



The Digital Examiner

www.prostaidcalgary.org

261 July 2021

“Golf is a funny game. It’s done much for health, and at the same time has ruined people by robbing them of their peace of mind. Look at me, I’m the healthiest idiot in the world. – Bob Hope .”

Connect with us:

Information

Phone: 403-455-1916
info@prostaid.org

Brad Sterling President

president@prostaid.org

Support Groups

Frank Altin Warriors

faltin@telusplanet.net

Wives, Partners & Caregivers

info@prostaid.org

Newly Diagnosed

info@prostaid.org

Mailing Address

PROSTAID Calgary Society

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

To subscribe to The Digital Examiner

info@prostaid.org

PROSTAID Calgary is self-funded.

[Click here to help us to
continue our good work by
donating on-line](#)



Next General Meeting:

Tuesday, August 10th, 2021

@ 7:30 p.m., via Zoom

Nishtohtamihk li kaansyr (Understanding Cancer): Cancer Screening, Outcomes and Experiences among Métis People in Alberta

The Métis people are a culturally and genetically distinct group that displays different patterns of cancer morbidity and mortality from First Nations (FN) and Inuit people. They have a higher prevalence of hypertension, heart disease and cancer compared with FN in Alberta, for instance. Métis people compared with non-Indigenous people also have higher incident rates for female breast and cervical cancer, as well other cancers. Despite a decade old call for a better understanding regarding the uptake and outcomes of cancer screening amongst Indigenous people, there is essentially no data related to the Métis population.

Dr. Karen Kopciuk and colleagues from the Arnie Charbonneau Institute, will study and evaluate cancer screening outcomes from the perspectives of Métis Albertans and Alberta (AB) in three phases. Phase one will utilize a systems-level approach to quantify screening uptake and follow-up care amongst Métis people across Alberta and reveal inequities experienced by these populations when compared to their non-Métis AB counterparts. Phase two will evaluate barriers and facilitators to cancer screening for Métis Albertans through questionnaires especially designed to consider their lived realities. A third phase will build on the knowledge learned from Phase one and two to explore themes related to the knowledge, attitudes, intentions and experiences with cancer screening.

Mainstreaming: Hereditary Cancer Program

Oncology-mediated hereditary cancer genetic testing, supported by the Hereditary Cancer Clinic Hub. Testing is offered to individuals with cancer (breast, ovarian, pancreatic or **prostate cancers**) who meet specific referral criteria.

The Mainstreaming Hereditary Cancer Program is a partnership between oncology and surgery clinicians and the Hereditary Cancer Clinic, coordinated by the Mainstreaming Hereditary Cancer Clinic Hub. We aim to provide timely access to appropriate hereditary cancer genetic testing for individuals with cancer.

- orientation is required to enable clinicians to order Mainstreaming hereditary cancer testing.
- Oncology teams discuss and offer multigene panel testing for hereditary cancer for appropriate individuals.
- clinician and patient support resources are available in print and online, to support informed choice and understanding of results. The option of consultation with a genetic counsellor pre- or post-test is available by request.
- results disclosure is via the Hereditary Cancer Clinic genetics team.

CONTACT information in the title link to the program.

Personal Story:

Bob's story:

My journey with prostate issues started when I was a young man. I worked for Calgary Transit as a Bus Driver in my 20's. After a year or so of driving bus and sitting on hard bus seats I started to feel a lot of pain from my pelvic floor, prostate area. I reached out for medical help and was told I was too young to have prostate problems and not to worry. Then the situation took a turn for the worse when I was experiencing not being able to empty my bladder. In 2017 I went through my first TURP surgery to help correct this problem which did help for a couple of years. This issue returned with a vengeance at the end of 2018 and I had my second TURP in January 2019.

During a follow up appointment we were informed that the standard biopsy, done after all TURPs, revealed that I had cancer but they felt that it was contained within the prostate. We discussed the type of surgeries we could look at and we decided on the Robotic Prostatectomy feeling this would be the best procedure. Once I was recovered from the TURP I was able to be booked for the prostatectomy in April of 2019. I went in for my follow up and again unfortunately I was advised that there was more cancer than expected and was referred to a Radiologist at the Tom Baker Cancer Centre. I started the 37 daily radiation treatments in October and completed mid-December 2019.

At that point I made a profound observation, that with me being of Metis heritage, I had not seen or met anyone within the numerous fellow cancer patients around me during my cancer journey, that was Indigenous. I'm 68-year-old Metis born in a big city. I have lived in big cities all my life, not rural communities like most First Nations and Metis people. I'm a retired Industry Indigenous Relations Liaison and had the opportunity to work first hand with Alberta First Nation Reserves and Metis Settlements for 30 years.

I really believe Creator was at work planting a First Nation Treaty 7 and Metis Nation of Alberta rural community cancer support pilot. The idea came to me very quickly and it was based upon a three-pillar methodology. I drafted up a Treaty 7 cancer support pilot that included; remote community awareness and better cancer screening methods, transportation to and from Calgary for treatment, and safe accommodation in Calgary while taking cancer treatment. I provided this straight forward idea to the PROSTAID Calgary Board of Directors for their support.

However, I knew from years of experience working in Indigenous Communities that First Nations and Metis people don't trust the white man's system. Trust is a big factor dealing with anybody, but Indigenous people have suffered through many years at the hands of the white man. I realize it would take time to build up community trust with any outside support organization. In a lot of cases First Nation people prefer traditional healing methods within the community from medicine healers.

Then COVID happened. This distancing did create opportunities to collaborate with organizations that already work with Indigenous Communities. Awesome organizations like: Well Spring, Aboriginal Friendship Centre and the University of Calgary for starters. The pandemic has created an opportunity to introduce the pilot and collaborate with Southern Alberta organizations, First Nations and Metis Communities. This has been the first steps in planning for the PROSTAID Calgary Society Treaty 7 First Nation Cancer Support Pilot Program.

As for my cancer journey the PSA numbers have continued to increase in 2021, so I referred me to Dr. Gotto at the Calgary Prostate Cancer Centre. I feel very fortunate to be receiving world class prostate cancer treatment and in Creators hands.

Bob Phillips is the newest Director on the Board and is leading the Treaty 7 First Nation Cancer Support Pilot Project. You can reach him directly at: bphillips389@gmail.com

Articles of Interest:

For Newly Diagnosed:

Post-Operative Radiotherapy in Prostate Cancer – The State of the Data

- * Contemporary treatment options for patients with clinically localized prostate cancer include radical prostatectomy, radiotherapy, and active surveillance. Surgery can be curative for approximately two-thirds of patients choosing radical prostatectomy. However, men with adverse pathologic findings at the time of radical prostatectomy, experience up to a 60% risk of recurrence at 10 years and may require subsequent radiation therapy.
- * January 2021

Long-term outcomes of prostate radiotherapy for newly-diagnosed metastatic prostate cancer

- * The study population consisted of men with newly-diagnosed metastatic hormone-sensitive prostate cancer (mHSPC) referred to a comprehensive cancer center between 2005 and 2015 and treated initially with androgen deprivation therapy.
- * April 2021

For Care-givers & families:

Psychological well-being and posttraumatic growth in caregivers of cancer patients

- * The aims of this study were to explore PTG in caregivers of cancer patients and to investigate correlations between the Posttraumatic growth, psychological status and QoL of caregivers and those of patients, taking into account also clinical and socio-demographic aspects.
- * November 2014

For Everyone:

Postoperative or Salvage Proton Radiotherapy for Prostate Cancer After Radical Prostatectomy.

- * Postprostatectomy radiation improves disease control, but limited data exist regarding outcomes, toxicities, and patient-reported quality of life with proton therapy.
- * April 2021

Challenges and future options for the production of lutetium-177

- * The use of the medical isotope lutetium-177 is increasing, but there are concerns that its worldwide availability may not be sufficient in the long term. This warrants an evaluation of its use and production.
- * May 2021

A Systematic Review and Meta-analysis of Local Salvage Therapies After Radiotherapy for Prostate Cancer (MASTER) - Beyond the Abstract

- * Approximately one-third of all prostate cancer patients will ultimately undergo definitive radiotherapy to cure their disease. Unfortunately, for the subset of these patients who experience a biochemical recurrence, optimal management is poorly defined.
- * March 2021

Indirect Comparison of Darolutamide versus Apalutamide and Enzalutamide for Nonmetastatic Castration-Resistant Prostate Cancer

- * This study compares pre-specified adverse events and metastasis-free survival associated with darolutamide vs apalutamide, and darolutamide vs enzalutamide, via matching-adjusted indirect comparisons.
- * April 2021

Patients' preferences for delaying metastatic castration-resistant prostate cancer: Combining health state and treatment valuation

- * The purpose of this study was to quantify the strength of patient preferences for delaying prostate cancer progression utilizing a discrete choice experiment (DCE) and valuing 3 health states in the continuum of CRPC.
- * April 2021



Videos:

[Recurrent Disease After Radiation Therapy, the Role of the Radiation Oncologist](#)

- * Discussion about the role of the radiation oncologist with regards to recurrent disease after radiation therapy. The two radiation oncologists debate the different approaches of treating patients who have a local recurrence compared to patients who have regional distant metastasis.
- * September 2019

[Real-World Treatment Patterns and Health Outcomes in Patients with Metastatic Castration-resistant Prostate Cancer \(mCRPC\)](#)

- * The primary objective of this analysis is to describe real-world treatment patterns, including treatment type, duration, and sequencing. Secondary objectives included describing patient characteristics and clinical outcomes.
- * February 2021

[The VIRTUAL 2021 American Society of Clinical Oncology Annual Meeting Congress \(#ASCO21\), June 4th-June 8th, 2021](#)

- * The complete library of the videos and papers presented at the ASCO Congress 2021
- * June 2021

[Timing of Radiotherapy After Radical Prostatectomy \(RADICALS-RT\)](#)

- * Discussion of the RADICALS-RT trial Lancet Oncology publication looking at the timing of radiotherapy following radical prostatectomy which aimed to compare the efficacy and safety of adjuvant radiotherapy versus an observation policy with salvage radiotherapy for prostate-specific antigen (PSA) biochemical progression.
- * January 2021

New in Our Library

Look for all the new material on the library table at our next in-person meeting.

If you require assistance in locating online resources, please contact us and someone will be happy to help.

[From our Video Library \(YouTube\):](#)

[Prostate Cancer: New Trends in Prevention, Screening & Management](#)

- * Professor of Surgery at the University of Toronto, Dr. Laurence Klotz, gives a frank and empowering talk about the future trends and practices he's seeing in the world of prostate cancer. He uses research data from all over the world to corroborate his own experience in treating cancer to show how men today with the disease are better off and how there are many little things men can do to prevent disease and raise their quality of life.
- * February 2017

PROSTADID Calgary On-Line



Thank you to our Sponsors and Community Partners

