

THE DIGITAL EXAMINER



Number 123 – December 2009

Address changes, comments should be sent to
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or call 403-455-1916

More information at www.pccncalgary.org

Dear friends

As your President of Prostaïd Calgary for the past ten years it's been an honour and a privilege to work with and represent you in our battle against prostate cancer. Together we have a successful track record providing support and information to thousands of men and their families dealing with this disease.

We in the support group community are now at the threshold of a monumental opportunity to change the way prostate cancer is perceived in this city, province and country. By uniting our efforts under a common name and speaking with one voice, while at the same time maintaining our important local work and independence we can help save lives and enrich the lives of those living with prostate cancer.

In June the Canadian Prostate Cancer Network (CPCN), an organization representing all prostate cancer support groups in Canada merged with Prostate Cancer Canada and became the Prostate Cancer Canada Network (PCCN). PCCN is the new, improved CPCN. Prostaïd has a long history of association with CPCN and has benefited in many ways, from sourcing materials to national conferences. The core mission of PCCN remains the same, to strengthen and build the network of groups across Canada.

I am convinced that the only way to truly make a difference in fighting this disease is for Prostate Cancer Canada Network to be instantly recognized as the Voice of Prostate Cancer in Canada. Having one voice makes our message more powerful to government, healthcare bodies, the media and the public. Having all support groups in Canada use the Prostate Cancer Canada Network as part of their identity will go a long way in achieving this vision.

The board of directors of Prostaïd, recognizing the advantages of a closer association with other groups voted to change our name from Prostaïd Calgary to PCCN Calgary, that is, Prostate Cancer Canada Network Calgary. I'm proud to say that Prostaïd was the first group in Canada to make this change. Currently the

name change is rolling across the country, with groups in the Maritimes, Ontario and Saskatchewan already on board. The goal is to have all groups identified this way by year end.

Thanks to the dedication and work of our directors and volunteers, we in Calgary are a well respected source of information and we have a lot to be proud of: our many monthly meetings, our newsletter, our website, our web-based video library of presentations, our outreach programs and our awareness campaigns. Over the years we have been fortunate to enjoy presentations from many leading medical professionals. The fact they give freely of their time is an indication of respect they have for our group and our members.

Changing our name is just the first step in our plans for the future. We are committed to helping support men and their families, to building awareness and advocating for more and better research programs to benefit both the newly diagnosed and those living with prostate cancer.

We know we cannot win the battle alone. We need the support of our members locally and we need to help move the prostate cancer agenda forward nationally. Our name change is just the first step in this process. With your continued support we can look to a day when prostate cancer will be a distant memory. Thanks to all readers, volunteers, members and donors for your support, both financially and emotionally over the years. I look forward to continuing our good work in the years ahead. Working together we are truly making a difference.

A handwritten signature in black ink, appearing to read "B Shiell".

Bob Shiell, President,
Prostate Cancer Canada Network Calgary

PCCN Calgary's
next
monthly meeting
will be held at

7:30 PM on

Tuesday

December 8, 2009

In the auditorium
at

Foothills Hospital

Our speaker

will be

Dr. Jun

Kawakami

speaking on

**"Robotic Assisted
Radical
Prostatectomy:
projected impact
on patients in
Southern Alberta"**

**Women and
Prostate Cancer
Group meetings
will not be held in
December due to
the Holiday
season.**

**Please watch your
e-mail and the
website for all
meeting dates and
times in 2010.**

The PSA Test: 7 Reasons It Still Matters

by Dr. Ford Vox U.S. News & World Report |

The U.S. Preventive Services Task Force asked doctors last year to stop checking PSA levels in elderly men—the very men who are most likely to have prostate cancer. By age 75, the officials reasoned, doctors are more likely to keep tinkering with their patients until they die of treatment side effects or something other than prostate cancer altogether. This spring, the New England Journal of Medicine published two long-term studies that questioned whether knowing a man's PSA level actually helps men survive. Healthcare commentators say that PSAs set off a cascade of overtreatment, endangering patients and tolerating wasteful medicine, and that patients should be wary.

You might expect that the surgical specialists at the center of prostate cancer treatment would have reined in their PSA testing, but they haven't. The American Urological Association actually lowered its recommendation for the age at which doctors should start offering patients the PSA test from 50 to 40. It was the first revision of the guidelines in nearly a decade. The next one, says Kirsten Greene, a urologist who worked on the committee, should take just a year, in light of the accelerating data and heightened public debate.

"The key change is how we react to abnormal tests and to a cancer diagnosis, which is generally less aggressively for some men than in the past," says Gerald Andriole, chief of urologic surgery at Barnes-Jewish Hospital/Washington University School of Medicine in St. Louis. Andriole says that men shouldn't be afraid to get diagnosed; good urologists avoid overtreating less-dangerous cancers. Active surveillance or targeted attacks on very small tumors that spare healthy prostate tissue are both popular options.

From the latest research, here are seven reasons why urologists are encouraging men of any age who expect to live at least another 10 years to think hard about getting a PSA test, even if they have to pay out of pocket:

1. Keeping tabs on PSA saves lives. Many urologists flat out reject a large study published in the New England Journal of Medicine earlier this year that found men who got the PSA test did worse than men who didn't. The dissenters say the results weren't trustworthy—many of the men who weren't supposed to get tested actually did, thanks to their proactive primary-care docs. Another recent large NEJM study found that nine years after entering the study, men who got regular PSA screening were 20 percent less likely to die of prostate cancer. One model suggests the PSA test has contributed to much of the 30 percent decline in prostate cancer deaths seen in recent decades.

2. There's no magic PSA number. In the urologists' latest recommendations, it is clear that there's no one-size-fits-all age at which to be tested or bad PSA number. For many years, a particular reading of 4 or above was a battle cry that called for a biopsy or aggressive treatment. In reality, any

reading is suspect. Without knowing much more about him, studies give a middle-aged man a 10 percent chance of having visible cancer on biopsy even if his PSA level is zero. Today, doctors consider a single PSA number in the context of your specific health background, race, and family history (it may also help diagnose benign enlargement or an infection), and then suggest when to be tested next. If you do get a biopsy, the criteria for serious concern are stricter, and there are options.

3. Velocity matters. Your first PSA test is neither your last nor your most important. Depending on your age and your current PSA number, the question is how much, and how fast, subsequent test numbers increase. Researchers are busy determining just how much velocity is normal. (Some researchers say a speed bump of more than 0.25 in one year for a 40-year-old man should prompt concern.) Every man generates a history of data points his doctors can interpret in light of the research.

4. There's more than one kind of PSA to measure. Enlarged but noncancerous prostates usually release "free" PSA that circulates through the body, while PSA produced by cancer cells tends to attach itself to proteins in your blood. By considering the ratio of the types of PSA, as is done by looking at the ratio of bad to good cholesterol for heart disease, doctors can offer you better advice about your risk and what you should do next.

5. The younger you are, the more meaningful the PSA test. Older prostates tend to get bigger and put out more PSA, complicating interpretation. Higher PSA levels at a younger age are an indicator of elevated risk and call for closer monitoring of factors like your PSA velocity. At the same time, prostate cancer therapies are most effective and sparing of function when the cancer is at an early stage.

6. PSA numbers reveal your prognosis and are critical in follow-up. If you do develop a serious form of prostate cancer that requires aggressive treatment, your PSA levels prior to treatment will help your medical team determine the risk of recurrence. It's one factor among many others, such as how the tumor looked under the microscope after surgery, but the latest studies show it's of real value. After surgery to remove the prostate, the PSA test is even more critical: Detection of extremely minute levels can signal cancer recurrence. The earlier doctors know the cancer is back, the earlier patients can decide about secondary treatments like radiation and hormonal therapy.

7. For now, PSA is the best we've got. Scientists are looking hard for a better "biomarker" than the PSA, ideally one that doesn't require so much deliberation. Candidates are surfacing, but they require more proof. Physical measures like the prostate's size can be misleading, as Mayo Clinic researchers reminded us this week.

Studies show that a digital rectal exam plus a PSA test is the surest way to pick up prostate cancer. But if you've got to pick only one test, PSA is still the best

**I-CAN Sleep: A Research Program for
Individuals with Insomnia and **CAN**cer.**

Information for Patients

What is it?

The I-CAN Sleep program is designed to help you improve your sleep without using medication.

Who can take the program?

You may be eligible for the I-CAN Sleep program if:

- You have had a diagnosis of cancer
- You have completed your treatment at least 1 month ago (excluding hormonal treatments)
- You have difficulty falling or remaining asleep
- You have difficulty during the day because of poor sleep

What does the program involve?

- The I-CAN Sleep program will ask you a number of questions about your sleep to make sure you are eligible.
- You will be scheduled to complete a sleep assessment which involves wearing a 'sleep watch' for one week and completing some questionnaires.
- You will be assigned to participate in one of two programs, both of which have been shown to improve sleep.
- These group programs are eight weeks long and meet once a week for 90 minutes.
- After finishing the program and at three months you will again complete the sleep assessment to determine how much your sleep has improved.

What have other people said about I-CAN Sleep?

"I had been experiencing very poor sleep for several years after my cancer treatment and knew my poor sleep was negatively impacting my health and life in many ways. I had tried but was unable to find help. Then I got a call from the I-CAN Sleep program. I was encouraged that the program recognized the challenge of sleep issues after cancer and offered a non-drug plan to improve sleep. I now realize there is so much more to obtaining quality sleep and am immensely grateful to the program for giving me the techniques to change my sleep and improve my quality of life. DB"

**Contact the I-CAN Sleep program at
1-877-SLEEP-40**

**YOGA For PROSTATE CANCER SURVIVORS
& Their Support Persons**

Researchers at the University of Calgary are interested in the physical and psychological benefits that a therapeutic yoga program may provide to prostate cancer survivors and their support persons.

-No experience necessary

-Free 7 week program

-Next wave beginning January 2010

-Location & day of the week TBA

**For more information please contact the
research coordinator:**

Ashley Ross

403-210-6983 aross@kin.ucalgary.ca

PCCN Calgary wishes to acknowledge the generous contribution of **JuneWarren-Nickles Energy Group** for their ongoing support of our work under their Community Partners Program. This will the third year in a row that readers of the following publications will see 1/4 page colour ads promoting early detection and the work of our organizations.

2010 Oilsands Review

2010 Oilweek

2010 Oil and Gas Inquirer

2010 Alberta Construction Magazine

2010 New Technology Magazine

This is a huge contribution from **Bill Whitelaw and JuneWarren-Nickles** and will go a long way to helping us achieve our mission of education Canadian men and their families about prostate cancer, the need for early detection and the work of our organizations, both local and national.

**Thank You JuneWarren-Nickles
Energy Group!**



PCCN Calgary Warriors

The Warriors are a caring and compassionate group, well organized and full of information for those men and their families dealing with advanced prostate cancer. The Warriors serve the very important needs of hormone refractory PCCN Calgary members and all those who have an interest in management of advanced prostate cancer. The Warriors meet on the second Tuesday of each month at 6:14 pm prior to the main PCCN Calgary meeting. Warriors meet just outside the auditorium at Foothills Hospital in room #AGW2 . Signs will be posted.

Men with advanced prostate cancer, their partners and family members are most welcome to attend. **You will be made welcome!**

For more information call Fred McHenry at (403) 282.3920

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The board of directors, volunteers and staff of Prostate Cancer Canada Network Calgary (aka ProstaId Calgary) wish all readers a safe and happy Holiday Season and a healthy 2010. We look forward to serving you in the next year and in the years to come.

Many thanks to our many friends and supporters!

PCCN Calgary has many generous individuals and companies who support our community work. On behalf of our 900+ members, thank you for your generosity. With your support we will continue our good work in 2010 and onward!

Newsletter * General Meetings * Hospital Visits * One-On-One visits * Speakers * Website

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Please make cheques payable to
ProstaId Calgary Society
(aka PCCN Calgary)
PO Box 72126
RPO Glenmore Landing
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**Canada Revenue Agency: <http://www.cra-arc.gc.ca/>
or donate online through www.canadhelps.org**

Receipts can only be issued to those named on the cheque.