

# THE DIGITAL EXAMINER



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Visit our new website at [www.pccncalgary.org](http://www.pccncalgary.org)

**IT'S OUR TIME.**  
Local information and personal support for those diagnosed with prostate cancer.  
Contact [pccncalgary.org](http://pccncalgary.org)

Starting September 3rd, PCCN Calgary will be seen throughout the city on buses, transit shelters, at YYC and on outdoor billboards. Thanks to the support of Pattison Outdoor and Prostate Cancer Canada this campaign will generate lots of interest in our support group and drive viewers to our new website. Thanks also to Rhett Miller, our videographer and technical wiz for bringing a new fresh look to [pccncalgary.org](http://pccncalgary.org). Check it out!

## PSA Reporting Change

Last month I went for my annual psa test. For the past 9 years it has been reported as  $<0.02$ . You can imagine my surprise and concern when this time it came back as  $<0.1$ ! I feared that the cancer was back and was quite upset for a couple of days until I found out that the reporting standards have changed. The official statement from Calgary Laboratory Services follows:

*"Effective March 29, 2012 total PSA results are now being reported with one decimal place down to  $0.1 \mu\text{g/L}$ . Prior to this change, total PSA has been reported down to  $0.02 \mu\text{g/L}$  which is also the lowest analytic concentration that can be reproducibly measured at an acceptable error rate. This does not reflect a change*

*in methodology, but was implemented to eliminate the confusion regarding the clinical significance of a difference in  $0.01 \mu\text{g/L}$  at the lower end of the reporting range."*

## Calcium and Vitamin D

It seems like good medical advice — prescribing calcium and vitamin D supplements for men at risk of bone loss from hormonal treatment for prostate cancer. After all, it is a recommended treatment for women at risk of bone loss, known as osteoporosis, as they go through menopause.

But researchers at Wake Forest Baptist Medical Center said in a recent study that the supplementation strategy failed to prevent bone loss. They also cautioned it could increase the risk of cardiovascular disease and aggressive prostate cancer. The Oncologist published the study online in its July issue.

"Calcium and/or vitamin D supplementation to prevent loss of bone mineral density in these men seems so logical that no one had questioned whether it works," said Mridul Datta, co-author of the study. Androgen deprivation therapy (ADT) is the mainstay treatment for men with advanced prostate cancer because it reduces serum levels of androgen hormones on which most prostate cancers depend. A side effect can be bone loss. The center said 10 percent of men affected with bone loss will experience a fracture within two years of therapy. That reality has led physicians to recommend calcium and vitamin D supplements to potentially reduce the risk of bone loss.

Researchers reviewed the results of 12 clinical trials of supplemental calcium and/or vitamin D covering 2,399 men with prostate cancer undergoing ADT. They also reviewed the

PCCN Calgary's next general meeting is

Tuesday  
September 11th  
at 7:30 PM.

Our meeting will feature a presentation on medical travel insurance outside Alberta.

More information on page 4.

Note: Warriors meet at 6:15 pm. There will not be an active surveillance meeting Sept 11th.

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men's bone mineral density before and after treatment. The study showed that at the recommended doses — 500 to 1,000 milligrams of calcium and 200 to 500 IU of vitamin D per day — men undergoing ADT still lost bone mineral density. "It wouldn't be so bad if there simply was no obvious benefit," said Gary Schwartz, a prostate cancer epidemiologist at Wake Forest Baptist and lead author of the study. "The problem is there is evidence that calcium supplements increase the risk of cardiovascular disease and aggressive prostate cancer, the very disease that we are trying to treat."

The researchers said further research is necessary to verify their findings, such as comparing a calcium and vitamin D supplement treated group with a non-supplemented group. The goal would be to review not only potential benefits — in bone mineral density and in the risk of fracture — but also the possible risks. Part of the challenge of publishing research on dietary supplements and food safety is that when it comes to medical studies, consumer spending and corporate profits can be a combustible mix for scientists and researchers. Dr. William Applegate, former dean of Wake Forest University School of Medicine, has said that "the higher the financial stake involved in a study, the greater the level of industry criticism tends to be generated." The Natural Products Association, a trade group for dietary supplements, has been known to criticize studies and media reports that cast a shadow on the value and safety of supplements.

Cara Welch, the group's senior vice president of scientific and regulatory affairs, said the study's co-authors acknowledged it has not been tested "whether supplementation of men undergoing ADT with calcium and/or vitamin D results in a higher bone mineral density." "How can they then imply that calcium and vitamin D supplementation is actually bad for this population?" Welch asked. "This is an irresponsible conclusion to make. "Calcium and vitamin D supplements have many documented benefits,

and if this study concludes anything, it's that research continues on the full benefits of these supplements."

Although Schwartz acknowledged that some groups may find the study controversial, he said the research has led to a determination "that sometimes it is what you do know that ain't so." "The effects of calcium and vitamin D supplementation in men undergoing ADT have been tested by comparing bone mineral density before and after supplementation in the same men. The results of virtually all studies showed a loss of bone mineral density in men undergoing ADT despite consumption of supplemental calcium and vitamin D." "Thus, we concluded the risk/benefit profile of supplementing men undergoing androgen deprivation with calcium and/or vitamin D requires greater scrutiny

## **Bladder Cancer Canada 5K Awareness Walk and Fun Run 2012**

Join the Bladder Cancer Canada 5K Awareness and Fun Run and Carburn Park and help raise funds for Bladder Cancer Canada! Funds raised go towards Bladder Cancer Canada patient education and awareness programs, patient support programs and critical bladder cancer research.

Whether you're looking for a corporate team building experience, a group outing or just an opportunity to get outside and have fun, this event is for you. Register today and join us as we walk together to raise money for Bladder Cancer Canada!

### **Event Details**

Sunday, September 23, 2012

Check in begins at 9:00 a.m. Walk/fun run starts at 10:00 a.m.

Closing ceremonies and refreshments at 11:30 a.m.

67 Riverview Drive S.E., Calgary Alberta

## **"What recent research says about prostate cancer psa testing**

Studies often present conflicting data on the efficacy and impact of using the prostate-specific antigen test for prostate cancer screening. In July, at least three reports addressed the issue.

■ July 30, Cancer: Abandoning PSA screening for prostate cancer likely would lead to about three times as many men presenting with metastatic disease when they are diagnosed with the illness (an estimated 25,000 people). The findings were from a study of Surveillance, Epidemiology and End Results Program data on more than 5 million U.S. men.

■ July 25, Journal of the National Cancer Institute: Men diagnosed with prostate cancer are less likely to die of the disease than of another cause, according to data gathered on the cause of death of more than 700,000 U.S. and Swedish men who had prostate cancer.

■ July 19, The New England Journal of Medicine: Among men with localized prostate cancer detected during the early era of PSA testing, radical prostatectomy did not significantly reduce all-cause mortality or prostate cancer mortality when compared with watching and waiting. The study was based on data of 731 men with localized prostate cancer who were randomly assigned between 1994 and 2002 to surgery or observation. The men were followed through January 2010.

Our meeting place is Venu1008, 1008 14th St. SE in Inglewood—free parking

## Survivorship announcement

Prostate Cancer Canada is proud to announce the launch of the first phase of an exciting new survivorship initiative.

Made possible by funds provided by Movember, 'A Survivorship Action Partnership' (ASAP) will help improve the lives of prostate cancer survivors and their partners, caregivers and family members across Canada. Programs funded will provide services and information in a variety of areas, such as physical, mental, psychosocial and spiritual wellbeing.

The funding, a minimum of 10 million dollars over three years for ASAP, is the largest investment in prostate cancer survivorship programs in Canada to date. PCC and Movember strongly believe that continued improvements in survivorship care depend on greater collaboration and connection of key stakeholders.

The multi-disciplinary collaborative network draws on healthcare professionals, community health organizations and academics to work closely together to create strategies that have an impact on clinical practice, create supportive environments and strengthen links between community and clinical settings to enhance the services and resources available to those impacted by prostate cancer.

On August 28th the ASAP Expression of Interest was released, inviting interested medical, academic and community stakeholders to apply to be part of this network to develop and implement solutions in key survivorship areas.

## Our chaplain is available



Bobbie Osadchey is committed and involved with spiritual care and counseling for our members. Support might focus on the emotional or spiritual adjustment to illness or on the search for meaning and purpose through difficult times. Help in crisis situations, including family/relationship issues as well as bereavement care are regular areas

of her involvement. You can contact Bobbie at 403 719 5755 or by email at [bobbieo@shaw.ca](mailto:bobbieo@shaw.ca).

## Grants and Awards

Prostate Cancer Canada is proud to debut its new Movember Team Grants program, awarding up to \$6 million in funding to collaborative and innovative research teams in the field of prostate cancer. The Movember Team Grants facilitates collaboration between researchers and institutions, providing an increasingly united approach to prostate cancer research. Reviewed by an international committee of prostate cancer experts, Team Grants are awarded to proposals that apply a multidisciplinary approach to answer a specific question in prostate cancer. Proposed research can come from any stream of prostate cancer research, including prostate cancer biology, treatment, diagnosis and survivorship.

The program brings together Canadian experts to pool their expertise and focus on a specific topic, while also providing a training environment for investigators just starting their research careers, such as fellows, graduate and undergraduate students and others from a multidisciplinary environment. Successful applicants will be announced in July of next year, with funding provided to a maximum of five years. PCC would like to recognize the Movember Foundation as an important funder of this program, providing the opportunity to support effective and efficient Canadian collaboration in the field of prostate cancer research.

### My Next Life by Woody Allen

In my next life I want to live backwards.  
You start out dead and get that out of the way.

Then you wake up in an old people's home  
feeling better every day.

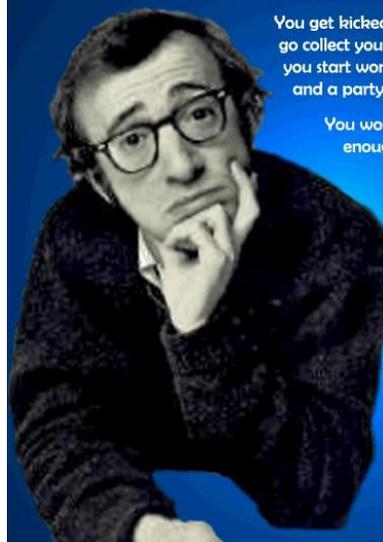
You get kicked out for being too healthy,  
go collect your pension, and then when  
you start work, you get a gold watch  
and a party on your first day.

You work for 40 years until you're young  
enough to enjoy your retirement.

You party, drink alcohol, and are  
generally promiscuous, then you  
are ready for high school.

You then go to primary school,  
you become a kid, you play.  
You have no responsibilities,  
you become a baby until you  
are born. And then you spend  
your last 9 months floating in  
luxurious spa like conditions with  
central heating and room service  
on tap, larger quarters every day  
and then, Voila!  
You finish off as an orgasm!

I rest my case.





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**Our website:**

[www.pccncalgary.org](http://www.pccncalgary.org)

**Our September 11th meeting welcomes Pamela Murray, Manulife Travel Insurance, Client Manager for AMA Travel and Bob Christie, AMA Travel Manager, Calgary Willowpark Centre Their presentations will include:**

- Provide basic information on travel medical insurance coverage, outside of Alberta
- Overview of what “pre-existing conditions” and “stable” means for the traveler
- Medical Questionnaires – what do you need to know?
- Questions & Answers period

**GETCHECKED.CA**

The Man Van™ is a valuable resource offered by the Prostate Cancer Centre to provide on-site free baseline PSA blood tests for men over 40. The Man Van™ makes appearances at select events, but can also be found around the community each month. For the current schedule please visit [GETCHECKED.CA](http://GETCHECKED.CA)



**Meet Rick Brown, a director of PCCN Calgary**



I am a Social Worker who has always enjoyed working and helping others. I obtained my Social Work degree at the University of Calgary way back in 1978. I believe my life experiences predisposed me to working well with my clientele; even when working in a jail.

My work experience includes working with The 7th Step Society, Calgary Women's Emergency Shelter, Adult Probation Officer with Alberta Solicitor Generals Department, Corrections with the Calgary Young Offender Center, and recently as Executive Director with Diakonos Retreat Society. Of these, I spent 27 years working with the Provincial government in the Probation and Correctional Service Worker jobs.

Throughout my job history I have always involved myself in the community. I previously sat on one Board of directors with a group running Exodus House which helped young ladies get off the street from lives of prostitution. I sat on several Committees with the Provincial Government including the Health and Safety Committee which oversaw H&S issues with all Provincial Departments, Co-Chair of a workplace H&S Committee, Union Contract Negotiator, Worker Conflict Resolution, and numerous workplace committees. I also ran a couple of Client Programs during my last tenure with the government. Trying to keep the little criminals busy when they got released.

I always preferred working on the “front lines” with the exception of a few management stints and my Executive Director job with Diakonos which helps front line workers and their families in Police, Fire, Corrections, and Military deal with stressors of their occupations. We did a lot of fund raising.

I was diagnosed with prostate cancer in July, 2006. After a month of study and deliberation I decided to have that little sucker of a prostate taken out of me while the cancer was still contained. I underwent a radical prostatectomy. It's been 6 years and I have no discernable PSA levels. All seems well. When I was diagnosed, one of my first thoughts was that there was not enough awareness of this cancer which ranks as the number 1 cancer in Canada!! I felt the need to do some fundraising to help that problem. I have been an avid motorcyclist since I was 14 years old and decided that I would start a motorcycle fund raiser. Amazingly, I found out through a friend that one was already starting that month and they already had one meeting. I attended the second meeting of the Calgary Motorcycle Ride For Dad. I signed up as volunteer co-ordinator the first year and for the next 4 years was one of the Co-Chairs. I currently remain on the Committee to help the group and am recently maintaining as Sponsorship Co-ordinator. To date we have raised over a half million dollars. Over \$160,000 in 2012 alone.

I clearly remember PCCN from my first diagnosis and quickly attended meetings which I found to be extremely helpful in my journey with prostate cancer. It is my firm belief that the organization has the self help component that I know to be very successful in helping others going through their predicament. I again am semi-retired and now just spend my time doing what I love best, working with motorcycles and volunteering. I love working with PCCN Calgary and hope my experience with people, fund raising, and committees will help the organization.