# The Digital Examiner

www.prostaidcalgary.org

PROSTAIDCALGARY
The local voice for prostate cancer

October 2019 Number 241

## Contacts

**Information**
403 455 1916
info@prostaidcalgary.org

**Brad Sterling**
**President**
president@prostaidcalgary.org

**Dave Lunn**
**Past President**
dlunn@shaw.ca

## Support Groups

**Frank Altin**
***Warriors***
faltin@telusplanet.net

***Wives, Partners & Caregivers***
info@prostaidcalgary.org

***Newly Diagnosed***
info@prostaidcalgary.org

## Mailing Address

**PROSTAID Calgary**
PO Box 72126
RPO Glenmore Landing
Calgary, Alberta
T2V 5H9
Phone: 403-455-1916

**To subscribe to The Digital Examiner**
info@prostaidcalgary.org

**PROSTAID Calgary is self-funded.**
Click here to help us to continue our good work by donating on-line

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

Prostate Cancer Canada Network Calgary

## Hello Members and Friends

It's my pleasure to once again be asked to write our monthly issue of The Digital Examiner.

In 2007 when learned I had high-risk prostate cancer, I felt the weight of the world land on me and my family. Then when I attended my first PROSTAID Calgary meeting, I was so relieved to meet such a friendly and understanding group of men who were survivors, were living with prostate cancer, or had experienced prostate cancer (PCa) in their extended family.

After a series of diagnostic tests, I learned that my disease had escaped my prostate gland. It didn't take me long to attend a Warriors meeting. I found a remarkable group of men from all walks of life and situations. Each Warrior and his wife, partner or family members had their own experiences to share in their journey with prostate cancer, and in many other aspects of life, work and pleasure.

It is now well known that if prostate cancer is caught early, the prospect for a man to be cured of this disease is very high. However, even with the newest treatment options, a significant number of men still die from the disease each year.

I marvel at the clinical progress made in the past 12 years to help men and their loved ones deal with prostate cancer. With the latest advances in basic research through to clinical practice, I think it is fair to say that the management of prostate cancer has been fundamentally advanced. Unfortunately, for men whose disease has recurred or advanced, there is as yet no certain cure for this disease.

PROSTAID Calgary's mission is simple - to help men and their families deal with prostate cancer. We do not give medical advice. Our efforts are focused towards four objectives:

- To educate and inform about prostate cancer.
- To provide support, particularly peer-to-peer.
- To build awareness about the disease.
- To advocate for a cure.

PROSTAID Calgary is supported by the community and exists for the community. **Click here to reach our On Line Donation Page at Canada Helps.** If a donation is meaningful to you, it's meaningful to us.

I hope you have wonderful day.

**Stewart Campbell**
Chairman, PROSTAID Calgary, 403 512 0680

## Meeting Schedule

**Tuesday, October 8, 2019**

Monthly meetings are held at
The Kerby Centre, 1133 7th Ave SW.

**7:30 - 9:00 PM**

### General Meeting

**Room 205 (Lecture Room)**
**Presentation by:**

**Dr. Summit Sawhney MD, FRCPC**

Staff Radiologist,
Department of Radiology and Diagnostic Imaging,
Foothills Medical Centre & South Health Campus,
EFW Radiology | University of Calgary.

Dr. Sawhney will speak about:

**The Imaging of Prostate Cancer, From PSA to Treatment**

See Dr. Sawhney's CV on page 2.

### Support Group Meetings

**6:30 - 7:20 PM**

**Warriors**
Advanced & Recurrent Disease
Everyone is welcome.
Facilitator: Frank Altin
Room 208 (2nd Floor)

**6:30 - 7:20 PM**

**Newly Diagnosed**
**Wives, Partners & Caregivers**
Room 205 (Lecture Room)

**The Kerby Centre** is located at 1133 7th Ave SW. 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 free to attend. A light snack is served.

Ladies, family members, and caregivers are always welcome!

## Summit Sawhney, MD, FRCPC

Dr. Summit Sawhney is an Attending Radiologist and Clinical Assistant Professor of Radiology at the University of Calgary, and a Partner at EFW Radiology. In addition to practicing General Radiology, he specializes in Abdominal and Pelvic Imaging and Intervention.

Summit has a special interest in Prostate Imaging and Intervention. Dr. Sawhney has been instrumental in advancing Prostate MRI and is a pioneer in bringing new prostate biopsy technology to Calgary.

Summit is originally from Edmonton where he completed his MD at the University of Alberta. He then completed a 5-year residency in Radiology and Diagnostic Imaging at University of Calgary and a fellowship in Abdominal and Pelvic Imaging and Intervention at Harvard Medical School - Beth Israel Deaconess Medical Center.

Dr. Sawhney has an active research portfolio, both at University of Calgary and Harvard University. At the University of Calgary, Summit mentor's medical students, resident's and fellows in Radiology, for which he has been awarded several teaching awards.

## Prostate Cancer in Young Men: An Important Clinical Entity

Prostate cancer is considered a disease of older men (aged >65 years), but today over 10% of new diagnoses in the USA occur in young men aged ≤ 55 years. Prostate cancer diagnosed at ≤ 55 years, differs from prostate cancer diagnosed in older men in several ways.

- Among men with high-grade and advanced-stage prostate cancer, those diagnosed at a young age have a higher cause-specific mortality than men diagnosed at an older age, except those over 80 years. This suggests there are biological differences between early -onset prostate cancer and late-onset disease.
- Early-onset prostate cancer has a strong genetic component, which indicates that young men with prostate cancer could benefit from an evaluation of genetic risk.
- Although the majority of men with early-onset prostate cancer are diagnosed with low-risk disease, the extended life expectancy of these men exposes them to long-term effects of treatment-related morbidities and to long-term risk of disease progression leading to death.

The evidence suggests that early-onset prostate cancer is a distinct phenotype that deserves further attention.

Reference: Salinas CA, Tsodikov A, Ishak-Howard M, Cooney KA., Nat Rev Urol. 2014 Jun;11(6):317-23.

## Early Detection of Prostate Cancer

In 2013, the European Association of Urology (EAU) published results of a literature review and meta-analysis of clinical studies about baseline prostate-specific antigen (PSA), early detection of PCa, and PCa screening. At that time, the EAU advised:

1. Early detection of PCa reduces PCa-related mortality.
2. Early detection of PCa reduces the risk of being diagnosed and developing advanced and metastatic PCa.
3. A baseline serum PSA level should be obtained at 40-45 years of age (mid-life).
4. Intervals for early detection should be adapted to the baseline PSA serum concentration.
5. Early detection should be offered to men with a life expectancy of ≥ 10 years.
6. In the future, multivariable clinical risk-prediction tools need to be integrated into the decision-making process.

**Their conclusion**: A baseline PSA should be offered to all men 40-45 years of age to initiate a risk-adapted follow-up approach, with the purpose of reducing PCa mortality and the incidence of advanced and metastatic PCa. In the future, the development and application of multivariable risk -prediction tools will be necessary to prevent over diagnosis and over treatment.

Reference: Heidenreich *et al*. Early detection of prostate cancer: European Association of Urology Recommendations. European Urology 64 (2013) 347 - 354.

## One in Four Canadian Men don't get Early Detection Tests for Prostate Cancer

A new survey from Prostate Cancer Canada (PCCanada) published Sept 26, 2019 suggests that:

- One in three Canadian men understand that prostate cancer is the most common type of cancer for men.
- One in four men aged 50 and up is not going for a PSA test to assess their risk of prostate cancer.

PCCanada is concerned that what equates to about 1.5 million Canadian men over 50 are not seeking a PSA test!

They suggest:

- The gap between awareness and action shows that Canadian men are in denial about the importance of early testing for prostate cancer.
- Early detection is key, and that if the cancer is caught early, PCa treatment is almost 100% successful.
- Men with a family history of prostate cancer or who are of African descent are advised to begin going for a PSA test at age 45 and all men over 50 should get a PSA test.

Reference: Men at Risk: The Prostate Cancer Testing Gap. www.prostatecancer.ca. Sept 26, 2019.

## Prediction of Significant Prostate Cancer Diagnosed 20 to 30 Years Later with a Single Measure of PSA at or before age 50

**Background:** The authors previously reported that a single PSA test measured at age 44-50 was highly predictive of subsequent PCa diagnosis in an unscreened population. In this paper, they report an additional seven years of follow-up. It reports a replication on an independent data set, and allows for estimates of the association between an early PSA test and subsequent advanced cancer (Clinical stage T3 or metastases of disease).

**Conclusion:** A single PSA test at or before age 50 predicts advanced prostate cancer diagnosed up to 30 years later. Based on this finding, the authors advocate for a change in the clinical paradigm for prostate-cancer screening. Whereas the current use and frequency of PSA-based screening are determined largely by national practice patterns, they propose that screening frequency be determined by individual risk as assessed from an early PSA test.

Use of early PSA to help stratify risk should allow a large group of men to be tested less often and allow for an increase frequency of testing on a more limited number of high-risk men. Early PSA testing could also serve as the foundation for a comprehensive risk assessment that includes genetic markers, family history, race, and risk factors defined in the future. Together, these are likely to improve the ratio of benefits to harms in screening.

Reference: Lilja *et al*. Prediction of significant prostate cancer diagnosed 20 to 30 years later with a single measure of prostate-specific-antigen at or before age 50. *Cancer*. 2011 March 15; 117(6): 1210-1219.

## Early PSA Testing Could Help Predict Prosate Cancer among Black Men

US researchers recently demonstrated that a baseline PSA test obtained from black men between ages 40 to 60 can strongly predict future development of prostate cancer and its most aggressive forms for years after testing.

The results showed that the risk of prostate cancer rose along with rising PSA levels, regardless of age.

Compared to men with PSAs at or below their age-specific median, an elevated PSA baseline increased prostate PCa risks 25% for men aged 40-54 and 17.5% for men aged 55 -64. Importantly, the results showed that, for men aged 40-54, PSA levels within the "normal" range that would not trigger a follow-up in usual clinical practice (1.1 - 1.7 ng/mL) still saw an increased risk of PCa.

Reference: Preston *et al*. Baseline Prostate-specific Antigen Level in Midlife and Aggressive Prostate Cancer in Black Men. Eur Urol 2018; doi:10.1016/j.eururo.2018.08.032.

## Evaluation of an Aggressive Prostate Biopsy Strategy in Men Younger that 50 Years.

In USA in 2017, there were an estimated 161,360 new cases and 26,730 deaths attributed to PCa. Importantly, 10% of all new PCa cases occurred in men younger than 54.

In 2012, the US Preventive Services Task Force (USPTF) recommended against routine PSA screening. (*For those of us living with PCa, this made no sense*). It caused men aged 50 to 54 to be less screened, with just 18% getting a PSA test in 2013 compared to 23% in 2010. In 2017, USPSTF updated its recommendations suggesting individualized informed decision-making regarding PCa screening in men aged 55-69. No guidance was given for men < 50.

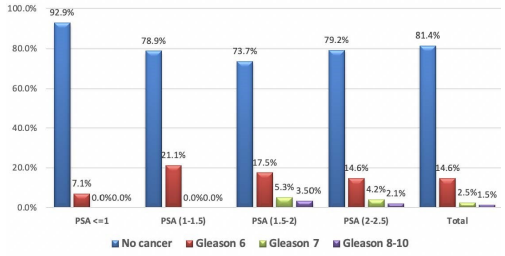
The decision of initiate early PCa detection is controversial. PSA screening has caused significant downward stage migration at diagnosis since 1988, with a significant drop in metastatic PCa at the time of diagnosis. However, PSA screening can cause over-detection of indolent disease, which can safely be left undiagnosed and untreated.

Studies have shown that a single PSA test before age 50 predicted subsequent PCa development up to 30 years later. Furthermore, the risk of PCa death was strongly correlated with baseline PSA in men aged 45-49, with 44% of deaths occurring in men with the highest percentile of PSA distribution. The authors suggest this evidence should lead us at least consider baseline testing in men younger than 50 using a shared decision-making model.

At Princess Margaret Cancer Centre in Toronto, ON, clinicians use a more aggressive strategy for young men under 50 years with a PSA close to 1 and above. This research paper reports on an evaluation of this strategy.

The researchers analyzed the first prostate biopsies in men younger than 50 with a pre-biopsy PSA < 2.5 ng/mL. Mean patient age and prostate volumes were 46 years and 29 cc, respectively. About 1/5 of patients younger than 50 with PSA < 2.5 ng/mL were diagnosed with PCa (Figure 1). In addition, 2/3 of patients diagnosed with cancer had PSA levels above 1.5 ng/mL, and more the 1/2 had disease with pathology exceeding criteria for Active Surveillance. Furthermore, more than 20% had Gleason 7 or worse disease, and these all had a PSA above 1.5 ng/mL.

Figure 1 - Biopsy Results




Reference: Goldberg *et al*. Evaluation of an Aggressive Prostate Biopsy Strategy in Men Younger than 50 Years.The Journal of urology. 2018 Jul 27.

## Prostate Cancer Foundation BC: 2020 and Beyond Conference

In early September, our President Brad Sterling and Director Antonio Martin attended a 3-day conference sponsored by Prostate Cancer Foundation BC for BC prostate cancer support group leaders. The theme of the conference was "2020 and Beyond".

An important focus of the conference was on organizational topics such as leadership styles, quality of meetings, and how to increase membership. Support group leaders from BC and other provinces in Canada, and from USA and Ireland highlighted the main issues affecting their groups. Strategies to build and maintain a support group, promote it, and build community awareness were of keen interest.

One discussion point was the advantage an umbrella organization, such as the Prostate Cancer Foundation in B.C., can provide local support groups. The BC Foundation has been able to attract funding to support a staff of at least three people. It was felt that some local BC support groups, weakened due to a decrease in their membership have been able to survive, thanks to the support of their provincial organization.

Another discussion point was the variety of means to reach, attract and maintain new members. In the present electronic age, we have become dependent on emails and social media. It was felt that:

- Personal contact and phone calls to members and potential members are more effective to help build and keep an active membership.
- Peer support is most effective when it is expressed directly to the people affected by prostate cancer.

A third important point is that Prostate Cancer Foundation BC has been able to attract funds for research, including awards to young researchers.

The Foundation awarded four researchers $25,000 each towards their research. They were an impressive group of brilliant young minds. Brad and Antonio look forward to seeing these young researchers advance their research into clinical practice.

These grants open the door to close cooperation between support groups and prostate cancer researchers, facilitating the exchange and dissemination of scientific knowledge by the way of seminars and speakers.

Some Foundation research grants are named after members of support groups who have distinguished themselves in their organization, which is a nice way to recognize volunteers.

The conference included technical presentations about medical advances, new drugs, nutrition, stress and mental health, exercise, incontinence, use of cannabis, sexual health, and the effect of prostate cancer on partners.

Expert presenters included the Director Research at the School of Nursing UBC; Medical Oncology and Cannabis; UBC Canada Research Chair in Oncology, Genome Science and Technology, and the Head of Radiochemistry, BC Cancer Functional Imaging Department.

Technical presenters included:

- Dr. Karla Williams, about a non-invasive blood-based test for PCa detection, which could lead to reduced overtreatment and identification of high risk PCa.
- Dr. Evan Warner together with Dr. Kim Chi, about a Phase II precision oncology umbrella trial. He is also studying the advantages of chemotherapy prior to surgery in patients with high risk localized PCa.
- Dr. Lin, who shared with us new developments with PET (Position Emission Tomography) scans and PSMA (Prostate Specific Membrane Antigen), as well as leading research with LU177, PSMA 617 and the newest not yet approved HTK 117.

The conference was comprehensive and timely for PROSTAID Calgary. It provided a great opportunity for PROSTAID Calgary to connect with leaders of BC prostate cancer support groups and with researchers in BC.

## Life on Androgen Deprivation Therapy

This educational program is ideal for PCa patients (and their partners) who will be on ADT for at least 6 months. Patients are encouraged to join the program before they start ADT or as soon as possible after starting on ADT.

**Online classes** are available monthly. All classes are held at 4:00 PM Mountain time. **Upcoming dates:** Tuesday, October 15th; Tuesday, November 12th; and Tuesday, December 17. **To Register:** visit www.lifeonadt.com

### Thank you to our Sponsors and Community Partners


YouTube "Like" us on facebook click here