

The Digital Examiner



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PROSTAID Calgary is self-funded.

To continue our good work, please donate on-line to

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Prostate Cancer
Canada Network
Calgary

On Monday February 1st 2016 Calgary—and the world—was rocked by **Bret Hart's** announcement on social media, *"I've had a great lifelong dance and I'm a survivor of many hard battles. I now face my toughest battle. With hesitation and fear, I openly declare myself in my fight against prostate cancer. In the next few days, I will undergo surgery with the hope of defeating this nemesis once and for all."*

Bret, on behalf of **PROSTAID Calgary** and all of our members we wish you strength and resilience on your journey that lies ahead. Please look to us for both information and camaraderie. *Onwards and Upwards my friend!*

NOTE: Bret hopes to connect with his fans this season at various PROSTAID Calgary/ Dark Side Racing awareness events.

Appearance Dates To Be Announced.*

http://prostaidcalgary.org/n_darkside.php

World of Wheels/Tom Williams Memorial Donation

February 19-21 **PROSTAID Calgary** attended the World of Wheels as part of the Dark Side Racing display. It was an incredible weekend (see page 4). Sunday evening's Award Ceremony included a charity auction of Celebrity banners and **PROSTAID Calgary** was named the recipient of a \$1,660 donation. The donation was made in honour of **Tom Williams**, close friend and Vice President of Championship Auto Shows. Tom passed away 4 years ago from prostate cancer. You're in our thoughts Tom.

Thank you Auto Value World of Wheels, Bill and Pat Knecht, Bob Millard, Garland Jesso, Willie Altenhofen, David Beale, Gord Burndred, and Scott Meadors.

PROSTAID Calgary relies on the generosity of the community to keep our programs running. Donating is easy...Just give Kelly a phone call @ 403-455-1916 or email executive.director@pccncalgary.org or visit <http://pccncalgary.org>

Kelly Fedorowich

Executive Director

March 2016

Number 198

Tuesday, March 8, 2016 Meeting Schedule

- 6:30 PM Newly Diagnosed & Active Surveillance Group**
Room 311 at Kerby Centre
- 6:30 PM Warriors (Advanced Disease)**
Room 318 (Board Room) at Kerby Centre
- 6:30 PM Wives, Partners & Caregivers**
Room 313 at Kerby Centre
Marlene Cameron Presents: Managing Stress and Overwhelm with Emotional Freedom Techniques (EFT tapping).
Everyone is welcome!
- 7:30 PM General Meeting**
Room 205 (Lecture Room) at Kerby Centre

GM Topic: Salvage Brachytherapy With Siraj Husain

Dr. Husain is a Radiation Oncologist at



the Tom Baker Cancer Centre and will be joining us to talk about the newest advances in Salvage Brachytherapy.

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

Join us 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.

Everyone is welcome!

Repeat/Salvage Brachytherapy

Prostate cancer patients who undergo brachytherapy treatments that fail due to inadequately placed radioactive seeds -- but who don't develop distant metastases -- may have better luck the second time around, concluded a study presented at the RSNA (Radiological Society of North America) meeting. Approximately 10% of men who receive interstitial brachytherapy treatment for localized prostate cancer experience prostate-specific antigen (PSA) deprivation failure, and up to 20% may experience biochemical failure within 15 years following treatment. There currently is no consensus regarding the optimal management of these patients whose failure remains localized and who do not develop distant metastases, said Steven Campbell, a fourth-year medical student at the University of Kentucky College of Medicine. Treatments include androgen deprivation therapy, which works well for a short period of time but not long term. Experimental treatments include cryotherapy and high-intensity focused ultrasound (HIFU). Salvage radical prostatectomy represents one extreme treatment, with unpleasant side effects. Proactive observation may be the best option for elderly men whose life expectancy is estimated to be less than 10 years. Repeating localized interstitial brachytherapy may be a viable option, however, for men who were underseeded during the initial procedure, according to the study. Campbell reviewed nearly a decade of medical records, from 2001 through 2010, to identify appropriate patients who had undergone a salvage localized brachytherapy procedure. He identified a total of 19 men, and analyzed their outcomes and toxicities from the treatment. "The hypothesis of the university's radiation oncologists was that patients who had a relatively 'cold' or underseeded area of the prostate had, within those spaces, nests of cancer cells responsible for their local recurrences, as evidenced by rising PSAs," he said. "Thus, if we could reseed just those spots, we should be able to knock out their recurrence with minimal toxicity." The patients who agreed to try this initially were diagnosed at a median age of 50, with an age range of 41 to 71 years. When their PSA nadir was followed by three successive rises or they had a PSA rise greater than 2 ng/mL above the nadir value, they had a median age of 65 and an age range of 46 to 75 years. At the time of original treatment, 68% had a Gleason score less than 6 and a median PSA of 6.4 ng/mL. At the

time of salvage treatment, the median PSA for the group was 3.49. Fourteen of the patients originally had iodine-125 (I-125) monobrachytherapy, three also had external-beam radiotherapy, and two had palladium-103 (Pd-103) monobrachytherapy. Twelve of the patients had had their original treatment at the University of Kentucky. For the second treatment, all had I-125 seeds implanted in target areas that were identified as underseeded. The dose administered ranged from 108 Gy to 144 Gy. To determine eligibility for salvage brachytherapy, all patients underwent a bone scan as well as a CT exam of the abdomen and pelvis to rule out metastasis. Images from the CT examination were carefully scrutinized to assess the seed distribution in the prostate. For qualified candidates, a transrectal ultrasound was performed to generate a target value for focal prostate brachytherapy. The median interval between the first implant and the second implant was 74.3 months. However, the range of time varied significantly, from as soon as 19 months to 24 years.

Six patients out of the 19 subsequently experienced another localized biochemical failure, defined as the PSA nadir plus 2 ng/mL. The mean time to failure was 16.5 months, but failure occurred as soon as 12 months following salvage brachytherapy to as late as eight years. Only one patient developed a Radiation Therapy Oncology Group (RTOG) grade 2 toxicity.

"As the number of prostate cancer patients who elect brachytherapy treatment increases, and currently the numbers are skyrocketing, we are going to need a better way of dealing with the inevitable failures that are going to occur," Campbell said. "Our small, single-institution study review showed good control rates with good toxicity outcomes. The failure of the majority of the patients to return to their baseline International Prostate Symptom Scores appeared to be due more to poor follow-up than anything else. We determined from this study that patients may feel that seeing their urologist or general practitioner is adequate."

The radiation oncology department plans to contact all of its prostate brachytherapy patients to obtain their urinary status, in the hope of reducing the biochemical failure rate with this intervention.

Source:

http://www.auntminnie.com/index.aspx?sec=rca&sub=rsna_2011&pag=dis&itemId=97619

Visit PCCN Calgary's YouTube Page
www.youtube.com/user/pccncalgary

Volunteers Needed: Understanding the Journey of the Metastatic and Non-Metastatic Prostate Cancer Patient and their Caregivers

Janssen Biotech, Inc., has undertaken work that will be driven by their business partner Ipsos Healthcare: **To better understand the journey of the metastatic and non-metastatic prostate cancer patient and the caregivers as well.** This study will help to further understand the patient and caregiver emotions, experiences and expectations throughout their journey with prostate cancer. The study will be conducted through a third party partner and of course, the respondent's information will be kept confidential. Participants will be compensated for their time directly from Ipsos.

Please click on the link below to access the Survey http://pccncalgary.org/n_research.php

NOTE:

While **PROSTAIID Calgary** describes treatments for prostate cancer and related issues in *The Digital Examiner*, the web site www.pccncalgary.org, and in email distributions, these descriptions are for information purposes only and do not constitute an endorsement of either the product or the company.

New Form of HIFU High Intensity Focused Ultrasound

Profound Medical Corp. is a Canadian medical device company developing and commercializing a unique, minimally invasive technology for the clinical management of patients with localized prostate cancer. Jan. 08, 2016 they announced that the results of their Phase I Clinical Trial have been accepted for publication in *European Urology*, online at <http://bit.ly/1O7LVcv>, the official journal of the European Association of Urology. In the paper, entitled "**Magnetic Resonance Imaging-Guided Transurethral Ultrasound Ablation of Prostate Tissue in Patients with Localized Prostate Cancer: A Prospective Phase I Clinical Trial**", Prof. Joseph L. Chin, M.D. and his team from Western University, London Health Sciences Centre, and investigators Dr. Sasha Pahernik (University Hospital Heidelberg), Dr. James Relle (William Beaumont Hospital), and Professor Heinz-Peter Schlemmer (DKFZ) report on the single arm prospective Phase 1 study.

MRI-guided transurethral ultrasound ablation (TULSA) was used to heat and ablate prostate tissue in 30 men with localized prostate cancer. The procedure was

the objective to determine its clinical safety and feasibility for whole-gland prostate ablation in the primary treatment setting of patients with localized prostate cancer. The 12-month data shows that the TULSA-PRO is spatially accurate and precise to ablate prostate tissue, both malignant and benign, while providing a favourable safety profile and a low rate of erectile dysfunction.

Source:

<http://www.globenewswire.com/news-release/2016/01/08/800489/0/en/Profound-Medical-Corp-Announces-Publication-in-European-Urology.html>
Magnetic Resonance Imaging-Guided Transurethral Ultrasound Ablation of Prostate Tissue in Patients with Localized Prostate Cancer: A Prospective Phase I Clinical Trial

http://www.globenewswire.com/Tracker?data=CbyeUXEraizsSFfwc1OIl2MvfSiukUSARW2h-NIKHKAXaOz39v94qWtjv6hpoP67fb_4rkeaXnFmyX79yONMw==

Former Military Tool to Target Prostate Cancer

A device used to protect American marines from anthrax during the Gulf War is now safeguarding some Canadian men against aggressive prostate cancer. The device is called a flow cytometer and it is built by Apogee Flow Systems. It is so precise and quick, in just three or four minutes, using just a teardrop of blood, a doctor can see if a patient has a typical prostate cancer, which grows slowly, or an ominous type that must be treated aggressively.

It's being tested on 2,000 men in Saskatchewan, where all men are screened for prostate cancer, while in Ontario, it's used to monitor some men with the disease to detect if the cancer takes a turn for the worse.

In 1990 and 1991, flow cytometers were placed on trucks carrying American marines to face an Iraqi army whose chemical and bacterial weapons included pathogens such as *Bacillus anthracis*, which causes anthrax. Particles are suspended in liquid and flow single-file past a laser that helps scientists identify them.

The hardware identifies particles precisely and quickly and software has now been created to find markers for cancer.

To find cancer, the device looks for micro-bits of membranes that cells shed over time. While all cells do this, cancer cells do it much more as they grow and spread. The more aggressive the prostate cancer, the

more bits of cell membrane are found in the blood. Having a precise test is key because most men who are more than 40 years old have detectable levels of prostate micro-particles in their bloodstream —the question is: How much?

Source:

By Jonathan Sher, The London Free Press
Thursday, February 4, 2016

Read the complete article:
<http://www.lfpress.com/2016/02/04/dr-hon-leong-a-research-scientist-in-his-lab-with-a-device-that-can-detect-prostate-cancer-with-a-drop-of-blood>

Below: Brett Wilson signing Dark Side Racing’s Fire Up banner. Signatures will be collected throughout the 2016 season and the banner will be auctioned off in late October. Funds will be donated to **PROSTAID Calgary**.



50th Annual World of Wheels

Calgary’s 50th Annual World of Wheels was a HUGE success - Calgary Stampeders **Quinn Smith #68** and **Brad Erdos #53** joined us on location at BMO Centre and so did **Brett Wilson** and **Jeff B. Wilkie** (aka Mr. Calgary)! A huge shout out to our **PROSTAID Calgary** volunteers: **Ron Gorham, Camille Scheible, Murray and Elaine Pay, Helder Futre, and Bob and Sharon Crowle.** Thank you, thank you, thank you!

“Like” PCCN Calgary on Facebook
<https://www.facebook.com/pccncalgary>

TrueNTH Lifestyle Management
Wellness Programming for
Prostate Cancer Survivors

This FREE community and online based program gives men living with prostate cancer the ability to improve their quality of life through physical activity and wellness.

P. 403-210-8482 | E. truenthlm@ucalgary.ca | thriveforcancersurvivors.com



Thank you to George Brookman and West Canadian Digital for your support to print and distribute **The Digital Examiner**



PCCN Calgary www.pccncalgary.org

What we do:

- ◆ Help men and their families deal with prostate cancer
- ◆ Educate and inform
- ◆ Provide support
- ◆ Build awareness
- ◆ Advocate

Above: Tom Armstrong, Quinn Smith, Kelly Fedorowich, Brad Erdos at the 50th Annual World of Wheels

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