



The Digital Examiner

www.prostaiddcalgary.org

March 2020 Number 246

Meeting Schedule
Tuesday, March 10, 2020
Monthly meetings are held at
The Kerby Centre, 1133 7th Ave SW
Calgary, Alberta

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PROSTAID Calgary

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



Hello Members and Friends

On Tuesday, March 10, 2020, at the Kerby Centre, PROSTAID Calgary will present Dr. Shelley Spaner of Mayfair Diagnostics with our 2019 Pathfinder Award.



PROSTAID Calgary created the award to recognize individuals who have contributed significant service to helping men and their families deal with prostate cancer.

Shelley has demonstrated the highest level of excellence and leadership and contributed significant advancements in the diagnostic imaging of prostate cancer using Magnetic Resonance Imaging (MRI).

As well as being an active board member with Prostate Cancer Centre, Shelley was the spark plug for the new "**Women's for Men's Health**" program at the Prostate Cancer Centre in Calgary. This program encourages men to have regular prostate checks and PSA tests, but also to monitor their diet, weight, and blood pressure and to engage women in this endeavor.

We are pleased to honor Dr. Shelley Spaner and recognize her notable efforts!

Previous Pathfinder Award recipients include:

- Bob Shiel, former President and Executive Director, PROSTAID Calgary,
- Dr. Bryan Donnelly, Urologist, SAIU.
- Dr. Siraj Husain, Radiation Oncologist, TBCC.
- Dr. Dean Ruether, Medical Oncologist, TBCC.
- Dr. Nicole Culos-Reed, Professor, Univ. Calgary.

We invite you and your friends to attend.

Stewart Campbell, PROSTAID Calgary

Our March Guest Speaker
Shelley Spaner, MD

Dr. Shelley Spaner is a diagnostic radiologist at Mayfair Diagnostics where she became a partner in 2003. She provides medical imaging and radiology services across Southern Alberta, Saskatchewan, the Yukon and the North West Territories. Shelley completed her MD at the University of Alberta in 1996. In 2001, she completed a Fellowship in Diagnostic Imaging and was appointed to the medical staff of Alberta Health Services, a position she continues to hold. She was appointed clinical assistant professor at University of Calgary in 2003.

7:30 -
9:00 PM

General Meeting
Room 205 (Lecture Room)
Presentation by:



Shelley Spaner, MD
Mayfair Diagnostics
Calgary, Alberta

Dr. Spaner will speak about:

Women for Men's Health

Shelley is the founder of Women for Men's Health. As a medical doctor, she has witnessed the disparity between women and men's health firsthand, and started this initiative to engage women as active players in closing the gender gap when it comes to health and wellness.

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!

Overdiagnosis of Cancer

The burden of cancer is increasing rapidly because of:

- Ageing populations,
- Reduced competing mortality from cardiovascular disease, and
- Changes in exposure to risk factors for cancer.

A further contributor is overdiagnosis - *the diagnosis of cancer in people who would never have experienced symptoms or harm had the cancer remained undetected and untreated.*

Overdiagnosis of certain screen-detected cancers is common, including 20–50% of prostate cancer and 11–19% of breast cancer diagnoses. Editor Note: Low-risk Gleason 6 prostate cancers may be included in this estimate for prostate cancer.

Cancer can also be overdiagnosed outside screening programs. Overdiagnosis of thyroid cancer is attributable to incidental detection during investigations of unrelated problems; overdiagnosis of renal cancer and melanoma is less well investigated.

Overdiagnosis is important because of the associated harms and costs. Harms can include:

- The psychosocial impact of unnecessary cancer diagnoses, such as the increased suicide risk for men after being diagnosed with prostate cancer.
- Cancer treatments such as surgery, radiotherapy, endocrine therapy, and chemotherapy can cause physical harm, but the risks are considered acceptable if diagnosis is appropriate.

When someone is unnecessarily diagnosed with cancer, they can only be harmed by treatment, not helped.

The known: Overdiagnosis of some common cancers is a problem in developed countries, including Australia.

Research Objectives: To estimate the proportion of cancer diagnoses in Australia that might reasonably be attributed to overdiagnosis by comparing current and past lifetime risks of cancer.

The new: After analysing changes in lifetime risks for prostate, breast, renal, thyroid cancers and melanoma between 1982 and 2012, the researchers estimated that 18% of all cancers diagnosed in women in Australia (ie, 11 000 diagnoses each year), and 24% of those in men in Australia (18 000 each year) are overdiagnosed cancers.

The implications: Cancer overdiagnosis is a substantial problem. Rates of overdiagnosis need to be reduced and health services should monitor emerging areas of overdiagnosis.

Reference: Estimating the magnitude of cancer overdiagnosis in Australia. Glasziou *et al.* Medical Journal of Australia published by John Wiley & Sons Australia, Ltd on behalf of AMPCo Pty Ltd. 2019.

From Our YouTube Channel 1



Prostate Cancer: Trends in Prevention, Screening & Management

Laurence Klotz, MD, FRCSC, Professor, Department of Surgery, University of Toronto; Chief, Division of Urology, Sunnybrook Health Sciences Center; Chair, Canadian Uro-Oncology Group and NCIC GU Site Group; Editor in Chief (founding), Canadian Journal of Urology; and Chair, Global GU Oncology Group.

On Feb 10, 2017, Dr. Laurence Klotz gave an empowering talk to PROSTAID Calgary about the future trends and practices he's seeing in the world of prostate cancer.

He cited research data from all over the world to:

- Corroborate his own experience in treating low-risk prostate cancer,
- Show how men today with the disease are better off,
- Describe how there are many little things men can do to manage the disease and raise their quality of life.

In a fast and informative manner, he covered a wide range of topics from:

- Supplements, to
- His opinions on PSA testing (he's for it!), to
- How men with a Gleason Score of 6 or lower may be better off pursuing active surveillance initially rather than advanced treatment.

To view his presentation on our YouTube channel, visit <https://www.youtube.com/watch?v=-JpHkqg8j-8>. The presentation has been viewed 2400 times since we posted it to our YouTube channel.

A YouTube Viewer's Comment: [Asahel717 1 year ago](#)

Thank you, Dr. Klotz, for this outstanding presentation. It has opened my eyes to the role of AS for GS 6 cancer.

I appreciate the HIFU discussion but would have been interested in seeing a comparison of HIFU to FLA (Focal Laser Ablation). Editor Note: HIFU is a procedure where the temperature inside the prostate is raised to 85° Celsius using a focused ultrasound beam.

Many will appreciate the advent of multiparametric 3T MRI imaging as it will prevent many unnecessary biopsies.

I would just comment that some surgeons, like Dr. William Catalona, whom you mention, have much higher success rates in terms of incontinence, sexual function and no positive margins than the 40% mentioned in this video. Granted, the high trifecta realized by some surgeons is probably the exception to the norm and is indicative of exceptional surgical skill and high volume in number of RPs.

I will share this presentation as I find it illuminating.

Implementation of Novel Tools in the Active Surveillance Pathway

Over the last decade, active surveillance has been transformed from a novel idea to being widely accepted as a standard treatment for low-risk prostate cancer.

Dr. Laurence Klotz of the University of Toronto was instrumental in the initial development and implementation of active surveillance. He spoke recently to the ASCO GU 2020 conference on the continued refinement of active surveillance protocols by use of novel tools.

Dr. Klotz started his talk by outlining the state of active surveillance in 2020, emphasizing that while it is the preferred form of management for low-risk prostate cancer and endorsed by multiple professional medical societies, *implementation remains variable*.

At the root of this variability lies a shared fear by both patients and clinicians that conventional schemes may miss some clinically significant prostate cancer.

To achieve better risk stratification of active surveillance patients, researchers are looking for advances from:

- Diagnostic imaging,
- Biomarkers, and
- Artificial intelligence (AI).

Germ Line Analysis: Dr. Klotz focused initially on germ line analysis specifically highlighting the influence of BRCA2 mutations on localized prostate cancer. Patients with BRCA mutations are at increased risk of grade reclassification and thus he argued should not be included in active surveillance cohorts.

Genomic Testing: Dr. Klotz briefly reviewed the multitude of biomarkers currently available.

Prostate Genetic Score: a SNP based assessment, as a means of properly risk stratifying patients. He suggested that the challenge these novel tools face is the:

- Strong predictive value of currently available risk stratification calculators, and the
- Cost benefit analyses needed for considering these new tests.

Diagnostic Imaging: Currently, MRI is being used to replace some biopsies, however approximately 15 % of patients with negative MRIs will still harbor clinically significant cancer, underscoring the need to evaluate the MRI in the context of other risk factors. Furthermore, MRI is expensive and highly resource intense.

Dr. Klotz presented on **high resolution micro ultrasound**, which has the resolution to detect changes in the architecture of the prostate. His research group at Sunnybrook Health Sciences Centre in Toronto has developed a scoring system called **PRIMU** (prostate risk identification using micro-ultrasound) to risk stratify patients. Below are preliminary data comparing PRIMU to mpMRI.

Metrics of micro U/S vs MRI: Pooled analysis from 9 centres N=866

Modality	Sensitivity	Specificity	PPV	NPV
mpMRI	89% (304/340)	23% (123/526)	43% (304/707)	77% (123/159)
Micro-ultrasound	95% (323/340)	21% (110/526)	44% (323/739)	87% (110/127)
p-value (non-inferiority)	<0.001	<0.001	<0.001	<0.001
p-value (superiority)	0.004	0.83	0.388	0.022

Overall, Dr. Klotz's talk emphasized the exciting tools that are available for better selecting active surveillance patients. At that same time, he advocated for careful integration of select tests in specific situations where they could deliver maximal benefit to patients while minimizing the cost to the individual and health care systems.

Presented by: Laurence Klotz, MD, FRCS, Professor, Department of Surgery, University of Toronto and Chief, Division of Urology, Sunnybrook Health Sciences Center.

The information presented in this section of the Digital Examiner was adapted from a summary of Dr. Klotz's presentation at the 2020 Genitourinary Cancers Symposium, ASCO GU #GU20, February 13-15, 2020, San Francisco, California. The summary was written by Adrien Bernstein, MD, Society of Urologic Oncology Fellow, Fox Chase Cancer Center, Fox Chase Cancer Center, Philadelphia, PA and retrieved from www.urotoday.com.

Biomarker tests for significant prostate cancer

Test	Utility	Biomarker	Source	Provider, Cost	AUC for GG ≥ 2
PHI	Detection of aggressive Ca	Total PSA, fPSA, p2PSA	Blood	Bechman Coulter. \$500	0.815
4K score	Agg Dis and risk of mets	Total, free, intact PSA, KLK2	Blood	OPKO Labs \$1900	0.82
Mi Prostate Score (MIPS)	Repeat Bx, risk of high grade dis	PCA3, TMPRSS2-ERG, KLK3	Urine	Mlabs \$783	0.77
Select MDx	Risk of high grade Ca	HOXC6, DLX1, KLK3	Urine	MDxHealth \$500	0.90
ExoDx	High vs low grade vs benign	PCA3, ERG, SPDEF	Urine	Exosome Diagnostics	0.73
Promark	Adverse path	8 proteins	Patented Bx kit	Metamark \$3900	
Oncotype Dx	AS vs Rad Rx	12 Ca genes, 4 pathways	Tissue	Genomic Health. \$4500	0.72 (adverse pathology)
Prolaris	Risk of Dis progression	31 cell cycle genes	Biopsy or RP tissue	Myriad Genetic \$3900	0.664 (Pca death, bNED)
Decipher	Post RP risk, AS	22 Pca RNA markers	Biopsy or RP tissue	Decipher BioSc \$5150.	0.81 (10 yr mets)

New in Our Library

2020 Prostate Disorders White Paper from the University of California, Berkley School of Public Health.



Peter R. Carroll, MD, MPH is chair of the Department of Urology at the University of California, San Francisco. He holds the Ken and Donna Derr–Chevron and Taube Family Distinguished Professorships and is a member of the UCSF Helen Diller Family Comprehensive Cancer Center.

Prostate Disorders is an annual guide to the prevention, diagnosis, and management of benign prostatic hyperplasia (BPH), prostate cancer, and prostatitis. The information will help prepare men and their wives and caregivers for consultations with their doctor.

The White Paper provides a detailed overview of what the medical field knows about prostate disorders. In the margins, there are reports about the latest studies and advances and “Ask the Doctor” columns responding to queries from patients. Also included are special topics that warrant particular attention this year including:

- Smart strategies to help overcome troublesome urinary symptoms.
- Common BPH drugs can delay a prostate cancer diagnosis; fortunately, there’s a simple fix.
- A critical look at three emerging treatments for BPH.
- Should more men undergo genetic testing for prostate cancer risk?
- The debate over testosterone’s role in prostate cancer heats up.
- What you should know about prostate cancer and the risk of shingles?
- Active surveillance: An option for intermediate-risk prostate cancer?
- Add-on therapy for advanced prostate cancer helps prolong survival.
- After prostate cancer treatment ends: A road map for the future.
- Acupuncture: Is it worth a try for chronic prostatitis symptoms?

PROSTAID Calgary On-Line Metrics

Website: www.prostaidcalgary.org
428,403 hits since Feb 27, 2008.

YouTube: www.youtube.com/user/pccncalgary
1,160 subscribers
244,806 viewings since Dec 15, 2011.



Peer Support for BPH & Prostate Cancer



- Attend a general meeting for a live presentation and Q&A provided by leading BPH and PCa 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>

From our YouTube Channel



Prostate Images: An Update. Drs. Shelley Spaner, Grace Yeung, and Brendan Diederichs from Mayfair Diagnostics provide PROSTAID Calgary with an update on prostate imaging as of 2019.

To view this presentation on our YouTube channel, visit <https://www.youtube.com/watch?v=n9VQcyG4oiU&t=6s>

- Brendan describes the features of the 3Tesla MRI installed at the Rockyview General Hospital,
- Grace reviews the targeted biopsy program, and
- Shelley describes the use of diagnostic imaging in Active Surveillance and patient treatment.
- A Q&A follows the presentations.

Mayfair Diagnostics is owned by over 50 radiologists and employs more than 400 employees. The firm has been delivering specialized and diverse medical imaging services using state-of-the-art technology since 1911. Mayfair serves more than 700,000 patients and provides more than 90,000 teleradiology interpretations each year in Calgary, AB and Regina, SK.

On Feb 19, 2020, Mayfair Diagnostics announced plans to deliver publicly-funded, community-based MRI services in Saskatoon, SK.

Thank you to our Sponsors and Community Partners

