



THE DIGITAL EXAMINER

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IT'S OUR TIME.

Local information and personal support for those diagnosed with prostate cancer.

Contact
pccncalgary.org



Our next general meeting is at 7:30 PM Tuesday

May 14, 2013 at Kerby

Our May 14th guest speaker:
Dr. Chris Carruthers



Dr. Chris Carruthers is an engaging educator who has helped thousands of people with heart disease, cancer, depression, and chronic pain improve their sleep through her popular Sleep Well Tonight program. Her patients say that she exemplifies knowledge, energy, and most of all, compassion. In all her work, Chris uses the integrative health approach, which combines all the best practices, practitioners, and systems of medicine into a personalized healing plan that honors all aspects of your individuality.

Chris is most well-known for her consultation in the field of Integrative Cancer Care, spirituality and chronic disease, and her special area of interest, sleep health. She has presented at numerous prestigious conferences and her clients encompass educational institutions, healthcare, and the corporate sector. She has a BSc in Kinesiology, a MSc in Coaching and Exercise Physiology, and a PhD in Integrative Healthcare and Energy Medicine. The

focus of her doctoral research, "Expressive Writing about Personal Trauma: Self Reported Health Changes and Subject Characteristics," related to health benefits and symptom changes with the deceptively simple and profoundly effective use of expressive writing.

She has a deep understanding of chronic pain, energetic dysfunction, and the challenges and gifts inherent in illness. At the age of 38, in the prime of her family life and career, Chris became ill for several years with Chronic Fatigue Syndrome, which led her to a broad exploration of complementary therapies and their effective integration with conventional care. She has now regained optimal health, and her purpose is to share her experience and learning with others.

Prostate Cancer: Is the Cure Worse Than the Disease?

A study on prostate cancer patients, most of whom had problems having sex 15 years after being treated with surgery or radiation, underscores the importance for men to carefully weigh treatment options for early-stage disease, says Dr. David Samadi, one of the nation's top prostate cancer authorities.

While the study results, which were published in the New England Journal of Medicine earlier this year, sound discouraging, Dr. Samadi notes that the surgical procedure used was conventional and "open" — involving an open wound with a lot of blood and requiring surgeons to distinguish nerves through touch rather than sight. When nerves are damaged during prostate surgery the result can be sexual dysfunction and incontinence.

AGM and Dr. Chris Carruthers

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and individual members like you.

Thank you all, we can't do it without you.

PCCNC meets at Kerby Centre on the second Tuesday of every month.

“Since then there have been a lot of advances in the field of prostate cancer,” says Dr. Samadi, vice chairman of the Department of Urology and chief of Robotics and Minimally Invasive Surgery at the Mount Sinai School of Medicine in New York City. “We have taken the experience of open surgery, we have built up the laparoscopic experience from France, and now we’ve done well over 4,000-plus robotic cases. And there are a lot of skilled robotic surgeons out there who know how to save the nerves.”

Dr. Samadi and other surgeons use a robotic, nerve-sparing technique that separates the prostate gland from the nerves in an effort to preserve critical urinary and sexual function.

“This way the entire skeleton of the nerves and the sphincter, and surrounding tissues are untouched,” he explains. “And now we’re seeing about 97 percent continence, we see about 85 percent sexual function, and the patients are basically leaving the hospital in 24 hours. What that tells you is that it’s not just the robotic technology, it’s the experience of the surgeon behind it.”

While advances have occurred in prostate surgery, the diagnostic tools used to detect prostate cancer — the biopsy and prostate-specific antigen (PSA) test — can be imprecise and lead to overtreatment, Dr. Samadi notes. Other conditions beside prostate cancer, such as a recent sexual encounter, can elevate PSA levels, and biopsies are random.

“Your doctor is taking certain samples of your prostate from different parts of it,” Dr. Samadi says. “Now if you get the same biopsy a week after or two weeks after you may end up with a completely different result.”

Because of this patients may be getting surgery for low-risk cancer that they might not necessarily need.

“[When] the day comes that we have better imaging and better diagnostic tools, I think those numbers will go down,” he says. “There are also a lot of studies coming in in genetics trying to find out who is really at high risk and who is not. Then we can really decide who should get the surgery or not.

“But in general, I think that it’s important for people to know that when you remove the prostate, unlike [with] radiation, you get a very accurate staging, you will find out how much cancer you have, what type of prostate cancer. And other treatments ... won’t give you that kind of answer.”

Slow Dance (a poem written by a girl with less than 6 months to live).

Have you ever watched kids on a merry-go-round?
Or listened to the rain slapping on the ground?

Ever followed a butterfly's erratic flight?
Or gazed at the sun into the fading night?

You better slow down.
Don't dance so fast. Time is short.
The music won't last.

Do you run through each day on the fly?
When you ask how are you? Do you hear the reply?

When the day is done do you lie in your bed
With the next hundred chores running
through your head?

You'd better slow down don't dance so fast.
Time is short. The music won't last.

Ever told your child,
We'll do it tomorrow? And in your haste,
not see his sorrow?

Ever lost touch, let a good friendship die?
Cause you never had time to call and say, 'Hi'

You'd better slow down. Don't dance so fast.
Time is short. The music won't last..

When you run so fast to get somewhere
You miss half the fun of getting there.
When you worry and hurry through your day,
It is like an unopened gift....Thrown away.

Life is not a race. Do take it slower
Hear the music before the song is over.

Our meetings feature medical speakers and peer to peer interaction. Join us!

Are you or a loved one at risk of Developing Prostate Cancer?

Not all men have the same risk of developing prostate cancer—do you or a loved one have any idea where you fall on the spectrum?



Risk factors fall into two broad categories: modifiable and non-modifiable. It's important to take stock of both.

Age is one of the key non-modifiable risk factors. As you get older, your risk increases, especially over the age of 50. Most prostate cancers are found in men over the age of 65.

A family history of prostate cancer will also increase your chances of developing the disease. If you have several affected relatives,

your risk is higher still, especially if those men were diagnosed at a young age. Ethnicity also appears to increase risk—specifically, men of African ancestry have a higher probability of developing prostate cancer.

In terms of modifiable risk factors, a diet high in red meat or full-fat dairy products, and low in fruits and vegetables, seems to increase the risk of prostate cancer.

Some studies have found a very high calcium intake is associated with increased risk, but the findings have been conflicting.

There is some preliminary research to show that obesity and smoking may be two further risk factors for prostate cancer, but the evidence isn't quite in yet.

In general, of course, quitting smoking and maintaining a healthy weight are cornerstone practices for any healthy lifestyle.

The important thing to do is work on the risk factors you can, be aware of the risk factors you can't, and take it all into consideration when deciding about screening.

Skin patches “tackle prostate cancer

Skin patches which deliver oestrogen into the blood may be a cheaper and safer treatment for prostate cancer than current therapies, a study says. The main treatment is injections of a chemical to cut levels of testosterone - the driving force of many prostate cancers - but it causes side effects. The Imperial College London study in the Lancet Oncology compared patches and injections in 254 patients. It found patches were safe and should avoid menopause-like side effects.

Both oestrogen and testosterone are very similar chemically, so ramping up the levels of oestrogen in the body can reduce the amount of testosterone produced - and slow prostate cancer growth.

However, taking oral oestrogen pills caused significant health problems by overdosing the liver. The organ then produced chemicals which caused blood clots, heart attacks and strokes.

The preferred treatment is injections of a drug, LHRHa, which reduces the production of both oestrogen and testosterone. However, this has side effects similar to the menopause in women - resulting in poor bone health and diabetes.

The patch releases oestrogen through the skin. Prof Paul Abel, from Imperial College London, said: "We're not claiming this is equivalent to current therapies yet, but it does look like we are getting castration levels of testosterone."

However, the researchers need to follow patients for longer. "The next step is to test if the oestrogen patches are as effective at stopping the growth of prostate cancer as the current hormone treatments, we're now testing this in over 600 patients."

Dr Iain Frame, director of research at Prostate Cancer UK, said: "It is unclear as yet if hormone patches could be an effective alternative to hormone injections, but we await with anticipation the results of the further trials planned which could in time offer men hope for the future." This trial is an important step towards better and kinder treatments that could bring big benefits to men with prostate cancer in the future."



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Notice of Annual General Meeting

In accordance with Bylaw 10.1 of the Prostate Cancer Canada Network Calgary Society, Official Notice of the Annual General Meeting is hereby given.

The meeting will be held at Kerby Centre, 1133—7th Ave. SW from 7:30 to 8:00 PM Tuesday, May 14 2013.

At the meeting members will be asked to:

- Receive the financial statements of the Society for the year ended December 31, 2012 and the auditor's report on the statements.
- Appoint the auditor
- Elect Directors
- Transact any other business properly brought before the meeting.

By order of the Board of Directors

April 1, 2013

Rob Pentney, Secretary, PCCN Calgary

Meet Rhett Miller, our videographer and webmaster



Rhett Miller was born and raised in Fort McMurray, Alberta, graduating high school as valedictorian and Governor General's award winner in 2001. Shortly after he moved to Calgary for his post-secondary and has been a proud resident ever since. Rhett graduated with a degree in Communication Studies from the University of Calgary (where he received the Silver Medallion for highest academic average) and also has a diploma from SAIT Polytechnic in Film & Video Production. He has since been providing video, web and graphic design services through his company, Rhetoric Media, for almost a decade.

Rhett is responsible for recording and archiving all the monthly meetings on video for PCCN Calgary. They are archived on the pccncalgary.org website that Rhett has also designed and continues to maintain.

Rhett has been involved with PCCN Calgary for five years running, where he's consistently been the youngest member at the meetings and is probably one of the only people under 30 who knows that Active Surveillance is not a home security system and that HIFU is not a martial art. His mother is a breast cancer survivor, and he takes great pride in being informed about the latest developments in the fight against cancer.

When Rhett is not working for PCCN Calgary, he's involved in a number of facets of the Calgary film industry. He has worked on big studio productions with actors like Brad Pitt, Samuel L. Jackson and Heather Locklear as well as directing and shooting his own independent features. His films have been featured at festivals across the world, from the Calgary International Film Festival all the way to festivals in England and Australia. Rhett is also a published film critic, whose quotes have been featured on movie covers throughout North America. When not making or reviewing movies, Rhett is busy teaching the next generation of filmmakers at SAIT's Film & Video Program, a position he has held since 2008. Who knows, perhaps a documentary on prostate cancer is next in Rhett's future?