

The Digital Examiner



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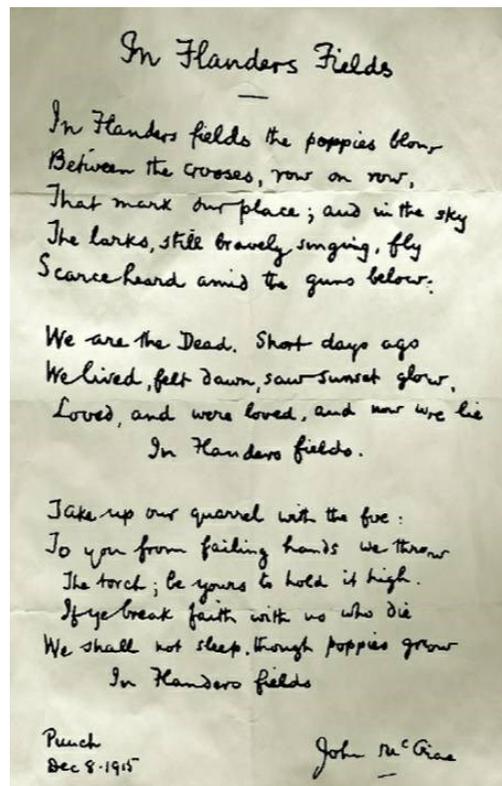
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Remembrance Day, November 11, 2014

We will meet November 11 on a very special day for Canada and our democracy.

Given all the events occurring around the world to challenge our freedoms and welfare, I can think of no better poem to help us honour the men and women that serve our country than **In Flanders Field**.



Long Service Award

On Tuesday, December 2, we will hold a special reception at the Kerby Centre to honour Bob Shiell for his long service to Calgary's prostate cancer community. All **PROSTAID Calgary** members as well as **Prostate Cancer Specialists** in Calgary are invited to attend. The reception will replace our regular meetings scheduled for Tuesday, December 9. **Please RSVP.**

Our journeys continue
Stewart Campbell, Executive Director

November 2014

Number 182

Tuesday, November 11, 2014 Meeting Schedule

- 5:00 PM: Moxie's Grill & Bar**
888 7th Ave. SW, Calgary, AB
- 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
New Drugs in the Prostate Cancer Clinic
Dr. Dean Ruether, MD, FRCPC
Tom Baker Cancer Centre

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

Come join us Tuesday, November 11th 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 Kerby Station, right at the front door of the Kerby Centre.



Dr. Dean Ruether, MD, FRCPC is a Senior Medical Oncologist at the Tom Baker Cancer Centre; Associate Professor, Department of Oncology, Faculty of Medicine at the Univ. of

Calgary; head of the Alberta Provincial Genitourinary Tumour Team; and a member of the Alberta Prostate Cancer Research Initiative. He is also a Director of the Prostate Cancer Centre in Calgary. Dr. Ruether has authored numerous scientific papers and speaks widely at conferences.
Whew!! What a busy guy!!!

Benign Prostatic Hyperplasia (BPH) NOT a "One Size Fits All" Diagnosis

It's a sure thing that as a man ages, his prostate is going to make its presence known. In fact, if you're over 50 and you haven't noticed symptoms of enlarged prostate (known medically as benign prostatic hyperplasia, or BPH), you - unfortunately - are likely to notice them sooner than you think.

One third of all men experience BPH-related symptoms by age 50; and by age 70 the number increases to 70%. Not a pretty picture. But the good news is that BPH is NOT prostate cancer. And just because you have BPH now does not mean that you are destined to develop cancer in the future.

In our Knowledge Library, we now have the book *The Best Treatment Strategies for BPH* which draws on the extensive experience of specialists at Johns Hopkins Medicine - specialists who treat BPH regularly and who understand the concerns of patients.

Men's Health - A Focus on Prostate Cancer Awareness, Screening and Testing

Last September, Patients and Research www.patientsandresearch.org hosted a discussion about prostate cancer awareness, screening and PSA testing with David Taylor, Professor Emeritus UCL London, Prostate Cancer Canada (PCCanada) and Men's Health Network (MHN) in the US.

What is prostate cancer?

Prostate cancer is a disease where some prostate cells have lost normal control of growth and division. They no longer function as healthy cells. A cancerous prostate cell has the following features:

- Uncontrolled growth
- Abnormal structure
- Ability to move to other parts of the body (invasiveness)

Not all clusters of cells growing in a mass are cancerous and a prostate with irregular shape is not necessarily cancerous either. Prostate cancer can be slow-growing and some men who develop prostate cancer may live many years without ever having the cancer detected. (PCCanada)

How prevalent is prostate cancer?

In 2014, the Canadian Cancer Society estimates that 23,600 Canadian men will be diagnosed with prostate cancer and 4,000 will die from the disease. Prostate cancer is the most commonly diagnosed cancer among Canadian men making up about 24% of all new cancer cases. One in 8 Canadian men will be diagnosed with prostate cancer in their lifetime.

Who does prostate cancer typically affect?

There is no single cause of prostate cancer. There are factors that make developing prostate cancer more likely:

- The risk of getting prostate cancer rises quickly after a man reaches age 50 and almost two out of three prostate cancers are found in men over 65.
- Prostate cancer is more common in men of black African or Caribbean descent and less common in men of Asian descent.
- Risk of prostate cancer is increased if close family members have had the disease. (PCCanada)

How much should men and their families worry about prostate disease?

Worrying cannot help. Being rationally aware of the risks and the choices that exist can help. About one man in 30 can currently expect to die of prostate cancer, and although younger men are sometimes affected, most of those harmed are well into retirement age. This is not to say that older men's lives do not matter, but it is not the same as having leukemia as a child or breast cancer at 40. Treatments are getting better – my view is that improvements in prevention, early detection and late stage treatment mean we will have effectively won the war against all cancers by around 2050. The value of that to humanity could well outweigh all the costs of health care for every indication. (Prof. David Taylor)

Men and their families should be aware of the risks of prostate cancer and follow a healthy lifestyle. Common signs and symptoms of prostate cancer include frequent urination, difficulty urinating, burning or pain when urinating, inability to urinate, painful ejaculation or blood in the urine. If men experience any of these signs or symptoms, they should see their doctor as soon as possible. Men of African and/or Caribbean descent have a higher prostate cancer risk and should be extra vigilant about their risk. (PCCanada)

How can individuals prevent or reduce the risk factors for prostate cancer? Are there lifestyle changes men can make to reduce their risk of prostate cancer?

There are several ways that may help reduce the risk of prostate cancer as well as other diseases. These include: following a healthy lifestyle, maintaining a healthy diet, and staying physically active. (PCCanada)

There is some evidence that regular sex may slightly reduce the risk of prostate cancer. Some studies suggest that men with a higher frequency of ejaculations may have a slightly lower risk of prostate cancer. However, this difference appears to be very small and is very difficult to accurately study. (MHN)

Medicines called statins might help reduce the risk of prostate cancer. But apart from avoiding obesity, the best thing for you is to report anything unusual to your doctor and not to accept things like gradually declining erectile quality as normal ageing. (Prof. David Taylor)

Is PSA testing useless?

NO!! The problem is that the PSA test is not good for medically defined screening in that a raised PSA level is just a general warning signal, not something specific to a dangerous prostate cancer. Diagnosing prostate cancer is more complicated than only measuring PSA, and needs additional checks like imaging the prostate and biopsy (extracting cells for analysis). Deciding when and how to treat is more complicated again – needless surgery can cost lives or inflict disability for no benefit, but waiting too long can also be a mistake. PSA use needs to be part of good personal care, not mass screening. (Prof. David Taylor)

The key message about PSA testing is that it should involve a conversation between you and your doctor, and ultimately be an informed decision, taking into account your individual risk factors and weighing the benefits against any possible limitations. Right now, the PSA test is the only test available for prostate cancer. (PCCanada)

What is your response to claims that zealous screening and early diagnosis leads to over-treatment?

There is no harm in taking a PSA test. There is a misconception that abnormal PSA results will lead to unnecessary treatment. PSA testing can and should lead to an informed conversation between you and your doctor, from testing to diagnosis, and the benefits and risks of treatment.

We advocate separating the concept of PSA testing from treatment - they are not dependent. A man can have a PSA test and use the knowledge to make a more informed treatment choice that may include a non-interventionist strategy such as active surveillance. We do know that some men will choose aggressive treatment. However, if this treatment is based on an informed decision, then we feel that this is the right choice for them. (PCCanada)

Its true, but that does not mean do nothing and accept life (or death) fatalistically. (Prof. David Taylor)

Early detection is important when it comes to treatment. What would you recommend as appropriate guidelines for the use of prostate cancer screening?

We do not advocate for mass population screening – we do recommend that you:

- Get a PSA test in your 40s to establish your baseline.

- Talk to your doctor before age 40 if you are at high risk for prostate cancer.
- At or over age 70, have an informed discussion with your doctor before ending prostate cancer testing.
- Talk to your doctor about the results and your own personal risk. The decision to repeat the test will be based on that baseline number as well as an assessment of your personal risk factors (age, race, family history, etc.).

If these levels of testing save you from being detected with late-stage prostate cancer, then the healthcare system is doing its job. When prostate cancer is detected early, the survival rate can be over 90%. The alternative to any form of testing for prostate cancer means that the excellent survival rate afforded by early detection is lost and you could be diagnosed at a late stage of the disease, when death from prostate cancer is more certain. (PCCanada)

Are new methods for testing for prostate cancer being developed?

The PSA test is currently the best test available in Canada. We are aware that there are a number of diagnostic tests being developed in the hope of replacing the PSA test. Some tests in development are only available for use in the US. The problem with some of these tests is that we aren't certain they will work as they have not been tested in large clinical settings. We are keeping an eye out for new tests for the detection of prostate cancer and once they are available for use in Canada, we will do what we can to ensure Canadian men have access to them. Until then, the PSA test is the best we have for detecting abnormalities with the prostate. (PCCanada)

Since medical research, politics, and economics are always intertwined, would you summarize the political issues surrounding prostate research & screening?

All health care is political in as much as it is often about moving resources from the rich and healthy and using these to help poorer, sicker and more vulnerable people. In the case of prostate cancer, issues include clashes between inappropriate cost saving attempts on the one hand and costly and damaging over-treatment. Political questions include:

- Who should be in charge – the doctor, the health care manager or the individual at risk?
- Are economically and socially less advantaged men at special risk, especially if they have a black or other minority background?
- Is advanced prostate cancer treatment neglected because it affects mainly older men, or because new medicines cost too much? (Prof. David Taylor)

What is your experience of prostate cancer. Why are you interested in its diagnosis and treatment?

I am a Professor of Public Health and Pharmaceutical Policy, not a clinician. I understand how medicines and other therapies can benefit communities as a whole. I have also had prostate cancer myself, and saw my father die of lung cancer at 50 and my grandfather die from what was in 1950 a not particularly clearly diagnosed cancer when he was 65. So I am interested in the subject, not the least for my son's sake. I guess that is how a lot of people who have been affected by prostate cancer feel. (Prof. David Taylor)

My most important message for today?

Prostate cancer can develop after years of chronic inflammation of the prostate, and depends on testosterone for its growth. It typically affects men over 50, and over 90% of those who die of it are over 65.

Technological improvements are vital, but so is consumer power. To really win the war against cancer, we all need to understand our risks and be sensitive to even small changes in our bodies. Liking and trusting health professionals is one thing. But that is no substitute for intelligent questioning and the courage needed to manage risks well. My advice is get to know your PSA level in your 40s, along with your other risk factors. Don't then worry needlessly but track your situation carefully, especially if your PSA level is in the top 10 per cent for your age group. Most men will need a PSA test something like once every 10 years, rather than a yearly "screening". (Prof. David Taylor)

What support is available for men who are diagnosed with prostate cancer and for their families?

Prostate Cancer Canada has developed multiple sources of information and support for men who have been diagnosed with prostate cancer, their family members and friends:

- **Prostate Cancer Information Service (PCIS)** – this is a free, multi-lingual, evidence-based information line that can provide information and support to men, caregivers, and health professionals at all stages of the cancer journey. Email PCIS at support@prostatecancer.ca.
- **Prostate Cancer Canada Network (PCCN)** – this is a national network of more than 75 support groups (including **PROSTAID Calgary**) which provide services at the grassroots level, through monthly peer meetings, special educational events and outreach programs. Participation is free. To find other support group, visit <http://www.prostatecancernetwork.ca>.
- **Expert Angle Webinar Series** - Prostate Cancer Canada offers a series of prostate cancer-focused webinars covering everything from treatment and sexual health to nutrition. Experts present up-to-date information on their specialty and answer questions from the audience. Visit <http://www.prostatecancer.ca/ExpertAngle>.

Text adapted from an article published on-line on September 19, 2014 at www.patientsandresearch.org.

New Resources in our Knowledge Library

The Best Treatment Strategies for BPH. Brian R. Matlaga, MD, MPH, ed. James Brady Urological Institute, Johns Hopkins. 2014.

2014 Annual Report on Prostate Diseases. Mark B. Garnik, MD, ed. Harvard Medical School. 2014.

Prostate Disorders Fall 2014. Jacek L. Mostwin, MD, D.Phil (Oxon). Johns Hopkins Medicine. 2014.

Androgen Deprivation Therapy: An essential guide for men with prostate cancer and their loved ones. Richard Wassersug, PhD, Vancouver Prostate Centre, Lauren Walker, PhD and John Robinson, PhD, R. Psych., Tom Baker Cancer Centre. 2014.

Gentle Core Exercises. Edward M. Phillips, MD. Dept. Physical Medicine and Rehabilitation, Harvard Medical School. 2014.

What to do about Erectile Dysfunction. Michael P. O'Leary, MD, MPH, ed. Harvard Medical School. 2014.

As always, PROSTAID Calgary recommends that men consult their medical team before starting any therapies or strategies discussed in The Digital Examiner.

Recent Donations to PROSTAID Calgary

We wish to sincerely thank these organizations for their generous financial and other support to advance our work.



Janssen Inc. provides an oral medication for treatment of metastatic prostate cancer. www.janssen.ca/prostatecancer



Alberta Odd Fellows Historical Lodge No. 1
In 17th century England, it was 'odd' to find people organized to help those in need or pursuing projects for the benefit of all humankind. Members were called "Odd Fellows". www.oddfellowsalberta.com



Cochrane Lions Club
www.cochranelionsclub.com
Cochrane & Area Events Society
www.cochraneevents.ca
2014 Cochrane Rodeo and Labour Day Parade



Winter Lee Vinecki An Amazing Young Lady!

At the age of 9, Winter lost her dad to an aggressive form of prostate cancer when he was only 40. In memory of her dad, Winter decided to make an impact with her life by excelling in her sports and by raising funds for prostate cancer awareness and research.



Team Winter.org has since raised over \$400,000 for prostate cancer research. She's the youngest person to run a marathon in all seven continents. She aspires to be a summer and winter US Olympian. What an inspiration for others!!! Visit www.teamwinter.org.