

The Digital Examiner



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Please help us in our work. Donate on-line to **PROSTAID Calgary** at www.pccncalgary.org



What a September!!!

September in Calgary was the snowiest September prior to the equinox in 130 years! From Sept 8—10th, 28.2 cm of snow fell at the airport and more in west Calgary.

The snow occurred prior to a killing frost. Deciduous trees had not yet shed their leaves. The wet snow accumulated and there were broken branches everywhere. What a mess. City landfills waived tipping fees for tree debris. By Sept 22, the landfills had collected 7,500 tonnes of tree debris in 14,000 loads—enough to fill two football fields to a depth of 9 meters!!! As I drive about Calgary, I still see there's lots more debris to be picked up.

September was also Prostate Cancer Awareness Month across Canada.

Our society sure was busy in September. Together with our partners, we covered a huge swath of Southern Alberta.

Aug 31 Cochrane Lions Rodeo; 12,000 spectators; 38 men visited **PCCentre's ManVan** and had their PSA tested.

Aug 30/31 Drayton Valley's "Thunder in the Valley" Drag Race. Darkside Racing "Cackle Fest" and PCCN Calgary info.

Sept 1 Cochrane Labour Day Parade; 12,000 spectators, **PCCentre's ManVan** in the parade; 300 **Prostate Cancer Canada** "Do it for Dad" T-shirts given away.

Sept 6 Calgary Herald advertising for our **Sept 9 Focus Groups and General Meeting** with Dr. Shelley Spaner.

Sept 6/7 Prostate Cancer Research Conference in Los Angeles; 2 guys and 3 gals attended; including Kelly Fedorowich from Darkside Racing.

Sept 10/11 Kerby Centre 2014 Expo. Many new members signed up and contacts established with 55+ residential housing and caregiver organizations.

October 2014

Number 181

Tuesday, October 14th, 2014 Meeting Schedule

6:30 PM: Ladies and Caregivers
NEW!! Room 313 at Kerby Centre
Kelly Fedorowich, Facilitator

6:30PM: Newly Diagnosed & Active Surveillance Group
Room 311 at Kerby Centre
Ron Singer, Facilitator

6:30 PM: Warriors Group
Board Room at Kerby Centre
Jim Swaile, Facilitator

7:30 PM: General Meeting. Kerby Centre Lecture Theatre

Prostate Cancer in a Family Medical Practice
Dr. Ashesh Pabbies, CEO
Foothills Medical Clinic

Our General Meetings are open to the public and free. Cookies, fruit and refreshments will be served.

Come join us Tuesday, October 14th at the Kerby Centre at 1133 - 7th Avenue SW, Calgary, AB T2P 1B2. Parking is FREE at the Kerby Centre in lots on both sides of 7th Ave. The WEST LRT stops at the front door of the Kerby Centre.

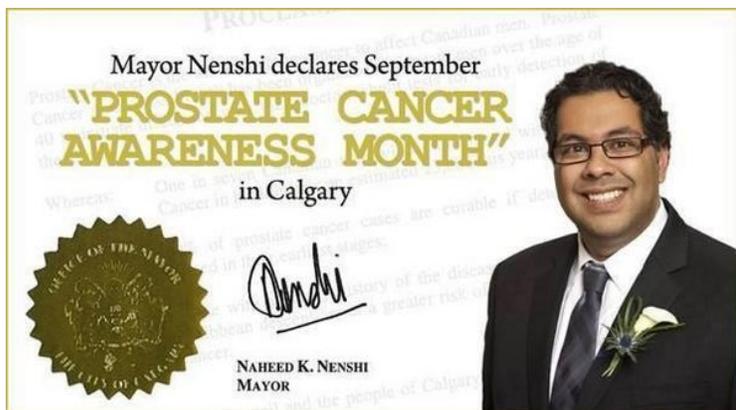
Sept 13. Calgary Stampeders vs Toronto Argonauts at McMahon Stadium; tailgate and in-stadium promotions for **PROSTAID Calgary** and **PCCentre's ManVan**; 38 men had PSA test; 900,000 TSN TV audience!!

Sept 21 Calgary Harley Davidson. Darkside "Cackle Fest" & PCCN info.

Sept 27 Family Camp at Camp Kindle. Darkside "Cacklefest" & PCCN info.

Please give a HUGE round of applause to our partners, sponsors and volunteers. Without their support, we could not have achieved any of the above.

Our journeys continue
Stewart Campbell, Executive Director



We'd like to thank all the great organizations that helped us financially and in-kind in our work for September Prostate Cancer Awareness Month.

Dr. Ashesh Pabbies Foothills Medical Clinic

Dr. Pabbies will speak at our next General Meeting at the Kerby Centre on Tuesday, October 14 at 7:30 PM. He has a special interest in early screening, prevention and chronic disease management including prostate cancer.

Dr. Ashesh Pabbies is a family physician, founder and CEO of Foothills Medical Clinic. www.foothillsmc.ca. He completed his undergraduate medical degree at the Flinders School of Medicine in Adelaide, Australia and his residency in Family Medicine at the University of Calgary. Ashesh's interests outside of medicine include golf, hockey, reading and photography. Please do join us on Tuesday, October 14.

Ladies and Caregivers Focus Group

Written by Kelly Fedorowich, 403-547-6691

I was honored to have been asked by **PROSTAID Calgary** to attend the 2014 Prostate Cancer Research Institute (PCRI) Conference in Los Angeles, CA from September 5th to 7th.

The conference was everything I could have imagined, and more. Dr. Mark Moyad was the conference moderator and he was truly at the top of his game. Mark is not only a brilliant speaker, he is a leader in the fight against prostate cancer and made the event personal and relevant to both the patients and their spouses in the audience.

The conference provided a weekend of educational sessions

on the latest treatment options, lifestyle changes and quality of life issues presented by world-renowned physicians and researchers. In addition, there were opportunities to participate in Q&A's with the faculty, hear in-depth presentations targeted towards specific treatment options, attend support groups with other patients and spouses, and meet with various organizations and companies who provide services and products for prostate cancer patients.

While attending the Conference, I was particularly interested in participating in the **"Women Only" Support Groups**. You see, I have been asked by **PROSTAID Calgary** to launch and facilitate a support group for Ladies and Caregivers.

On Saturday Sept 6, Wendy Lebowitz led the "Women Only" support group and on Sunday we had two facilitators - Wendy Lebowitz and Kathy Houchens. They are both incredible women! With Wendy and Kathy at the helm, I bonded with the women as we shared our personal experiences and offered one another emotional comfort and moral support.

I truly believe that prostate cancer is a couples disease.

The journey I have shared with my husband spans a decade. Indeed, we both are survivors but we also bear the emotional battle wounds from the war that we waged.

Wives know all too well that prostate cancer can be incredibly isolating for the spouse. Many men, upon receiving their prostate cancer diagnosis, retreat into themselves and insist that the information be kept confidential between husband and wife. While wanting desperately to respect our husband's request, the secrecy can be devastatingly isolating.

Sadness is a natural emotion to experience when our spouse is handed a prostate cancer diagnosis. Yet having to conceal our emotions when interacting with family and friends adds weight to the already present emotional drain. We struggle to maintain a strong façade for our husband, yet we often feel like a frightened child on the inside.

SUPPORT GROUPS WORK

My mission is to provide a safe environment for spouses and caregivers to give and receive emotional support; share coping strategies and make deep and profound connections with others facing similar challenges. Please remember that where ever you are on you and your husband's prostate cancer journey, you don't have to go it alone.

I would like to invite you to **join me** in Room 313 of Kerby Centre at 6:30 PM on Tuesday, October 14 for my **Ladies and Caregivers Focus Group**. Please let me know if you have any questions or suggestions, or would like to help. **Kelly**.

The Value of Prostate Cancer Support Groups: A Pilot Study of Primary Physicians' Perspectives

Background: In Canada, prostate cancer (PCa) is the most common male cancer, and prostate cancer support groups (PCSGs) have prevailed for more than 20 years providing support to men with PCa and their families. While the format, focus and benefits of attending PCSGs have been reported, little is known about primary physicians' (PPs) perceptions of these groups. This article describes Canadian primary physicians' views about face-to-face and web-based PCSGs.

Methods: Canadian based primary physicians (n = 140) attending a 2012 Continuing Medical Education Conference-participated in a pilot survey questionnaire study. The 56-item questionnaire used in this study included six sets of attitudinal items to measure primary physicians' beliefs about positive and negative influences of PCSGs, reasons for attending PCSGs, the attributes of effective PCSGs, and the value of face-to-face and web-based PCSGs.

Results: Results showed that PCSGs were positively valued, particularly for information sharing, education and psychosocial support. Poor inclusivity, privacy, and accessibility were identified as potential barriers, and recommendations were made for better marketing and web-based PCSGs to increase engagement with potential attendees.

Conclusions: Findings suggest PPs highly valued the role and potential benefits of PCSGs. Information provision and an educational role were perceived as key benefits amid the need to improve local and provincial marketing of PCSGs. The potential for web-based PCSGs to help in the support of PCa patients was also recognized.

Bernard M Garrett, John L Oliffe, Joan L Bottorff, Michael McKenzie, Christina S Han and John S Ogrodniczuk. BMC Family Practice 2014, 15:56.

Dr. Bernard Garrett and Dr. John L. Oliffe are Associate Professors at the University of British Columbia, School of Nursing. Dr. Joan L. Bottorff is a Professor in the School of Nursing and Director of the Institute for Healthy Living at the University of British Columbia's Okanagan campus. Dr. Michael McKenzie is a Radiation Oncologist at the BC Cancer Agency and Clinical Professor of the Division of Radiation Oncology and Developmental Radiotherapeutics at the University of British Columbia. Christina Han is a social science researcher at the University of British Columbia, School of Nursing. Dr. Ogrodniczuk is Professor of Psychiatry at UBC.

Why We Do What We Do!!

September was definitely a record setting month for activity by our survivor-led prostate cancer support group. Is it worth it? The cases below tell our story.

- A man visited one of Darkside Racing's exhibits this summer and was convinced by Kelly Fedorowich to visit his doctor to get his PSA checked. Well, unknown to this man, he had prostate cancer. He is presently is undergoing treatment at the Tom Baker Cancer Centre in Calgary.
- 60 men visited the Prostate Cancer Centre's ManVan during our 2014 Show 'n Shine. Of these, 5 men had PSAs sufficiently high for PCCentre to advise they visit their family doctor.
- A lady called to inquire what our society does and whether we might help. After a few minutes of discussion, it was apparent her husband was dealing with recurrent disease after having primary treatment only a few years prior. This was disturbing for both man and wife. They needed to talk to people who had suffered from the same situation. The lady stated she wished they had known about our society earlier. They are now members of [PROSTAID Calgary](#).
- A gentleman called whose English was a second or third language. The medical language of prostate cancer was difficult. Two of our members are working with this man and his family to help them find information about prostate cancer in their first language and the treatment and support systems in Calgary, so they can gain confidence in the decisions they make.

Similar cases seem to repeat themselves every month.

ZYTIGA® plus Prednisone demonstrate significant overall survival after 49-month follow-up analysis in chemotherapy-naïve men with metastatic CRPC

Janssen announced that data from a final analysis of the Phase 3 COU-AA-302 trial showed that ZYTIGA® (abiraterone acetate) plus prednisone significantly prolonged overall survival (OS), compared to an active control of placebo plus prednisone, in men with chemotherapy-naïve metastatic castration-resistant prostate cancer (mCRPC). The study demonstrated 19% reduction in risk of death in the study population (median OS, 34.7 vs 30.3 months, respectively after a median follow-up of > four years (49.2 months).

"The OS is particularly noteworthy in COU-AA-302, because 67 percent of men in the ZYTIGA plus prednisone arm and 80 percent in the control arm received subsequent therapy. This includes 44 percent of men in the control arm who subsequently received ZYTIGA plus prednisone," said Charles Ryan, M.D., Professor of Clinical Medicine, Urology, University of

California, San Francisco. *“The use of subsequent therapies did not impact the statistical significance between the ZYTIGA and control arms – and makes these results all the more compelling after adjusting for the crossover effect.”*

Based on results from this final analysis, Janssen has initiated regulatory submissions to relevant health authorities for a revision to the ZYTIGA label.

“Since the first report of interim data, ZYTIGA has become a key part of the treatment arsenal that doctors use to treat mCRPC, because it significantly delayed progression of the disease and prolonged overall survival,” said Charles Ryan. *“This final analysis also demonstrates a consistent safety profile with long-term co-administration of prednisone.”*

In addition, the final analysis demonstrated a significant improvement in median time to opiate use for cancer-related pain compared to placebo plus prednisone (median 33.4 vs 23.4 months, respectively). With two additional years (a total of four years) of follow-up since the last clinical cut-off (median 49.2 months), the safety profile of ZYTIGA remained unchanged compared to previous reports.

“The treatment paradigm for prostate cancer has significantly evolved over the last few years, primarily as a result of a deeper understanding of the disease that has led to the development of treatment options beyond chemotherapy,” said Jane Griffiths, Company Group Chairman, Janssen 3 Europe, the Middle East and Africa (EMEA).

The above text is condensed from a press release relating to ESMO 2014 Congress Abstract #7530 and C. Ryan Oral Presentation, 11 AM CET, Sept 28. Final analysis of Phase 3 COU-AA-302 study presented at the European Society for Medical Oncology (ESMO) 2014 Congress.

Discrepancies in Access to New Cancer Drugs

Lugano/Madrid, 26 September 2014 -- Two studies presented at the ESMO 2014 Congress in Madrid, Spain show that access to potentially life-extending cancer drugs varies significantly in different regions of the world.

Researchers say the results demonstrate the need for better collaboration between doctors and health authorities on an international scale, to ensure patients have access to new cancer-fighting medicines are approved in a timely manner. Their call came after a survey revealed that patients in some regions sometimes wait years longer than their counterparts elsewhere for new drugs to be approved.

The drug approval process is important to ensure that safe and effective therapies are made available for patients, explains study senior author **Dr Sunil Verma from Sunnybrook Odette Cancer Center, Toronto, Canada.**

To try and understand disparities in the drug approval time among various countries, Verma and coauthor Nardin Samulel compared approval times for 41 cancer drugs in Canada,

the USA and the European Union. They found that the average time to approval for these drugs by the US FDA was 6 months shorter than for the European Medicines Agency and 7.6 months faster than for Health Canada. Azactidine, for example, approved for haematological malignancies, had the greatest delay between US FDA and Health Canada approval, stretching to 66.1 months. The EMA approved azactidine 10.3 months earlier than Health Canada but 55.8 months after the US FDA.

The fastest approval among the drugs studied was for cabazitaxel, which was approved for metastatic prostate cancer by the US FDA just 17 days after the drug’s manufacturer filed for approval. In Canada and Europe, the approval times were 11.63 months and 11.03 months, respectively.

This is the first study to systematically compare cancer drug approvals between three major regulatory bodies. While approval from regulatory agencies plays an important part in helping ensure the safety and efficacy of new drugs, delays in the approval process can impact patient care.

“Our main aim as clinicians is to ensure that patients are given an opportunity to receive proven, effective and safe treatment in a timely manner. We need to balance due diligence to review appropriate treatment by regulatory agencies and providing treatment to our patients that is effective,” Verma says.

“There needs to be a dialogue amongst industry, regulatory agencies, patient bodies, research community and oncology professionals on how best we can reduce the time to approval while ensuring safety for approved drugs. We also need a coordinated international approach to reduce the disparity in time to access new drugs around the world.”

Commenting on the study, Professor David Cameron, Director of the Edinburgh Cancer Research Centre, UK, noted: *“This interesting study compares the times to regulatory approval in USA, Canada and Europe. There was little difference overall between the approval times for the EMA (Europe) and Health Canada, but both of these agencies approved new anti-cancer agents significantly later than the US FDA. Interestingly one drug, carbazitaxel, was approved in under 1 month in the USA.”*

“It is not clear why there were these differences, but they are of some concern in the sense that they suggest that in the absence of data to the contrary, there may be bureaucratic rather than medical/scientific reasons for differential geographical approval timelines --which of course will lead to differential geographical benefits from new agents,” Cameron said. Clearly more work is needed to understand the reasons for these differences, and any potential patient impact, but this work should stimulate such deeper investigations, Cameron said.

Full text can be found at www.practiceupdate.com/news/6080