

The Digital Examiner



Directors & Officers

President
Dave Lunn

dlunn@shaw.ca

Executive Director
Kelly Fedorowich

403 455 1916

executive.director@pccncalgary.org

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

Warriors

Frank Altin

faltin@telusplanet.net

Newly Diagnosed /

Active Surveillance

Ron Singer

rysingerca@yahoo.ca

Wives, Partners & Caregivers

Kelly Fedorowich

kelly@darkside.ca

Chairman

Ron Gorham

ron.gor45@gmail.com

Secretary

Ron Singer

rysingerca@yahoo.ca

Treasurer

Gerry Hawley

pccnc_treasurer@yahoo.ca

Past President

Steve Belway

belways@shaw.ca

Visit us at:

www.prostaidealcalgary.org

www.pccncalgary.org

PROSTAID Calgary

PO Box 72126

RPO Glenmore Landing

Calgary, Alberta

T2V 5H9

403 455 1916

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Prostate Cancer
Canada Network
Calgary

Happy New Year!

The New Year brings with it thoughts of reflection and hope. And while few of us take our resolutions seriously, the practice of making them gives us the opportunity to recall what we value most. *Upon reflection, what was the highlight of your year? Do you recall any of the resolutions you made in 2015? What is your deepest hope for 2016?* Asking ourselves hard questions often enables us to find powerful solutions.

I want to wish you all peace, love and happiness in 2016 and remind you that living in the present is the ultimate gift that we give to ourselves. Love yourself and give yourself permission to be happy; remember that love is infectious and a great healing energy.

Kelly, Executive Director



Thank you to everyone who attended our Pathfinder's Award meeting on December 8th. Dr. Donnelly was the much deserving award recipient and it was a lovely evening of community togetherness.

Pictures from the event can be viewed on our PROSTAID Calgary website: http://prostaidealcalgary.org/m_pathfinder.php Special thanks go out to Canada Safeway for donating the incredible party platters; and to the Prostate Cancer Centre for allowing us to host the event at your wonderful facility.



Gabi Jurca & Reda Alhadj



Gabi Jurca is currently a MSc student in Computer Science at the University of Calgary. She has a BSc in Computer Science and in Biochemistry. She is interested in bioinformatics, data mining, and social network analysis. She is currently studying breast and prostate cancer.

January 2016

Number 196

Tuesday, January 12, 2016

Meeting Schedule

6:30 PM Newly Diagnosed & Active Surveillance Group

Room 311 at Kerby Centre

6:30 PM Warriors (Advanced Disease)

Board Room (Room 318) at Kerby Centre

6:30 PM Wives, Partners & Caregivers

Room 313 at Kerby Centre

7:30 PM General Meeting

Kerby Centre Lecture Theatre Room 205

GM Topic: Growing International Collaboration and Interest in Causes and Treatment of Prostate Cancer with Gabi Jurca and Reda Alhadj

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

Ladies, family members and caregivers are always welcome!

Reda Alhadj is a professor in the Department of Computer Science at the University of Calgary. He is the founding editor and co-editor of several journals dealing with social network analysis and network analysis in health informatics and bioinformatics.

We hope you will join us on January 12 at the Kerby Centre!

The New England Journal of Medicine DNA-Repair Defects and Olaparib in Metastatic Prostate Cancer

Complete article can be accessed at:

<http://www.nejm.org/doi/full/10.1056/NEJMoa1506859#t=articleMethods>

Metastatic, castration-resistant prostate cancer can have genomic aberrations that interfere with DNA repair. Some of these aberrations have been associated with sensitivity to platinum and polyadenosine diphosphate ribose polymerase (PARP) inhibitors, suggesting that treatment with a PARP inhibitor may exploit a synthetic lethal interaction. PARP is involved in multiple aspects of DNA repair, and the PARP inhibitor Olaparib (Lynparza, AstraZeneca) has recently been approved for treating ovarian cancers with breast cancer genes (*BRCA1/2*) mutations. PARP inhibition has durable antitumor activity in men with metastatic, castration-resistant prostate cancer and deleterious germline *BRCA2* mutations, a disease subset associated with a poor prognosis. We hypothesized that Olaparib would have antitumor activity in sporadic cases of metastatic, castration-resistant prostate cancer with DNA-repair defects. In this clinical trial (TOPARP-A, Trial of PARP Inhibition in Prostate Cancer), we treated men with metastatic, castration-resistant prostate cancer with Olaparib, obtaining fresh tumor-biopsy samples from all patients to conduct biomarker studies from both germline and somatic DNA, including exome and transcriptome sequencing, in order to elucidate the genomic aberrations, if any, associated with sensitivity to PARP inhibition in this disease.

Patients

Eligible patients had histologically confirmed, metastatic, castration-resistant prostate cancer with progression after one or two regimens of chemotherapy.

Study Design, Treatment, and End Points

TOPARP-A was an open-label, single-group, two-stage, phase 2, multisite study. All the patients were treated with Olaparib tablets at a dose of 400 mg twice a day until the occurrence of radiologic progression, unequivocal clinical progression, unacceptable side effects, withdrawal of consent, or death. Dose-modification guidelines for managing toxic effects were implemented.

Statistical Analysis

A cohort of 45 patients was planned for TOPARP-A, which had a two-stage, phase 2 design (30 patients in

stage 1, and 15 in stage 2), with a response rate of 5% or less for the null hypothesis and a response rate of more than 20% for the alternative hypothesis (at an alpha level of 0.02 and a beta level of 0.10).

Study Patients

From July 2012 through September 2014, a total of 50 patients (30 in stage 1 and 20 in stage 2 of the study) were enrolled at seven centers. All patients received at least one dose of Olaparib. One patient was lost to follow-up after the first week; the data monitoring committee decided that this patient could not be evaluated for a response. At the time of data cutoff, 35 of the 50 patients (70%) had died, with 4 patients remaining in the study after at least 40 weeks of therapy. The median overall survival was 10.1 months (interquartile range, 5.1 to 15.6), with a median follow-up of 14.4 months (range, 1.4 to 21.9).

Antitumor Activity

Sixteen of the 49 patients who could be evaluated had a response to Olaparib on the basis of the composite definition of response specified in the study protocol. The median duration of treatment for the 16 patients who had a response was 40 weeks, with 12 patients receiving Olaparib for more than 6 months and 4 patients receiving it for more than 12 months. Overall, 11 of the 49 patients (22%) had reductions in the PSA level of 50% or more. The median circulating tumor-cell count at baseline was 37 cells per 7.5 ml of blood (interquartile range, 14 to 110); 14 of the 49 patients (29%) had a confirmed reduction in the circulating tumor-cell count to less than 5 cells per 7.5 ml. Of the 49 patients who could be evaluated, 32 (65%) had measurable disease at baseline according to RECIST, version 1.1; 6 of these patients (19%) had a confirmed radiologic partial response.

Defects in DNA Damage-Repair Genes

Paired samples from tumor biopsies performed before treatment and during treatment were available for all patients participating in the study; 28 patients underwent bone marrow biopsies, and 22 underwent imaging-guided biopsies of nodal or visceral metastases. Of the 49 patients who could be evaluated for a response, 43 had tumor-biopsy material that was suitable for next-generation sequencing. For the other 6 patients, archival tumor samples obtained at diagnosis were analyzed. In conclusion, we report that PARP inhibition has antitumor activity in sporadic cases of metastatic, castration-resistant prostate cancer and that these responses are associated with DNA-repair defects in tumor cells that can be identified through next-generation sequencing assays.

“Our trial marks a significant step forward in the treatment of prostate cancer, showing that Olaparib is highly effective at treating men with DNA repair defects in their tumors,” said chief investigator Professor Johann de Bono, head of drug development at The Institute of Cancer Research in England, and The Royal Marsden NHS Foundation Trust ... It also proves the principle that we can detect prostate cancers with specific targetable mutations using genomic sequencing to deliver more precise cancer care by matching treatment to those men most likely to benefit.”

Presented in part at the Annual Congress of the European Society for Medical Oncology, Madrid, September 26–30, 2014; the 21st Annual Scientific Retreat of the Prostate Cancer Foundation, Carlsbad, CA, October 23–25, 2014; and the Annual Meeting of the American Association for Cancer Research, Philadelphia, April 18–22, 2015.

APCaRI Registry and Biorepository

To the Members of PROSTAID Calgary

PROSTAID Calgary has a close affiliation with the Alberta Prostate Cancer Research Initiative (APCaRI). Dave Lunn attended their annual symposia and we have had several of their researchers speak at our General Meetings. The Alberta Prostate Cancer Research Initiative (APCaRI) has a multi-disciplinary team of prostate cancer scientists, physicians, patients, and healthcare employees. The intent is to positively impact the outcomes and quality of life of those living with prostate cancer by accelerating the translation of new research ideas from the laboratory to the clinic and the patient. One way we can help this research is by supporting the biorepository in which blood, urine, semen, and tissue samples are collected from prostate cancer patients. By the end of 2019 Albertans and the health research community worldwide will have a comprehensive registry and biorepository containing personal, demographic, health, and prostate cancer specific information along with bio specimens including blood (serum, plasma, buffy coat, and red blood cells), urine, semen, and tissue from close to 9000 patients collected pre-diagnosis and at other multiple time points across the disease continuum.

<http://apcari.ca/prostate-cancer/clinical-trials/>

In Calgary bio specimens are collected at the Prostate Cancer Centre. Catalina Vasquez, MSc., a Director with APCaRI (www.APCaRI.ca) at Department of Oncology, University of Alberta wants to share their news stories, research results, and publications. To help our members know what APCaRI is doing, Catalina



has created a one-page survey hoping that you will register with them.

The survey can be found

at: <https://www.surveymonkey.com/r/7PHY5VQ>

TrueNTH

For the past year, the University of Calgary and Dr. Nicole Culos-Reed have been developing and implementing TrueNTH Lifestyle Management (LM) in Calgary, a wellness program funded by Movember and PCC. This work provides men living with prostate cancer across Canada with access to physical activity, nutrition, and stress-reduction resources, including education and programming. Many of the initial participants have learned about TrueNTH LM through PROSTAID Calgary, such as support group meetings, members, or via the Digital Examiner.

City of Calgary locations will again be offering TrueNTH LM programs this winter, starting in January 2016. All men living with prostate cancer, regardless of physical activity background, are encouraged to sign up for these free programs. Men can sign up for a City of Calgary Recreation program at the following locations and times:

1. Southland Leisure Centre (2000 Southland Dr. SW)
10:35am Monday & Thursday
2. Village Square Leisure Centre (2623 56 St. NE)
2:15pm Tuesdays & Thursdays
3. Killarney Aquatic & Rec Centre (1919 29 St. SW)
4:45pm Mondays & Thursdays
4. Sir Winston Churchill Aquatic & Recreation Centre (1520 Northmount Dr. NW)
1:30pm Wednesdays & Fridays

Each participant will receive:

Two sessions per week: 1 physical activity class and 1 yoga class each week. Fitness assessments to tailor the program to their needs. Access to educational materials and resources. All programs will be run by experienced City of Calgary Recreation staff, trained by Dr. Culos-Reed's Health and Wellness Lab at the University of Calgary.

To register for any program, phone the Health and Wellness Lab at 403-210-8482 or email wellnesslab@ucalgary.ca. We hope that all PROSTAID Calgary members will take advantage of these programs and continue to take a lead role in helping promote wellness programming for men with prostate cancer.

Prostate Cancer - Part 2

Written by PROSTAID Calgary Member Tor Camren

The following article was written in the fall of 2008. Tor had the HIFU procedure June 11, 2008 and his PSA has remained below 1.0 ever since.

The second urologist was very helpful and we had a 30-minute conversation. He was going to see what he could do, but asked me first to see a urologist at the Tom Baker Cancer Centre for the possibility of being treated with Internal Radiation Therapy, where tiny radioactive seeds are placed directly into the prostate gland to kill cancerous cells. I had that appointment in January, only to be told that my cancer was too advanced for that therapy and that only full radiation would be effective. I declined that option.

I happened to listen to Business New Network (BNN) and a representative from EDAP, USA was on the show. He explained how prostate cancer was treated with Ablatherm HIFU (High Intensity Focused Ultrasound), which is non-invasive – no seeds, no incision and no radiation. After 15 years of research, Ablatherm HIFU is considered safe and effective, and is clearly among the best therapeutic solutions. As of 2007, the Ablatherm HIFU treatment is being performed in 186 centres throughout the world and 15,972 patients have been treated.

That was music to my ears. Why had nobody told me about this? It is like everything else in life. You have to do your own homework. The only facility in Canada was Maple Leaf HIFU located in Toronto.

I called Alberta Health to find out if such treatment was covered. To my surprise, it was not. I then tried to contact the Minister of Health. A government consultant on innovation on policy regarding Alberta Health informed me that HIFU is not approved yet, not listed as an insured service and therefore would not be covered. Even though he had all the papers in regards to my condition, he said that equally effective as HIFU would be Green Light PVP (Photo Vaporization of the Prostate) and now clinical trials were being done in Alberta and were expected to be approved by the Capital Health Authority in less than a year. Well, I was way past the stage where PVP could help me. It can't it be compared to HIFU. It certainly does not give us much confidence in the knowledge of government consultants.

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I had one more appointment with the second urologist in Edmonton before my scheduled robotic surgery only to find out that he could not guarantee that it would be nerve sparing.

I cancelled the surgery and made arrangements with Maple Leaf HIFU for the procedure, which I had this past June 12 (2008). Two weeks later, I was back playing golf and still had my manhood.

I do question why this procedure is considered experimental in Canada and not funded by the provincial health insurance plans. After all, the HIFU procedure has been proven successful and recognized throughout the world except in North America.

Lesson to men: Get your annual check-up from age 40. You can learn a lot from women—be more open about your medical problems, talk about it with other men and do not blindly accept any recommendations from your doctor or specialist. There is always another option. It is your LIFE!

18th Annual Bill Brooks Prostate Cancer Benefit



Tickets are available now at:

www.calgaryhealthtrust.ca

There are fundraisers and then there's *THE* fundraiser. In Calgary, the hottest ticket in town for fabulous functions is **The Bill Brooks Annual Prostate Cancer Benefit.**

<http://www.calgaryhealthtrust.ca/events/event-list/2016/annual-bill-brooks-prostate-cancer-benefit/>

Since 1999 the annual event has pulled in nearly \$7 million and more importantly, it's made talking about prostate cancer, and testing for it, much more acceptable than it was some two decades ago when the event was first held.



What we do:

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

Prostate Cancer Canada Network Calgary Society

PO Box 72126, RPO Glenmore Landing, Calgary, Alberta T2V 5H9

Phone: 403-455-1916 Email: info@pccncalgary.org

Website: www.pccncalgary.org YouTube Video Channel: pccn calgary