

The Digital Examiner

www.prostaidcalgary.org



Hello Members and Friends

November 2019 Number 242

Contacts

Information

Phone: 403-455-1916

info@prostaidcalgary.org

Brad Sterling

President

president@prostaidcalgary.org

Dave Lunn

Past President

dlunn@shaw.ca

Support Groups

Frank Altin

Warriors

faltin@telusplanet.net

Wives, Partners & Caregivers

info@prostaidcalgary.org

Newly Diagnosed

info@prostaidcalgary.org

Mailing Address

PROSTAID Calgary

PO Box 72126

RPO Glenmore Landing

Calgary, Alberta

T2V 5H9

Phone: 403-455-1916

To 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](#)

PROSTAID Calgary

is a proud member of the Prostate Cancer Canada Network of support groups.



In last month's October 2019 Digital Examiner, our focus was on screening and early detection of prostate cancer. In this issue, we continue on the same theme.



As members and friends of PROSTAID Calgary, I urge you to spread the word about PSA screening to any male over 40. I think it's fair to say far too many men who are at 'mid-life' have no knowledge of their prostate cancer risk.

Please do encourage men in their mid-life to visit their family doctor and have a discussion about screening and early detection of prostate cancer. The family doctor is the gate-keeper to the PCa urologists in Alberta.

Prostate cancer is a cursed disease which fortunately can be cured if caught early. However, it is also extremely 'smart' and can recur after primary treatments, mutate in many ways and become lethal.

It is a disease that no man, his wife or partner, and family knowingly signed up for. As we say in the opening page of our website, "**Maybe you can live without a PSA test...But why take the chance**".

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

Stewart Campbell, PROSTAID Calgary

Our November Speaker

Tarek Bismar, MD

Dr Bismar performed his medical studies in Syria, where he received an MD from Damascus University. He continued these studies at Washington University-St. Louis, Wayne State University and Harvard University. Tarek is an expert in urological pathology, gene analysis and biomarkers of indolent and aggressive prostate cancer.

In Calgary, Dr. Tarek Bismar is a Professor in the Cumming School of Medicine in the Departments of Pathology & Laboratory Medicine and Oncology and Biochemistry & Molecular Biology. He is a member of the translational research group at the Prostate Cancer Centre and Rockyview Hospital.

Meeting Schedule

Tuesday, November 12, 2019

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

7:30 -
9:00 PM

**General Meeting
Room 205 (Lecture Room)
Presentation by:**



**Dr. Tarek Bismar
MD, FRCPC**

Dr. Bismar will speak about:

Identifying Genes for Prostate Cancer Treatment

University of Calgary
Southern Alberta Institute of
Urology, Prostate Cancer Centre,
Rockyview General Hospital.
6500 - 707 14 Street SW
Calgary, AB T2V 1P9

Support Group Meetings

6:30 -
7:20 PM

**Warriors
Recurrent & Advanced Disease**
Everyone is welcome.
Facilitator: Frank Altin
Room 208 (2nd Floor)

6:30 -
7:20 PM

**Newly Diagnosed Disease
Wives, Partners & Caregivers**
Room 205 (Lecture Room)

The Kerby Centre is located at 1133 7th Ave SW, Calgary, AB. 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 and refreshments are served.

Ladies, family members and caregivers are always welcome!

Summary Statement on Screening for Prostate Cancer in Europe

The European Randomised Study of Screening for Prostate Cancer showed that Prostate-Specific Antigen (PSA) based screening results in a significant prostate cancer mortality reduction. Although there were concerns about overdiagnosis and overtreatment, it was shown that the benefits outweigh the harms if screening is stopped in older ages to prevent overdiagnosis.

- A limited screening program (e.g. screening at 55 – 59 years), including active surveillance for men with low-risk tumors, can be cost-saving, compared with testing in an opportunistic setting in the wrong ages.
- Further improvements are expected in the use of active surveillance and in discrimination between indolent and significant disease due to new biomarkers and magnetic resonance imaging.
- These future developments are no reason to a) postpone feasibility studies of high-quality PSA screening and b) reduce opportunistic testing at old ages.

Reference: Heijnsdijk *et al.* Int. J. Cancer 142, 741-746 (2018)

What Can a Man's Biology Tell Us About Choosing the Right Treatment

On Oct 23, 2018, **Prostate Cancer Canada** and **Movember Foundation** announced a \$4 million grant to three Canadian researchers to predict how well prostate cancer will respond to treatments based on men's biological markers in their blood and tumour cells. Their research has been focused on the key question of how clinicians can use a man's tumour biology to offer better care at three critical points in their prostate cancer journey.

- Dr. Tarek Bismar of the University of Calgary - *Low-risk prostate cancer: Using blood to give men peace of mind.*
- Dr. Hansen He from Princess Margaret Cancer Centre, University of Toronto - *Intermediate-risk prostate cancer: Are aggressive or less-invasive treatments best?*
- Dr. Kim Chi from BC Cancer - *Advanced prostate cancer: Blood markers can hold predictive power.*

Dr. Bismar's team is looking at men with slow-growing prostate cancer that has not spread beyond the prostate gland, and is less likely to advance. Using molecular flags in a man's blood, he is attempting to find out whether men considering active surveillance are at risk of developing aggressive prostate cancer.

Reference: Prostate Cancer Canada. www.prostatecancer.ca

Genomics of Localized Prostate Cancer

Robert Bristow of Princess Margaret Cancer Centre at the University of Toronto, Paul Boutros of the Ontario Institute for Cancer Research and colleagues at Laval University in Quebec report genomic analysis of localized, non-indolent prostate cancer. This the common state of prostate cancer when a man presents to his doctor that shows intermediate risk and cure rates.

The researchers:

- Identified differences in the mutational profiles between localized intermediate risk and metastatic castrate-resistant prostate cancer.
- Found numerous molecular aberrations that were prognostic for disease recurrence.
- Suggested that intensified treatment of genomically aggressive localized prostate cancer may improve cure rates.

Reference: Fraser *et al.* Genomic hallmarks of localized, non-indolent prostate cancer. Nature 541, 359-364 (19 January, 2017).

The Influence of BRCA2 Mutation on Localized Prostate Cancer

A key challenge in the management of localized prostate cancer is the identification of a high likelihood of progression to an advanced, incurable stage.

Patients who harbour germline BRCA2 mutations have worse clinical outcomes than non-carriers when treated with surgery or radiotherapy. Furthermore, BRCA2-mutant tumours can harbour a subpopulation of tumour cells that can tolerate castration *de novo*, which allows the tumour to evade androgen deprivation therapy.

Challenges remain in modelling the biology of the aggressive phenotype of BRCA2-mutant tumours, and translating these findings in order to improve clinical outcomes. Research continues by this group to develop a diagnostic tool that can be used to better tailor treatments for prostate cancer patients.

About 2% of all men with prostate cancer have the BRCA2 mutation. BRCA gene mutations also affect women, putting them at risk for aggressive breast and ovarian cancers.

Reference: Taylor *et al.* The influence of BRCA2 mutation on localized prostate cancer. Nature Reviews Urology 16, 281 - 290 (2019).

For Information about Prostate Cancer

- Attend a general meeting for a live presentation and Q&A provided by leading prostate cancer specialists.
- Borrow publications from our Lending Library.
- View > 100 video presentations on our YouTube channel.

Early Detection of Prostate Cancer using PSA Testing: Empirical Evaluation among General Practitioners and Urologists

Background: Prostate cancer is the most frequent cancer and the third leading cause of cancer death among German men. One option for PCa early detection is prostate-specific antigen (PSA) testing, which is under debate regarding its risk benefits. Besides recommendations on early PCa detection, daily practice on PSA testing varies, for example, in information communication and usage of the test. This pilot study assessed differences between general practitioners (GPs) and urologists in handling PSA testing and guidelines on early detection of PCa.

Methods: 172 GPs belonging to the teaching network of the University of Oldenburg in Lower Saxony and Bremen and 128 practicing urologists were included in the online survey focusing on PSA testing. The questionnaire covered topics as to the usage of the test, information communication, handling of test results, and handling of and-knowledge about national and international guidelines on PCa. Whether PSA testing is used in accordance with guidelines was explored in four case scenarios.

Results: In total, 65 doctors participated in the survey (response proportion: 21.7%, n=65; 27.9%, n=48 [GPs]; 13.2%, n=17 [urologists]).

- The PSA test was judged as useful by urologists, while almost half of the GPs considered the test as ambivalent or not useful.
- Urologists showed a more proactive approach to informing men about PSA testing.
- GPs were less familiar with guidelines and recommendations on PSA testing compared to the urologists.
- Both urologists and GPs did not always treat men in consistence with the guidelines. This was partially in contradiction to their self-appraisal.

Conclusion: This pilot study is highlighting differences in PSA testing practices between GPs and urologists in Germany. Urologists showed a more proactive approach. For further verification, the researchers plan a more comprehensive study covering several German states.

Reference: Kappen *et al.* Early detection of prostate cancer using prostate-specific antigen testing: an empirical evaluation among general practitioners and urologists. *Cancer Management and Research* 2019; 11 3079 - 3097.

PROSTAIID Calgary On-Line Metrics

Website: www.prostaidcalgary.org
229,242 hits since Feb 27, 2008

YouTube Channel: More than 1000 subscribers.
222,388 views since Dec 15, 2011.

Prostate Cancer Wishes A Patient's Perspective

Robin Millman is a patient advocate and 20+ year prostate cancer survivor from the UK. At the 2019 Advanced Prostate Cancer Consensus Conference, he shared his perspective on the treatment journey and hopes for the future of advanced prostate cancer treatment. His 'wishes' highlighted areas of interest and opportunity from a patient's perspective.

Wish #1. To reduce the number of men diagnosed with advanced prostate cancer. If you (clinicians at the conference) deal with the public, you will know that the lack of knowledge is quite staggering. And raising awareness with 10, 20 and even 100 people at a time is a painstaking process. Robin would like to see the introduction of screening programs, which would give a massive boost to awareness and hopefully lead to men being diagnosed earlier.

Wish #2. Targeted treatments. No clinician wants to prescribe or administer treatment that is not effective. And its obvious, no patient wants treatment that is ineffective. It seems huge advances are being made in prostate cancer research. Robin's impatient to get this knowledge into standard clinical practice where many men are treated.

Wish #3. Treatment morbidities. From Robin's experience discussing this with patients, morbidities can make life miserable, and the way they are handled varies enormously. He would like to see as much focus on the consequences of treatment as on the treatment itself.

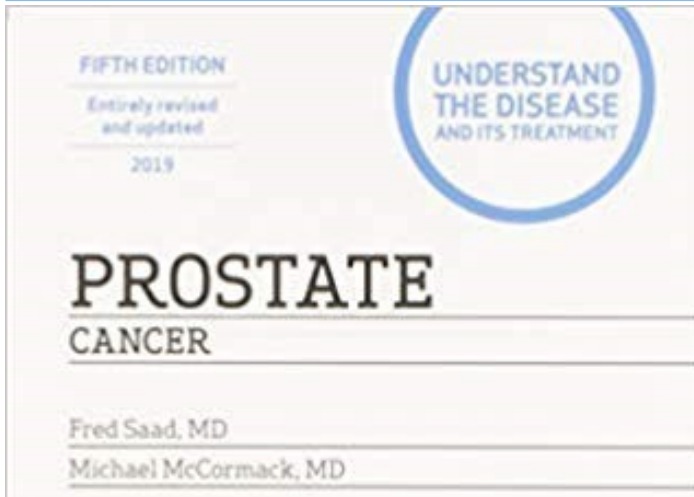
Wish #4. Easy access to sympathetic and knowledgeable staff. The ED and incontinence clinics should not be the poor relations in the prostate cancer world. Proper attention should be paid to the psychological and emotional consequences of other morbidities. Some men and their loved ones find some of these problems enormously depressing and stressful. Treat the prostate cancer off course, but also treat what is here.

Wish #6. Better doctor-patient interface. We know about joint responsibility and decision making, but some patients find decision making a burden when they don't fully understand their situation. I would like to see clinicians being smarter at assessing where the patient stands, and what level of participation he wants.

Wish #7. Research and trial results implemented more quickly. With an increasing range of treatments, overall survival can be a distant target. This should not delay the implementation of potential beneficial changes to clinical practice. In his opinion, quality of life is more important to many survivors than overall survival time.

Reference: Robin Millman. APCCC 2019: Wishes from a Patient's Perspective. *Urology Today Navigating Cancer Videos.* www.urotoday.com.

New in Our Lending Library - Available at our Monthly General Meetings



This is an easy-to-read book written by two Canadian oncologists. The text covers all aspects of a man's and his family's journey with prostate cancer. Numerous real-life examples of decision and treatment options are provided by PCa survivors interviewed by the authors.

PROSTATE CANCER PATIENT GUIDE

The 2019 Prostate Cancer Patient Guide focuses the information available about contemporary prostate cancer research, treatment, and lifestyle factors into one consolidated resource. It is for any man who has been newly diagnosed, who is in treatment, or is concerned about a rising PSA.

It's also for any loved one or caregiver who wants to cut through the information noise and get directly to need-to-know information for prostate cancer patient navigation.

Finally, researchers are beginning to recognize the genetic underpinnings of prostate cancer. This guide is for any family member who might want to understand how their shared genes affect their own short- and long-term risk factors—and whether they should be screened as well.

Published by: PROSTATE CANCER FOUNDATION. www.pcf.org

Celebrating You! A night out for Free - Wow!

PROSTAID Calgary invites you and your spouse or a friend to **Celebrating You** to close out 2019.

Who: Our members, volunteers, donors and sponsors.

When: Tuesday, December 10, 7 - 9 pm.

Where: The Hotel at Grey Eagle Resort & Casino.
3777 Grey Eagle Drive, Calgary, AB.

Food: Canapes and One free drink ticket. Cash Bar.

Why: Just for Fun.

Music: CK Sax of Calgary.

What to Bring: Jokes, Cards, Games & Dancing Shoes.

We'd like to know how many to prepare for.

Register using the Paperless Post on-line invitation emailed you. Registration is 'First Come, First Served'.



Life on Androgen Deprivation Therapy

This educational program is ideal for PCa patients (and their partners) who will be on ADT for at least 6 months. Patients are encouraged to join the program before they start ADT or as soon as possible after starting on ADT.

Online classes are available monthly. All classes are held at 4:00 PM Mountain time. **Upcoming dates:** Tuesday, November 12th and Tuesday, December 17. **To Register:** visit www.lifeonadt.com

Advanced Prostate Cancer Webinar 6:30 PM Mountain Time, October 30, 2019

Dr. Mark Scholz MD, Executive Director of the Prostate Cancer Research Institute and a leading US oncologist, will present a free, live webinar and Q&A about Advanced Prostate Cancer Treatment and Side Effect Management. For information and to register, visit www.pcri.org.

Thank you to our Sponsors and Community Partners

