

The Digital Examiner

www.prostaidcalgary.org



Hello Members and Friends

PROSTAID Calgary has supported the early detection of prostate cancer since its founding in 1993. Through brochures, newsletters and booths at shopping malls and car shows, we promote awareness about prostate cancer and encourage men to talk to a doctor about PSA testing. Its satisfying to know that each year we are able to help at least a few men realize their risk of prostate cancer.



We were delighted when the MAN VAN from the Prostate Cancer Centre became available to us for clinics at our annual Show 'n Shine car shows. We knew that many men attending these shows did not regularly visit family doctors. Through its MAN VAN and 50,000 PSA tests over 10 years, the Prostate Cancer Centre is to be congratulated for its leadership in promoting prostate cancer awareness and men's health.

Stewart Campbell, PROSTAID Calgary

Our February Guest Speaker Lin Yang, PhD

Dr. Lin Yang is an epidemiologist with Cancer Epidemiology and Prevention Research, Alberta Health Services and an Adjunct Assistant Professor, Oncology, Community Health Sciences, Arnie Charbonneau Cancer Institute, University of Calgary.

Lin has co-authored studies reporting on the impact of obesity, physical activity and sedentary behavior on cancer risk and patient outcomes in cancer survivorship. Her current research focuses on:

- Elucidating the biological and psychological mechanisms of energy balance and cancer to inform personalized interventions,
- Understanding the meaning of chronological age, functional age and physiological age in the context of cancer, and
- Developing and evaluating tertiary prevention in cancer care using Tai Chi as a method of exercise to positively impact cancer survivorship.

Lin Yang received her PhD in Epidemiology from the University of Cambridge (UK) in 2012. From 2013 - 2015, she undertook postdoctoral training at Washington University School of Medicine (US). Prior to coming to Calgary, Dr. Yang was an Assistant Professor of Epidemiology at the Medical University of Vienna (Austria).

February 2020 Number 245

Meeting Schedule

Tuesday, February 11, 2020
Monthly meetings are held at
The Kerby Centre, 1133 7th Ave SW
Calgary, Alberta

7:30 -
9:00 PM

General Meeting
Room 205 (Lecture Room)
Presentation by:



Lin Yang, PhD.
Cancer
Epidemiology
and Prevention

Dr. Lin Yang will speak about:

Cancer and Aging

Cancer Epidemiology and
Prevention Research
Alberta Health Services
5th Floor, Holy Cross Centre
2120 2 St SW, Calgary, AB T2S 3C3

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 are free to attend. A light snack and refreshments are served.

Ladies, family members and caregivers are always welcome!

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.



Obesity and Other Cancers

Purpose: Evidence on overweight, obesity, and an increased risk of cancer continues to accumulate. In this article of the above title, the authors summarize the evidence for mortality from prostate cancer, hematologic malignancies, and kidney cancer. The notes in this Digital Examiner focus on results for prostate cancer.

Conclusion: A higher body mass index is associated with an increased risk of advanced prostate cancer and prostate cancer mortality.

Together, the data across cancer types provide evidence for a growing cancer burden caused by adiposity in both early adult and later adult life. What remains unanswered is the question of the means of weight management after diagnosis as a strategy to improve survival.

Reference: Lin Yang *et al.* Obesity and Other Cancers. *J Clin Oncol* 34:4231-4237, 2016.

Patient-Reported Outcomes Through 5 Years for Active Surveillance, Surgery, Brachytherapy, or External Beam Radiation With or Without Androgen Deprivation Therapy for Localized Prostate Cancer.

Importance: Understanding adverse effects of contemporary treatments for men with favorable-risk PCa and unfavorable-risk localized PCa could inform treatment selection. **The Question:** What are the comparative harms of contemporary treatments for localized prostate cancer through 5 years?

Findings: In this study of 1386 men with favorable-risk PCa and 619 men with unfavorable-risk PCa, most functional differences associated with treatments attenuated over time with no clinically meaningful bowel or hormonal functional differences at 5 years:

- Favorable-risk disease and active surveillance, nerve-sparing prostatectomy, external beam radiation therapy, or low-dose-rate brachytherapy;
- Unfavorable-risk disease and prostatectomy or external beam radiation therapy with androgen deprivation therapy.

However, prostatectomy was associated with worse incontinence over 5 years for both favorable-risk disease and unfavorable-risk disease), and worse sexual function at 5 years for unfavorable-risk disease.

Meaning: These observations of the long-term bowel, bladder and sexual function after localized prostate cancer treatment may help clarify expectations and enable men to make informed choices about their care.

Reference: Karen E. Hoffman, MD, MHSc, MPH¹; David F. Penson, MD, MPH²; Zhiguo Zhao, MS³; *et al.* *JAMA.* 2020;323(2):149-163.

The Potential of Tai Chi in Cancer Survivorship

Regular physical activity (defined as any bodily movement produced by skeletal muscle that requires energy expenditure) is associated with:

- A reduced risk of developing cancer, and of recurrence of breast, prostate and colorectal cancer, and with
- Improved survival.

Despite these benefits, and the recommendations of numerous professional organizations, physical activity levels in at-risk cancer populations are low during and after treatment. Interventions to promote physical activity in these groups are urgently needed and more research is required to inform such interventions.

Tai Chi is a form of Qigong that originated in ancient China and is a combination of Chinese philosophy, martial and healing arts. Tai Chi can be carried out in a gentle and non-strenuous form (light intensity physical activity) making it suitable for all ages, fitness levels, and potentially cancer survivors.

Compared with other forms of Qigong, Tai Chi is better suited for cancer survivors, owing to the simplicity of the movements involved with the exercise. Such simplicity should allow those previously unfamiliar with Tai Chi to carry out the activity with ease and confidence.

Reference: Lin Yang *et al.* The potential yield of Tai Chi in cancer survivorship. *Future Sci. OA.* (2016) 2(4).



Since 2001, CEPR of Alberta Health Services has combined traditional epidemiologic study designs with a molecular epidemiologic emphasis. The collection of demographic, lifestyle, and clinical information now includes genetic, cellular biomarker and metabolomic information from collected biological specimens.

CEPR researchers at the Holy Cross Centre in Calgary are studying how to implement a mind-body exercise intervention program among prostate cancer patients and their caregivers. The intent of this program is to reduce stress and improve physical reserve in preparation for cancer treatment and survivorship.

To guide their research, they would like you to complete a short survey that asks about your psychosocial and physical experience during the prostate cancer journey, and your perception and preferences about mind-body exercise such as Tai Chi. Your responses will inform the team's research so that it is meaningful and likely to be successful.

To complete the survey, please use this link: <https://survey.albertahealthservices.ca/TakeSurvey.aspx?SurveyID=PEAK>

Thank you in advance for considering to help this research team. For more information, contact Lin.Yang@ahs.ca.

Opportunistic Prostate Cancer Screening: A population-based analysis

Background: Prostate specific antigen (PSA) testing in population-based prostate cancer (PCa) screening has been controversial for decades. The current recommendation in Northern New Zealand is for an opportunistic approach to screening, with an expected low prevalence of such practice in the community. However, clinical observations suggested that the extent of screening was higher than expected for opportunistic screening practice.

This study estimated the prevalence and extent of opportunistic PCa screening, and investigated the contemporary patterns of PSA testing in a large population.

Methods: From 2008 to 2017, all men in the Northern Cancer Network of New Zealand who had a screening PSA test performed were identified.

The study variables were accessed from multiple databases. These included: age, ethnicity, region, social deprivation, medical therapy, prostate cancer history, Gleason score, and PSA test information (results and date). Population estimates were obtained from census data.

Results: The study cohort constituted 311,725 men, with 1,208,214 PSA tests performed, in the 10-year period. The mean age at first test was 55.2 years and each man received approximately 4 PSA tests. Opportunistic PCa PSA screening in men aged 40 to 79 years was 87% of the region population. In the 50 to 69-year age group, 65% of men received regular 2-yearly, screening PSA tests. Men who had 3 or more PSA tests, were more likely to be diagnosed with prostate cancer.

Conclusions: PSA based screening of men aged 40 and older for prostate cancer is highly prevalent in New Zealand. For the authors, this raised concerns regarding:

- The quality of the individual counseling process, and
- The adequacy of resources allocated to accommodate this type of screening practice.

In 2013, the ethnic distribution of men in this region was 51% European or other, 24% Asian, 13% Maori and 12% Pacific Islanders. The lack of monitoring on the process led to a sampling bias in PSA testing within the region's multi-ethnic population, which contributed to disparities in cancer detection rates.

The observed deficiencies highlighted the potential benefits of a more organized approach, along the lines of an EAU statement on prostate cancer screening. However, this constantly needs to be weighed against the known risks of harms from a PSA-based screening process.

Reference: Matti *et al.* Department of Surgery, University of Auckland, Auckland, New Zealand. *Urologic Oncology: Seminars and Original Investigations.* 2020 Jan 14. pii: S1078-1439(19)30496-X.

2019 - A Record Year for Prostate Cancer Centre's "MAN VAN"

More than ten years ago, Calgary's Prostate Cancer Centre launched the MAN VAN, Canada's only mobile men's health clinic providing baseline PSA blood testing. Since its inception, over 50,000 men have visited the MAN VAN and a growing number of people are becoming aware of the importance of early detection.



2019 was a record year for participation, with 7,337 men visiting a MAN VAN clinic. Its noteworthy that 50% of these men had never had a previous PSA test and 15% did not have a family doctor.

The MAN VAN empowers men to be more involved in their health. In addition to PSA testing last year, 4,980 men received blood pressure, blood sugar, and waist circumference measurements at a "**Know Your Numbers**" Men's Health Clinic. These measurements are linked to some of the main health issues that men face such as heart disease, diabetes, cancer, and obesity.

Also in 2019, the MAN VAN program piloted a mental wellness component with the goal of raising awareness about men's mental health: 26 clinics were held, with 950 men participating in a stress check. This short questionnaire helps detect symptoms of depression, one of the most common mental health concerns that men face.

The MAN VAN program continues to grow but the mission and focus remains the same. It is committed to promoting overall health and wellbeing, inspiring hope, and reducing the impact of prostate cancer in the community. The MAN VAN remains the only mobile Men's Health Clinic dedicated to serving men.

Prostate Cancer Centre thanks its many community partners including PROSTAID Calgary for raising awareness about men's health and making sure men #GetChecked.

Reference: Ken Rabb, MAN VAN Program Manager, Prostate Cancer Centre, Calgary, Alberta. Jan 2020.

New in Our Library

Restoring Sexual Intimacy After Prostate Cancer Treatment

Part 1. The Restoration of Erections Following a Radical Prostatectomy

Jacek Mostwin, M.D., D. Phil., *Professor of Urology at Johns Hopkins University School of Medicine with extensive experience performing pelvic and prostatic surgery. His focus on prevention and treatment of incontinence has been incorporated into more than 3,000 radical prostatectomies performed since the operation was first developed in 1982 by Dr. Patrick Walsh, with whom Dr. Mostwin worked continuously for 25 years.*

Many men who opt for surgery for their prostate cancer will have erectile dysfunction (ED) to some degree afterwards. Following surgery, their sex lives will be altered and may never be the same, even if a nerve-sparing radical prostatectomy is performed. Sensations will be different and penile length will be shorter. Many men will need oral medication in order to get an erection suitable for intercourse. Others will need to self-inject medications that will trigger an erection minutes later. For others, pills and injections will not work; if these men want to have erections, the only realistic option may be an implantable penile prosthesis.

Part 2. Erections After Prostate Cancer Surgery Straight Talk About Realistic Expectations

Trinity J. Bivalacqua, M.D., Ph.D., *Associate Professor of Urology, Surgery, and Oncology at Johns Hopkins University School of Medicine, has an active clinical practice in Urologic Oncology. He has a special interest in cancers of the prostate and bladder with an emphasis on organ-sparing therapies and minimally invasive techniques, including nerve-sparing robotic assisted laparoscopic radical prostatectomy. A major focus of his research is to develop molecular-based targeted therapies for preservation of erectile function in prostate cancer patients undergoing radical prostatectomy.*

Peer Support for Prostate Cancer



- Attend a general meeting for a live presentation and Q&A provided by leading prostate cancer specialists.
- Join one of our private focus groups i.e. Newly Diagnosed, Warriors, Ladies and Caregivers.
- Borrow publications from our Library.
- View > 140 video presentations on our YouTube channel at <https://www.youtube.com/user/pccncalgary>

Popular on our YouTube Channel



Sexuality after Prostate Cancer – Oncology Nurse Practitioner Reanne Booker talks about how relationships and sexual performance change after prostate cancer, and the things you can do to preserve sexuality as you get older. She discusses the various options available, from penile rings and pumps to pills to who to talk to for support.



Erectile Dysfunction. Dr. Ted Jablonski weighs in on his expertise on all matters of the penis, dissecting how it works, what to do when it doesn't work the way you want it to, and the treatments available and their potential side effects. With an emphasis on humor and audience participation, the talk is...uplifting, to say the least!



Rediscovering Sex After Prostate Cancer. Dr. Richard Wassersug provides an insightful and provocative talk on what couples can do using alternative methods to remain intimate and keep the spark alive in their relationship post-treatment. Instead of trying to make your new condition work like your old one, he suggests embracing other methods and to make decisions as a couple.

PROSTADID Calgary On-Line Metrics

Website: www.prostaidcalgary.org
417,054 hits since Feb 27, 2008.

YouTube: www.youtube.com/user/pccncalgary
1,130 subscribers
239,684 viewings since Dec 15, 2011.



Thank you to our Sponsors and Community Partners

