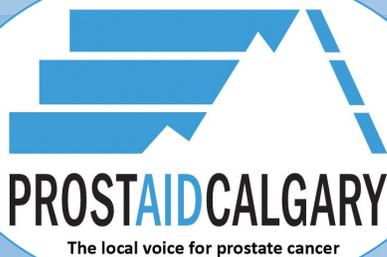


The Digital Examiner

www.ProstaidCalgary.org



Greetings prostate cancer community, friends, and neighbours.



July 2017 Number 214

Meeting Schedule Tuesday July 11, 2017

7:30-9:00PM	General Meeting (GM) Room 205 (Lecture Room) Kerby Centre
6:30-7:30PM	Warriors (Advanced Disease) Room 318 (Board Room) Kerby Centre
6:30-7:30PM	Newly Diagnosed & Active Surveillance Room 311 Kerby Centre
6:30-7:30PM	Wives, Partners & Caregivers Room 313 Kerby Centre. Come for Tea & Conversations

Contacts

President
Dave Lunn

dlunn@shaw.ca

Executive Director
Kelly Fedorowich
403 455 1916

info@prostaidcalgary.org

Chairman
Ron Gorham
ron.gor45@gmail.com

Past President
Steve Belway
belways@shaw.ca

Support Group Facilitators

Warriors
Frank Altin
faltin@telusplanet.net

Newly Diagnosed /
Active Surveillance
Ron Gorham
(Interim Facilitator)

Wives, Partners & Caregivers
Kelly Fedorowich
info@prostaidcalgary.org

Mailing Address

PO Box 72126
RPO Glenmore Landing
Calgary, Alberta
T2V 5H9
403 455 1916

FREE!

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info@prostaidcalgary.org

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on-line.**

Happy Birthday Canada!

Canada's 150th Birthday is not only an occasion to celebrate, it's an opportunity to invest in our communities, ourselves and our country. There are so many amazing ways to celebrate this historic milestone: fireworks, concerts, picnics, parades, and more! I hope you have a wonderful day and are able to get out and enjoy some of the festivities being hosted in our incredible city.

I am pleased to announce that I'll be in Edmonton on Canada Day as part of the Canada150in150 Celebration. In addition to being awarded a Legacy Limited Edition of the Canada150in150 Medallion, I am very proud to report that my "Fastest Woman in Canada" entry was selected as the top story for my category—Travel, Tourism & Mobility. **Yes, I won my category!** Thank you to everyone who voted.

The June Wives, Partners and Caregivers (WPC) Tea Party was a great success! Thank you everyone for coming out. Some of the best conversations happen when drinking tea, and moving forward tea service is going to be a regular part of our monthly WPC meetings. Please feel free to bring your favorite tea cup, or use one of ours. There's no cost to attend. Come for tea and conversations.

Reminder: Sunday July 2 is PROSTAID Calgary's Fun in the 50's Festival. This is our signature event of the car show season and in addition to attracting hundreds of cars, will feature prizes and trophies. Dark Side Racing will be on location to Fire Up for prostate cancer awareness and the Man Van will be on location offering free PSA tests for men aged 40 to 80. This year, the event is being hosted at The Military Museums from 10am til 3pm. More information is included on page 4.

PROSTAID Calgary relies on the generosity of the community to keep our programs running and **donating is easy!** Just give Kelly a call 403-455-1916 or email info@ProstaidCalgary.org; or visit http://prostaidcalgary.org/c_donate.php

Warm regards,

Kelly Fedorowich

Executive Director, 403-455-1916



Dr. Linda Carlson joins us this month to talk about Mindfulness-Based Cancer Recovery (MBCR): What is it and what can it do for you?

Dr. Carlson will introduce the concept of mindfulness and how it can help people facing cancer cope with symptoms and side-effects including anxiety, depression, fatigue, sleep problems and worry about cancer recurrence. She will describe the MBCR program and briefly review the research evidence for its efficacy in cancer survivors, and introduce some mindfulness practices to the audience. Dr. Linda Carlson holds the Enbridge Research Chair in Psychosocial Oncology, is an Alberta Innovates-Health Solutions Health Scholar, Full Professor in Psychosocial Oncology in the Department of Oncology, (Con't Page 2)

Kerby Centre is located at 1133 7th Ave SW. Parking is FREE in lots on both sides of 7th Ave. Remember to register your vehicle license plate number at reception to avoid ticketing. The WEST LRT conveniently stops at the front doors of the Kerby Centre. Our General Meetings are open to the public and free. A light snack and refreshments are served. Ladies, family members, and caregivers are always welcome!



Cumming School of Medicine at the University of Calgary, and Adjunct Professor in the Department of Psychology. She is the Director of Research and works as a Clinical Psychologist at the Department of Psychosocial Resources at the Tom Baker Cancer Centre.

Dr. Carlson trained as a Clinical Health Psychologist at McGill University in Montreal, researching the area of psychoneuroendocrinology. She worked as a post-doctoral fellow at the Tom Baker Cancer Centre in Calgary, sponsored by a Terry Fox Postdoctoral Research Fellowship from the National Cancer Institute of Canada/Canadian Cancer Society and subsequently received a Canadian Institutes of Health Research New Investigator award from 2002-2007.

Bipolar Androgen Therapy

Bipolar Androgen Therapy (BAT) is a hot topic in prostate cancer for men with metastatic disease. Counter intuitive as it is, trials have shown large doses of testosterone followed by hormone therapy or chemotherapy appear to be very effective for some men in reducing PSA. It needs to be said that the concept of “bipolar” cycling of high and low levels of testosterone has been around for a while, but the new data may be the stimulus needed for large, randomized trials of this type of therapy in carefully selected groups of men with advanced forms of prostate cancer.

The data is from an ongoing Phase II study called the RESTORE trial, which is being conducted in the USA and is led by Dr. Samuel Denmeade at Johns Hopkins in Baltimore. “RESTORE” stands for RE-sensitizing with Supraphysiologic Testosterone (a dose that is larger or more potent than is normally present in the body) to Overcome REsistance. The way this type of treatment works is by use of a technique called bipolar androgen treatment (BAT), in which the patients receive treatments that can rapidly lower and raise testosterone levels by alternating the use of androgen deprivation alone and testosterone supplementation while ADT continues.

What seems to be “different” about the RESTORE trial as compared to earlier forms of BAT is that it is being used in men who are castration resistant and who have already progressed after initial treatment with either abiraterone or enzalutamide. The men in the RESTORE trial who meet the entry criteria are all on standard forms of LHRH (luteinizing hormone-releasing hormone) agonist therapy; they are then being treated with intramuscular injections of testosterone (either testosterone cypionate 400 mg or testosterone enanthate 400 mg) every 28 days. When they progress on testosterone cypionate or enanthate, the men are then retreated with daily doses of either abiraterone

1000 mg daily or enzalutamide 160 mg daily, depending on which drug they had received before.

According to the data presented by Denmeade at a meeting in Munich:

- 47 patients have been treated to date.
- All 47 patients seem to have received at least three cycles of treatment.
- 6/47 patients (13 percent) tested positive for a protein called AR-V7 prior to BAT.
- PSA levels
 - Decreased significantly in about 40 percent of all the men in the trial
 - Decreased by > 50 percent in about 30 percent of men in the trial
- 1/47 patients (2 percent) had PSA levels that dropped to zero after 3 months and remained at zero for 22 cycles.
- All 6 patients who were AR-V7-positive prior to treatment were AR-V7-negative after BAT.
- With respect to side effects,
 - 1 patient reported an increase in pain.
 - 1 patient reported a problem with urine retention.

The RESTORE trial was originally designed to enroll 30 men who had CRPC (castrate resistant prostate cancer) and had progressed on abiraterone acetate and another 30 men who had CRPC and had progressed on enzalutamide. So the data presented by Denmeade in Munich are preliminary.

What Dr. Denmeade is quoted as saying is that:

I think we may have cured one man whose PSA dropped to zero after three months and has remained so now for 22 cycles. His disease has all disappeared.

However, Dr. Denmeade also pointed out that:

We are still in the early stages of figuring out how this works and how to incorporate it into the treatment paradigm for prostate cancer.

And

Some men also have objective responses with a decrease in the size of measurable disease, mostly in lymph nodes. Many of the men have stable disease that has not progressed for more than 12 months.

There is already a newer, ongoing, randomized, multi-center trial in the US that is comparing BAT + enzalutamide in men who have become resistant to abiraterone acetate. This is the TRANSFORMER trial that is scheduled to enroll a total of 180 participants. Dr. Denmeade is the lead investigator for this trial too. At present, Johns Hopkins is the only center that is enrolling patients.

Source: ProstateCancerInfoLink.net

[Article has been abridged. Click here to read in it's entirety](#)

Staging and Grading Prostate Cancer

Once prostate cancer is confirmed by a biopsy, it's important to learn the stage (location) and grade (aggressiveness) of the tumour.

What is Staging?

Staging is the process used to find out if the cancer has spread within the prostate or to other parts of the body, using biopsy and imaging.

Stage I: the cancer is small and only in the prostate

Stage II: the cancer is larger and may be in both lobes of the prostate but is still confined to the prostate

Stage III: the cancer has spread beyond the prostate to nearby lymph glands or seminal vesicles

Stage IV: the cancer has spread to other organs such as the bone and is referred to as metastatic cancer.

What is Grading?

The grade is also called the Gleason score. This score can indicate how quickly the tumour will grow and spread.

To find a Gleason score, the tumour cells from the biopsy are looked at under a microscope. A number is assigned to them based on how abnormal they appear.

The scale goes from 1 (non-aggressive) to 5 (very aggressive). The numbers of the two most common patterns are added together to create a Gleason Score.

For example, in a biopsy where the most common cell type is a 3, and the second most common cell type is a 4, would be a Gleason Score 7. However, a biopsy where the most common cell type is a 4 and the second most common cell type is a 3 would also be considered a Gleason Score 7. Keep in mind, though, that a 3+4 can progress very differently than a 4+3. Today almost all patients have a Gleason Score of 6 or above.

Gleason 6: the tumour tissue is well differentiated, less aggressive, and likely to grow more slowly

Gleason 7: the tumour tissue is moderately differentiated, moderately aggressive, and likely to grow but may not spread quickly

Gleason 8-10: the tumour tissue is poorly differentiated or undifferentiated, high aggressive, and likely to grow faster and spread

What does staging and grading mean for treatment?

These two numbers are the most important for determining your future course of treatment.

Some treatments are only effective for Stages I and II, where the cancer is still confined to the prostate. Some other treatments only become necessary at Stages III and IV, where the cancer has spread outside the prostate.

Grading is especially useful in early-stage disease. If the tumour shows signs of being aggressive, it may make sense to go forward with treatment. If the tumour does not seem aggressive, it may make sense to go forward with active surveillance and avoid side effects.

In any case, the stage and grade should be a vital component of any discussion with your doctor.

Source: ZeroCancer.org

Article has been abridged. [Click here to read in its entirety.](#)

U of A uses nanotechnology to develop new test for aggressive prostate cancer

Alberta men diagnosed with prostate cancer could soon have a better blood test to help determine if they can bypass a painful and invasive biopsy.

The Alberta Prostate Cancer Research initiative claims its new blood test is 40 per cent more accurate at identifying men with aggressive forms of prostate cancer than the common prostate-specific antigen (PSA) blood test, which researchers say often leads to unneeded biopsies.

"We know what we will really want in patients is to detect which patients are going to have metastatic cancer down the road because we need to cure them now," said Dr. John Lewis, a University of Alberta oncology researcher who helped develop the new test.

"What we're hoping is that if this test says they have aggressive cancer, they go ahead and get a biopsy to confirm. If it says they don't have aggressive cancer, they can potentially skip the biopsy altogether."

Lewis expects the new test to cost "several hundred dollars." Compared with a biopsy that costs almost \$2,000 and involves quickly inserting and removing 10 to 12 needles into the prostate to obtain cell samples, Lewis believes the blood test has the potential to provide significant savings to the health-care system and prevent side-effects from operations on men unlikely to develop aggressive cancer.

A patient who gets the new test, called the Extracellular Vesicle Fingerprint Predictive Score test, will have it done alongside the traditional PSA test.

The research team has been working for five years, studying the spread of prostate cancer. The new test takes advantage of advances in nanotechnology and machine learning to test for tiny fragments of prostate cancer in the bloodstream and recognize aggressive forms of cancer. The blood test was studied on 377 Alberta men who were suspected to have prostate cancer.

Lewis said there are plans to do more research, but he's confident this is the test they'll be taking to market. It will be sold through a university spin-off company called

Nanostics Inc., founded by Lewis and three of his colleagues.

Source: [Edmonton Sun](#)

Thank you Canadian Tire Marlborough!



PROSTAID Calgary wants to acknowledge and thank the good folks at Canadian Tire Marlborough. Not only was the July 17 Fire Up event an incredible awareness opportunity for PROSTAID Calgary

and prostate cancer, Terry,

Dom and Rick generously permitted us to host a 50/50 Raffle during our Fire Up event. Joan Schroeder was the lucky ticket holder and split the \$260 jackpot with PROSTAID Calgary. Congratulations Joan!

PROSTAID Calgary Upcoming Calendar of Events

August 19 & 20 Cash Casino

Location: Cash Casino, 4040 Blackfoot Trail SE

***Volunteers still needed.** Please contact Kelly for more information. 403-455-1916

September 21 [Down Under Wine Tasting Festival](#)

Location: Willow Park Wines and Spirits

10801 Bonaventure Drive SE

Time: 7pm-9pm

***Volunteers Needed.** Please contact Kelly for more information. 403-455-1916

Tickets are \$50 each and can be purchased by credit card through our Down Under Wine Festival Page on [Canada Helps](#).

PROSTAID Calgary Website

Have you visited [PROSTAID Calgary's](#) website lately? It has information about events, meetings, and links to more than 200 videos of past presentations to our group about prostate cancer.

[Videos](#)

PROSTAID Calgary's On-Line Video Library is an incredible resource that's made available to the world wide prostate cancer community. All of our General Meetings's are videoed and posted to the website. About two thirds of our speakers are clinicians, family doctors, and researchers and about one third of our presenters deal with lifestyle and wellness issues ranging from sexuality, intimacy, nutrition, sleep, alleviating stress, as well as financial and estate planning.

Advocacy

PROSTAID Calgary is developing an Advocacy Portal that will enable the Society to provide opportunities for our members to become more involved with prostate cancer-related issues and to contribute their time and energy to help the community. This may include: patient rights, matters of privacy, confidentiality or informed consent, patient representation, awareness building, support, and education of patients, survivors, and their caregivers. Your feedback is always welcome! Let us know what you would like to see on the PROSTAID Calgary website!

Exercise Study for Men with Prostate Cancer

Jessica Danyluk is an exercise physiologist with Dr. Nicole Culos-Reed's lab and they are recruiting for their exercise study for men on ADT treatment for prostate cancer. This is a randomized control trial (RCT) comparing 2 exercise programs for prostate cancer patients on ADT (hormone therapy) .

The purpose of the study is to determine whether homebased exercise has similar benefits compared to instructor led group-based exercise on quality of life, adherence to exercise and fitness levels.

Eligibility Criteria Age 18 and older; Confirmed diagnosis of prostate cancer; Fluent in English; Not currently participating in regular exercise; Starting or continuing on androgen deprivation therapy (ADT) for at least 6 months.

Contact Study Coordinator:

Jessica Danyluk, MKin, CSEP-CEP

T: 403-210-8482

E: jmdanylu@ucalgary.ca

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