or normal cells. Fifty-six per cent of the highly metastatic cells produced blebs, whereas only 38% of moderately metastatic cells did, and only 29% of normal cells produced blebs. Further studies revealed that a low amount of the protein F-actin in the cell's cytoplasm may cause blebbing by providing fewer binding sites for other proteins that normally anchor the cell's plasma membrane to the inner cortex. Current screening treatment for prostate cancer is complex. Men over 50 are urged to have an annual test for prostate specific antigen, or PSA, but this test will not detect metastatic cancer. Treatment of early stage cancers is often done by suppressing testosterone or through ablation, where extreme heat or cold are used to destroy tumors. However, most prostate tumor cells that survive this treatment become metastatic. Therefore, there is a great need for new tools to detect metastatic prostate cancer that do not rely on PSA measurements.

(Editor's note: Research is currently underway to refine

the PSA test that will differentiate between metastatic and non-metastatic prostate cancer.)

EurekAlert Press Release

Article appears in Biomicrofluidics "Enhanced blebbing as a marker for metastatic prostate cancer" Authored by Zeina S. Khan, Julianna M. Santos, Neil G. Vaz and Fazle Hussain.

Intra-rectal use of epinephrine in radiotherapy of prostate cancer

Purpose: The aim of the study was to evaluate the feasibility and toxicity of intra-rectal epinephrine during prostatic radiotherapy. (Epinephrine is also commonly called adrenaline.)

Materials and methods: A total of 34 patients with prostate cancer were randomized to receive daily intra-rectal epinephrine or placebo 5 min before daily radiotherapy. Physical examination including systolic blood pressure (SBP) and heart rate (HR) was performed before, 5 min after, and 20 min after intra-rectal use. (systolic blood pressure is the first of the two numbers, e.g. 120/80, that refers to the blood pressure produced at the elbow when the heart is contracting. The second number is the diastolic pressure produced when the heart relaxes.)

Toxicities were graded using the [Radiation Therapy Oncology Group](#) standard. A [two-sided Fisher's exact test](#) was used to compare proportions between groups. A mixed-effects model was used to analyze multiple measurements of SBP and HR. Survival curves were calculated using the Kaplan–Meier method (one of the best options to be used to measure the fraction of subjects living for a certain amount of time after treatment) and compared between groups using the log-rank test.

Results: All patients completed the protocol treatment and reported no cardiovascular symptoms after intra-rectal administration. There were no differences in SBP and HR between these two groups at any time point (before, 5 min after, and 20 min after epinephrine). At 5 weeks after the start of radiotherapy, the incidence of rectal toxicity \geq grade 2 was 27.8% (5/18) for the control group versus 12.5% (2/16) for the epinephrine group, but was not statistically significant. There was no rectal toxicity \geq grade 2 in these two groups beyond 2-year follow-up. The 5-year biochemical relapse-free survival was 75.0% and 72.2% for the epinephrine and control group, respectively.

Conclusion: Results of this pilot randomized trial have demonstrated that intra-rectal administration of

epinephrine is feasible and safe in prostatic radiotherapy. Its radio-protective effect warrants further investigation.

Source: NCBI—National Center for Biotechnology Information
Article has been abridged. [Click here to read in its entirety.](#)

What is focal therapy for localized prostate cancer?

Localized prostate cancer is cancer that has spread (metastasized) no farther than the tissue surrounding the prostate gland. Focal therapy is a treatment for this type of prostate cancer.

For many years there have been two main approaches to treating localized prostate cancer. The first is active surveillance or “watchful waiting.” In cases of older men or low-risk patients, regular medical tests are conducted to make sure the cancer is not spreading. No other action is taken because the cancer is stable or growing so slowly it will not cause problems any time soon. If tests show the cancer is spreading, treatments can begin. Of those men assigned to active surveillance, 14% to 41% will eventually require surgery or radiation.

The second approach to treating localized prostate cancer has been the use of radiation or surgery. This is effective for removing any tumors present but often causes negative side effects in the urinary, genital, or rectal areas. Two common side effects include loss of control over urinary functions (incontinence), and impotence (the inability to maintain an erection).

Focal therapy offers a middle-ground treatment. The idea behind focal therapy is to reduce the amount of damage to the prostate gland and surrounding areas while still treating the cancer effectively.

This is done by focusing treatment on what is known as the index lesion, which is usually defined as the largest tumor with the highest grade. The grade, or Gleason score, is determined by looking at cancer cells under a microscope to see how fast the disease is spreading.

Even though many cases of prostate cancer have more than one tumor site, some researchers believe that the index lesion is what drives and predicts how any particular cancer will progress. If growth of the index lesion can be controlled with focal therapy, the thought is that the cancer as a whole can be managed with fewer bad side effects.

What treatments are used in focal therapy for localized prostate cancer?

Focal therapy uses ablation, which is the use of extreme temperatures to destroy tumors. In focal ablation, the area of the prostate that contains the most serious cancer is targeted, rather than treating the entire prostate gland. Focal ablation techniques include:

Cryotherapy: Use of very cold gases passed through needles to freeze and destroy cancer tissue.

HIFU (High Intensity Focused Ultrasound): The use of high-frequency sound waves directed at the tumor through an ultrasound probe inserted into the rectum. The high intensity waves cause the diseased tissue to heat up and die.

Photodynamic therapy: A drug called a photosensitizer is injected into the bloodstream. This drug then absorbs light rays directed at the tumor, and produces an active form of oxygen that destroys cancer cells.

Laser ablation: The use of laser radiation energy pinpointed to a very small area to burn away cancerous tissue. Laser ablation has the advantage of being able to be performed at the same time as magnetic resonance imaging (MRI), allowing very specific targeting and also real-time views of results.

Who are good candidates for focal therapy?

When focal therapy for prostate cancer first began to be used in about 2007, it was only as an alternative to active surveillance in very low-risk patients. Since then, the use of focal therapy has expanded to include some intermediate- and even high-risk patients.

Although there are no set rules about which patients make the best candidates for focal therapy, those with overall low or intermediate risk, and who have biopsy-proven cancer located in only one area, are usually the best choices for this type of treatment.

In each case, the doctor will consider the patient’s general health and mental outlook, the size and location of the tumors present, and their chances of spreading more. Use of tests such as MRI, ultrasound, and biopsy (tissue samples examined in the laboratory) can help decide if a patient will benefit more from focal therapy or from traditional treatments.

Source: [Cleveland Clinic](#)



PROSTAID Calgary's Rock & Roll Gala Sponsorship Opportunities

To be successful, the Gala fundraiser will need the support of the Calgary business community. [Click here to open the PROSTAID Calgary Gala Sponsorship brochure which outlines the various giving opportunities.](#) As you review the giving options, we'd respectfully ask you to consider the Gold Sponsorship Package. This gift will provide true leadership in PROSTAID Calgary's attempt to do something that has never before been done in the Canadian prostate cancer community. Please be assured that we appreciate whatever level of financial commitment you are able to make .

For a limited time only, Sponsorships \$5,000+ include 10 Complimentary Gala Tickets (Full Table) with VIP Front Row Seating!

Please contact Kelly to secure your sponsorship!
403-455-1916 or info@prostaiddcalgary.org

Click on the following links to view the promotional videos created for the Gala.

[Invitation from The Hitman](#)

[A Wife's Story from Stephanie Washington-Hart](#)

[Prostaidd Calgary Dinner Gala Fundraiser w/Kelly Fedorowich](#)

[Rock with The Hitman and Randy Bachman](#)

["I Thought I was Indestructible" Bret Hart on Prostate Cancer](#)

[Message from Kelly Fedorowich - Father's Day](#)

We're so excited to invite you to rock out with us at the Grey Eagle Resort & Casino on June 15, 2019, Father's Day weekend, to the nostalgic, catchy and timeless tunes of the legendary Randy Bachman.

In addition to the concert, the evening will offer drinks, a delicious four-course dinner, and a live & silent auction.

Proceeds will be going toward PROSTAID Calgary and helping our fellow community members and their families navigate their way through a prostate cancer journey.

PROSTAID Calgary is starting a capital fundraising campaign to create Canada's first PROSTAID Home, a place for men on a prostate cancer journey and their families to experience caring, sharing and comfort.

Ticket are available now at Ticketmaster:
<https://bit.ly/2utCBMW>

Are you interested in being part of the Volunteer Team for the Rock & Roll Gala?

Please contact Kelly for more information:
info@prostaiddcalgary.org

Thank you to our Sponsors and Community Partners