

# The Digital Examiner



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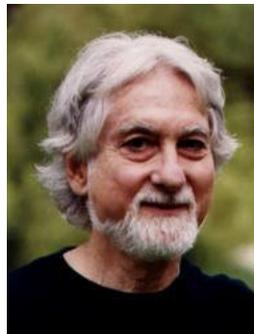
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Come meet **Dr. Morley Hollenberg** at our **Tuesday, November 12th General Meeting**. Dr. Hollenberg will be bringing us up to date on his Prostate Cancer Canada

funded Research project.

*"Our work aims to use a novel human prostate cancer cell culture model to follow the biochemical-pharmacological profile of prostate cancer cells as they progress from a non-invasive to invasive character. We will match this change in profile with that observed in human cancer biopsy tissues that have come from individuals who upon follow-up have proved to have either non-invasive or aggressive cancer. By catching the 'picture' in a newly diagnosed patient and matching it with the 'non-aggressive' versus 'aggressive' profile, we can advise re. either continued active surveillance or immediate aggressive treatment. We propose that the approach will improve upon the use of the current PSA test and 'Gleason scoring' procedures for staging prostate cancer and will potentially identify new therapeutic targets for treating prostate cancer."*

Dr. Eric Hyndman, co-researcher with Dr. Hollenberg will be in attendance as well.

**Don't miss this important update from two of Calgary's prominent researchers. General meeting starts at 7:30 PM in the Lecture Room at Kerby Centre, 1133—7th Ave. SW.**

## New Drugs for Men with Advanced Prostate Cancer

For many years, men with rising PSA and metastasis after primary treatment (surgery, radiation, hormone therapy, etc.) have essentially had only three options to choose from: 1) salvage radiation or surgery, 2) chemotherapy with Taxotere (docetaxel), or 3) do nothing and let their prostate cancer run its course. Since I was diagnosed with high risk advanced prostate cancer 6½ years ago and joined our PCCN-Calgary Warriors Group, I have seen men choose each of these options. Their experience and journeys have varied.

Salvage therapies are initially effective for many men with rising PSA, but often the disease recurs a second time and more aggressive treatments are needed. Taxotere was the first drug to provide a survival benefit in Prostate Cancer – albeit short – just 3 to 4 months median improvement. For some men, the survival has been much longer than 4 months. However, for others with aggressive disease, one has to wonder if there was any benefit given the short duration of effectiveness and the side effects experienced.

With recent advances in drug development, the options for men with advanced PCa have really increased and there are many new drugs on the horizon and in clinical trial. Over the last couple of years, we've had Warriors participate in several Phase III clinical research trials through the Tom Baker Centre. Phase III trials are the final phase of testing for

approval of a new drug. Typically, these Phase III trials are conducted at multiple centres around the world. Men are randomized to either the candidate drug or to a control drug or placebo. The protocol for a Phase III trial is very well defined. The trial is “blinded” so that neither the patient nor their oncologist knows who is receiving the drug versus the control. The outcomes for success are very well defined – typically overall survival, cancer specific survival, progression free survival, etc. The results of the trial are independently monitored.

A couple of years ago, several Calgary Warriors participated in a post-chemotherapy Phase 3 trial for Zytiga (also known as abiraterone). Several men had a very good response, with reductions in their PSA and reduced bone pain. Eventually, they did develop resistance to the drug. Zytiga is now routinely available to men who have failed chemotherapy, and is increasingly being offered to men pre-chemotherapy.

In June, Health Canada approved Xtandi for the treatment of men with metastatic castration-resistant prostate cancer in the setting of medical or surgical castration and already received chemotherapy. This past week, Warriors learned of exciting news from the Independent Data Monitoring Committee (IDMC) for the Phase 3 PREVAIL Trial of Xtandi (also known as enzalutamide or MDV3100). This trial involved more than 1,700 men world-wide with metastatic prostate cancer that had progressed despite androgen deprivation therapy and who have not yet received chemotherapy.

Given the observed benefits in the PREVAIL trial's co-primary endpoints 1) overall survival and 2) radiographic progression-free survival, and 3) also considering the observed safety profile of Xtandi, the IDMC concluded Xtandi demonstrated a favorable benefit-risk ratio. The IDMC recommended the PREVAIL study be stopped and patients treated with placebo be offered Xtandi. The IDMC informed the companies developing Xtandi that: Patients treated with Xtandi

\*demonstrated a statistically significant overall survival advantage compared with patients receiving placebo. Xtandi provided a 30% reduction in risk of death compared with placebo.

\*Patients treated with Xtandi demonstrated a statistically significant radiographic progression-free survival advantage compared with patients receiving placebo. Xtandi provided

an 81% reduction in risk of radiographic progression or death compared with placebo.

Given the overall survival benefit and the observed safety profile, the IDMC considered the overall benefit-risk ratio to favor the Xtandi arm and recommended unequivocally that patients receiving placebo be offered treatment with Xtandi.

Medivation, the developer of the drug, and Astellas have said they will initiate meetings with and submissions to regulatory agencies beginning in early 2014. In the meantime, Astellas Pharma is offering men in Canada opportunity to obtain the drug through an advanced access program.

Our Calgary Warriors are truly excited about these results for Xtandi. I personally have participated in the PREVAIL trial and was lucky to be randomized to the drug. I've responded extremely well and feel great. Further good news is that several Calgary Warriors have recently qualified to receive Xtandi through their medical oncologist at the Tom Baker Centre.

#### ***Xtandi's Mechanism of Action***

Xtandi is an androgen receptor inhibitor that acts on different steps in the androgen receptor signaling pathway. Xtandi has been shown to competitively inhibit androgen binding to androgen receptors, and inhibit androgen receptor nuclear translocation and interaction with DNA.

#### ***Drugs in the Research Pipeline***

There's even many more promising new drugs in the research pipeline. Over the next 3 – 5 years, I think we can safely say we will have a full armament of new drugs available pre-chemo, post-chemo, bone health, etc. The challenge for urologists and oncologists will be to figure out the most advantageous sequence for administration. Medivation, the developer of Xtandi, and Astellas Pharma, the international marketer, have said they will initiate meetings with regulatory agencies to seek approval for Xtandi in the pre-chemotherapy setting. Meanwhile, Astellas is offering Xtandi in Canada to men that qualify through an early access program. ion of these drugs.

#### ***Movember & Investment in Research***

This is why funding raising programs like Movember make such a huge difference. You can help by joining our team: <http://moteam.co/pccn-calgary-warriors>

***Submitted by Stewart Campbell, PCCNC Warriors***

## A Movember message from Steve Belway, president of PCCN Calgary

It's Movember and I'll be growing a moustache to raise funds and awareness for men's health. There's a long road ahead and I'm looking for you to join me.

Fight for your right to change the face of men's health, enlist for Movember and join my team now



<http://moteam.co/pccn-calgary-warriors>

A moustache is the mark of a man, and today it's a symbol to spark conversations about important health issues. Only a few generations have been given the opportunity to make a difference in their hour of need, pledge to grow a moustache for change, or support those that do.

Funds raised by Movember go exclusively to targeted research for men's health and do not flow to our prostate cancer support group.

Thanks for supporting Gen Mo and helping us change the face of men's health.

## Predicting Sexual Function after prostate cancer treatment has improved.

A study published in the Sept. 21 issue of the Journal of the American Medical Association by a Beth Israel Deaconess Medical Center research team, suggests more open discussion between doctor and patient will assist in improving quality of life for prostate cancer survivors.

The report shows survival rates for early stage prostate cancer sufferers are increasing, making quality of life issues a more important part of treatment, with the main focus being sexual function in previously potent men. Doctors are more able to predict the outcome of a man's sexual function post treatment and this should facilitate more patient / doctor discussion.

Lead researcher, Martin G. Sanda, MD, Director of the Prostate Center at Beth Israel Deaconess Medical Center and

Associate Professor of Urology at Harvard Medical School clarifies that :

"It's a daunting situation for any man to face cancer ..... Fortunately, with prostate cancer, we are usually able to control the cancer - however the side effects can still be troubling. But we now have options beyond one-size fits all counseling to help men anticipate possible treatment side effects."

Naturally, there are other issues that affect a man's sexual health post prostate cancer, including factors such as a man's age, prostate specific antigen levels, the use of nerve-sparing surgical techniques or hormone therapy with radiation. However, a large number of men stated that they had not yet considered medications or treatments for Erectile Dysfunction, again showing how doctor patient discussion can help assist patients improve their quality of life.

The team of researchers used questionnaires and telephone interviews to gather data from 2,940 men nationwide both before treatment and two years after. The data was gathered through university affiliated and community based hospitals. Treatments patients received included prostatectomy, or surgical removal of the gland; external beam radiation; or brachytherapy, or the implant of radioactive "seeds."

In summary : 40 percent of men who had their prostates removed said they experienced recovery of sexual function two years after surgery, while 58 percent of men maintained sexual function after external radiation and 63 percent after brachytherapy.

Sanda continues that : "The ability to inform individual patients how likely they are to develop erectile dysfunction based on their personal baseline sexual function, cancer severity, individual clinical characteristics and treatment plan has been elusive,"

Another issue affecting men is the baseline PSA level, and appears to be closely associated with sexual function after surgery and radiation. Patients with higher PSA levels may have more extensive primary cancers or larger prostates that can affect surgical approach, even during nerve-sparing procedures, or lead to broader distribution of higher doses of radiation.

Sanda added: "Timely, proper treatment can reduce mortality from prostate cancer, making the impact of side effects more

significant . . . . Both patients and physicians can be uneasy talking about sexual function, but men need to be open about their sexuality to optimize outcome after treatment for him and his spouse, and to determine whether medications or other treatment for ED might be helpful.

Obviously each patient is different and his particular circumstances and treatment will be the primary factor affecting his post operative quality of life, potency and sexual function; however it's also clear from Sanda's report that doctor patient conversation and discussion can help implement additional treatments to assist a man's recovery from the disease.

## November 12th Meeting Information

**5:00 PM : Pre meeting no-host social time and dinner at Moxies Classic Grill, 888 –7th Ave. SW. Drop in, we'll make room at the table. Park free at Kerby and walk two blocks east on 7th to Moxies.**

**6:30 PM :PCCN Calgary Warriors meet in the boardroom at Kerby Centre. Stewart Campbell, Facilitator**

**6:30 PM: PCCN Calgary Active Surveillance/Newly Diagnosed meeting in Room 331 at Kerby. Ron Singer, Facilitator**

**6:30 PM: A meeting for ladies only. Informal and self facilitated. We make the room available—ladies decide what to discuss.**

**7:30 PM: Our general meeting with Drs. Hollenberg and Hyndman in the Lecture Hall at Kerby Centre.**

## GETCHECKED.CA

The Man Van™ is a valuable resource offered by the Prostate Cancer Centre to provide on-site free baseline PSA blood tests for men over 40. The Man Van™ makes appearances at select events, but can also be found around the community each month. For the current schedule please visit [GETCHECKED.CA](http://GETCHECKED.CA)



## Our October 7th Special Meeting



**Vivienne Parry OBE, Dr. Digital , Bob Shiell and Tim Joss** at our special community meeting Oct 7th at Beth Tzedec Congregation. In addition to the screening of the documentary film, “The Enemy Within”, 12 Calgary health groups provided information on their activities before and after the presentation. Thanks to our sponsors, Astellas, Calgary Herald, QR 77 and Beth Tzedec for their support. If you missed seeing the film it is available on line on the [pccncalgary.org](http://pccncalgary.org) web site.

## Join our Board and contribute to the success of PCCN Calgary



The executive position of Secretary of PCCN Calgary will soon become available. If you are a lawyer or corporate executive, active or retired, you would be well suited to this role and could contribute to the synergy of the Board in other ways as well.

The PCCN Board meets for lunch once a month, at 11:45 AM at Kerby Centre. The time commitment is small but the role is large. Please contact Steve Belway, president , if you would like more information. Steve can be reached by email or phone:

**[belways@shaw.ca](mailto:belways@shaw.ca)**

**403-818-9957**