

The Digital Examiner



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Prostate Cancer
Canada Network
Calgary



Greetings prostate cancer community, friends and neighbors. Summer is fleeting but there's still plenty of time to get out and enjoy your favorite sights, sounds and smells of the season.

For me, that means weekends at the drag strip with the smell of burning rubber and pungent rocket fuel, the sound of roaring engines and screaming tires, and the glistening sight of shiny, high performance hot rods. There are few places I'd rather be.

A reminder that PROSTAID Calgary's Digital Examiner (DE) goes digital next month. Effective September 2016, PROSTAID Calgary will no longer distribute the DE to our members via Canada Post. If you receive the DE via email, there will be no interruption to your email delivery service. However, if you ONLY receive the DE via Canada Post, you must contact us with your email address. **Not certain if we have your email address?** Phone us at 403-455-1916 or email info@ProstaiddCalgary.org.

NOTE: For members who wish to continue to receive a paper copy of the DE via Canada Post, we require a minimum annual donation of \$25 to cover the costs. Donations can be made at any Tuesday General Meeting or contact Kelly 403-455-1916.

Thank you to everyone who came out to PROSTAID Calgary's Fun in the 50's Festival and a special shout out to our wonderful volunteers who helped with the 50/50 Raffle. Together, you helped to raise a total of \$1,093. Congratulations to Ron Crawford,



winner of the 50/50 Raffle. Ron's share of the prize money was \$546.50 and he generously donated \$46.50 back to PROSTAID Calgary. Thank you Ron!

PROSTAID Calgary relies on the generosity of the community to keep our programs running. Donating is easy! Just give Kelly a call 403-455-1916 or email info@ProstaiddCalgary.org

or visit

http://prostaiddcalgary.org/c_donate.php

Kelly Fedorowich

Executive Director

August 2016

Number 203

Tuesday, August 9, 2016 Schedule

- 7:30PM General Meeting (GM)**
Room 205 (Lecture Room) at Kerby Centre
- 6:30PM Newly Diagnosed & Active Surveillance Group**
Room 311 at Kerby Centre
- 6:30PM Warriors (Advanced Disease)**
Room 318 (Board Room) at Kerby Centre
- 6:30PM Wives, Partners & Caregivers**
Room 313 at Kerby Centre
Everyone is welcome to attend!



GM Topic: Crush Your Stress with Rick Titan.

Rick is a former World Wrestling Entertainment (W.W.E) Superstar and current Transformational Speaker

and Coach.

For the last 15 years he has studied in depth Taoism, Hinduism, Yoga Philosophy and 4 years extensively with a Tibetan Buddhist Monk.

His Personal Development Training and vast life experience have given him the lessons he shares with audiences from dramatic highs to astounding lows accompanied by stories and analogies to discover your Personal Core Values and opposites and contrasts in your life to get to know and understand 'You' on a deeper level than you have ever known. What Rick teaches flies in the face of conventional societal norms.

That's why it works. *Con't on Page 2*

Kerby Centre is located at 1133 7th Ave SW. Parking is FREE in lots on both sides of 7th Ave. The WEST LRT conveniently stops at the front doors of the Kerby Centre.

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

Ladies, family members, and caregivers are always welcome!

Con't from Page 1 Rick Titan will help you dissolve the negative emotions – in Tibetan – the ‘Shenpa’ that destroys your Inner Peace and show you how to set up, visualize, feel & manifest the future that you truly want and truly need. He opens his world and shows transparency to serve you, get to know the inner person so that you can relate in your own life and his personal mission is to share his trials and tribulations and how he got through them, so that you can live your life in your highest values and be happy, free and clear. We hope you will join us!

Study Sees Rise in Advance Prostate Cancer Cases

The number of new cases of advanced prostate cancer in the USA has soared by about 72 percent in the last decade, according to a new study.

The report, published in Prostate Cancer and Prostatic Diseases, prompted researchers to question whether a recent trend of fewer men being screened may be contributing to the rise.

One hypothesis is the disease has become more aggressive, regardless of the change in screening. The other idea is since screening guidelines have become more lax, when men do get diagnosed, it's at a more advanced stage of disease.

The researchers looked at information from the National Cancer Data Base, which included more than 767,000 men from 1,089 medical facilities nationwide who had been diagnosed with prostate cancer between 2004 and 2013.

They focused on metastatic cases -- meaning the cancer had spread from the prostate to other parts of the body by the time it was diagnosed. Just 3 percent of the patients had metastatic prostate cancer.

The analysis showed the largest increase was seen among men 55 to 69 years old. That age group saw a 92 percent surge in cases in the past decade, from 702 new cases in 2004 to 1,345 in 2013. This sharp uptick is particularly troubling, the authors said, because men in this age group are believed to benefit most from prostate cancer screening with the PSA (prostate-specific antigen) blood test and early treatment.

The rate of metastatic prostate cancer overall increased 72 percent, from 1,685 cases in 2004 to 2,890 in 2013. The report also found that the average PSA level of men diagnosed with metastatic prostate cancer in 2013 was 49 -- almost double that of men diagnosed in 2004, who had an average PSA of 25. This indicates a greater extent of disease at diagnosis, as the blood level of PSA -- a protein produced by the prostate gland -- is often elevated in men with the disease.

The authors note that fewer men are now being screened for prostate cancer following a 2012 recommendation by the U.S. Preventive Services Task Force against routine PSA tests to detect prostate cancer. The group cited "convincing evidence" that "PSA-based screening results in considerable overdiagnosis" that can ultimately lead to more harm than good.

Not Everyone in the Medical Community Agrees

"The fact that men in 2013 who presented with metastatic disease had much higher PSAs than similar men in 2004 hints that more aggressive disease is on the rise," Dr. Edward Schaeffer said. "If I were a patient, I would want to be vigilant. I firmly believe that PSA screening and rectal exams save lives." (Dr. Edward Schaeffer is chair of urology at Northwestern University Feinberg School of Medicine and Northwestern).

Dr. Eric Klein, chairman of the Glickman Urological & Kidney Institute said he believes the USPSTF's (US Preventative Services Task Force) recommendation against PSA screening played a big role in the increase in metastatic prostate cancer cases seen in the study. He, too, finds the task force's prostate screening advice problematic, citing the development of more accurate blood and urine tests and the general movement away from a rush to treat early stage prostate cancers, with more doctors opting instead for the wait-and-see approach of active surveillance.

But the American Cancer Society has criticized the methods used in the latest study, saying a more accurate measure would be to look at the rates of disease and mortality, as opposed to simply counting the number of cases.

"Epidemiologists learned long ago that you can't simply look at raw numbers. A rising number of cases can be due simply to a growing and aging population among other factors," the American Cancer Society's chief medical officer Dr. Otis W. Brawley said in a statement. "In addition, in this study, the rise they detected began before USPSTF guidelines for screening changed. There may or may not be a rise in the rates of metastatic disease; but because of a flawed analysis, this study does not answer that important question.

The authors also note that the rise in metastatic cases began to rise before 2012 when USPSTF's updated guidelines were announced.

Still, lead study author Dr. Adam Weiner said tweaking the guidelines again may be the answer to catching more cases and thus saving lives.

"The results indicate that screening guidelines and treatment need to be refined based on individual patient risk factors and genetics," he said. "This may help prevent the growing occurrence of metastatic prostate cancer and potential deaths associated with the disease. This also can help minimize overdiagnosing and overtreating men with low-risk prostate cancer who do not need treatment."

*By Ashley Welch CBS News
The article has been Abridged.
[Click here to read article in it's entirety.](#)*

Diagnosing Prostate Cancer is Difficult.... A Robotic Butt might make it easier

Prostate cancer is the second-most common cancer for men. And, yet, the first step of a doctor's diagnosis for it remains crude: inserting the index finger into the anus. Doctors feel for the prostate gland, which sits below the bladder and is about the size of a walnut. If there's a hard, knobby mass, it's a sign of possible cancer and an indication that further tests may be needed.

Doctors learn what a cancerous prostate feels like through experience. The trouble is that people don't easily volunteer for such a probing. In the UK, there's just one registered "rectal teaching assistant," as volunteers are known.

Given prostate cancer's prevalence, it's crucial to get the right result from the first test. Trainee doctors can use plastic models to practice, but these don't have the feel of living tissue. They also don't help a doctor learn what is comfortable for a patient.

To make this training more effective, scientists have developed a robotic butt. These prosthetic buttocks are attached to a silicone thimble and a series of small robotic arms that provide haptic feedback (the use of the sense of touch in a user interface design to provide information to an end user). The robot tracks the movement, position, and force of a finger, then uses its arms to push back, recreating the shape and feel of a real rectum. This process is combined with 3D modeling technology, displaying a recreation of the rectum and prostate that the teacher can see using 3D glasses, helping guide the examination and diagnosis.

Rectums come in all shapes and sizes, so the device can be programmed, allowing the anatomy to be altered each time. The current simulation is based on scans of the UK's only rectal teaching assistant.

Other prosthetic rectums are available, including one from the US with pressure sensors. However, none give such a realistic feel to trainees, says Fernando Bello, a member of the team from Imperial College London.

The researchers have completed a successful pilot study on 20 cancer surgeons and medical professionals. Now they are working on a more affordable version—the current prototype costs around \$13,300—to test at medical schools within a year. They also hope to improve their simulations based on data collected from the real-life examinations of more patients.

Written by Mun Keat Looi, a science writer.

The article has been abridged.

[Click here to read article in its entirety on Quartz.](#)

MRI Targeted Biopsies can Increase the odds of Prostate Cancer Detection

For three years, Andrew Harder, at 60, wondered if he had prostate cancer. In 2009, he had routine blood work that revealed an elevated prostate-specific antigen level. When PSA is above 4.5 for a man in his 60's, it can be one of the first signs of a prostate tumour. Harder's PSA was 9. By the time Harder saw a urologist, it had skyrocketed to 20. His doctor recommended the traditional next step: a transrectal ultrasound biopsy (TRUS), which involves taking random tissue samples from 12 cross sections of the prostate.

Over the course of two years, Harder would have three TRUS biopsies. They were all inconclusive. After Harder's third biopsy, his urologist was ready to throw in the towel, and that's when Harder was referred to Jinxing Yu, M.D., at Virginia Commonwealth University Medical Center (VCU). By then, Harder's PSA was around 30.

Over the past five years, Yu has developed diagnostic techniques using MRI technology to investigate difficult cases like Harder's. After one MRI, Yu found Harder's tumour. After that, Yu performed a targeted biopsy guided by the MRI scanner, allowing him to take tissue samples directly from the tumour.

Harder finally had a diagnosis. In 2012, he started on a treatment plan: hormone therapy for six months to shrink the tumour and prostate, and then external beam radiation to finish the job. Today, his PSA is normal. "A patient had 10 TRUS biopsies and his doctors still couldn't find a tumour," Yu said. "If you do not have this kind of advanced imaging, sometimes a patient runs into a situation when a tumour can't be found and treated because it's too late—it has already metastasized. He ends up diagnosed with cancer only after the tumour has spread to his bone or lymph nodes years later."

Precise imaging leads to detection

Magnetic resonance imaging and targeted biopsy for the prostate have provided relief for patients like Harder who have not been able to get an accurate diagnosis. When caught early, prostate cancer is highly treatable.

Much like someone would have an MRI to investigate the cause of back pain, the technology gives doctors eyes on what is happening in prostate tissue. VCU Medical Center is one of the major teaching hospitals in the country doing advanced multiparametric MRI, which involves taking three different types of imaging sequences of the prostate.

Each of the sequences tells a story, and together they can be used to make a diagnosis with more than 90 percent accuracy.

Interpreting a prostate MRI to be able to correctly diagnose cancer is a skill that can take years to develop. Yu and his team look for certain patterns that are typical of cancer on each of the different sequences.

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

Traditional meets emerging technology

In addition to enhancing detection of prostate cancer, magnetic resonance technology also enhances the biopsy process with a procedure called magnetic resonance/ultrasound fusion biopsy. MRI scans are overlaid with real-time ultrasound images to guide the biopsy needle to the tumor.

An MRI can also help determine how aggressive a tumor is, Yu said, and indicates if the tumor extends outside of the prostate and involves other areas—all information that helps urologists and radiation oncologists determine the best course of treatment.

In 2014, VCU's Department of Radiology purchased ultrasound/MRI fusion biopsy equipment. Prior to this, Yu's team had performed targeted MRI biopsies with the patient being moved in and out of the MRI scanner as the needle was guided to the target area—a sort of stop-motion procedure that could take up to an hour. The new equipment has simplified and shortened the process to about 20 minutes.

A change in care

More and more, physicians are hearing about and understanding the benefits of MRI technology for prostate care, which has also been helpful in preventing over diagnosis and overtreatment. According to the Center for Cancer Research study, MRI targeted biopsies detect 17 percent fewer low-risk tumors. These are tumors that would have never developed into a life-threatening cancer, but might lead a doctor and patient to treat it unnecessarily.

When Yu started prostate MRI screening in 2011, his team performed about 50 scans per year. Now, they are doing about 1,200 multiparametric-MRI and 200 imaging guided biopsies per year.

Yu hopes the advanced technology means positive changes in the standard of care. He speculates that in the same way women have a baseline mammogram, men would have a baseline prostate MRI and periodic magnetic resonance scans if warranted by bloodwork and family history.

*By Rachel Machacek, Medical Xpress
The article has been abridged
[Click here to read article in its entirety](#)*

PROSTAID Calgary at Castrol Raceway's IHRA Rocky Mountain Nationals

July 15-17, PROSTAID Calgary was on display at Castrol Raceway's IHRA Rocky Mountain Nationals as part of the Dark Side Racing Top Fuel organization. Our prostate cancer awareness message was shared with over 30,000 fans in attendance. Special thanks to Mike Dunn (President, IHRA), Bruce Litton (Top Fuel Pilot) and Greg Sereda (Top Alcohol Pilot) for coming on board and signing the Fire Up prostate cancer awareness banner.



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