



# The Digital Examiner

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

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Hello PROSTAID Calgary members, friends and neighbors.



**Cue the drum roll please:**

PROSTAID Calgary is starting a capital fundraising campaign to create PROSTAID Home, a place where men on a prostate cancer journey and their families can go to find an atmosphere of support, education, awareness and advocacy either in person or on-line through our website and video channel. *And we're hosting a Rock & Roll Gala to kick things off.*

**Rock & Roll Gala Fundraiser**

PROSTAID Calgary is incredibly proud to announce our Rock & Roll Gala Fundraiser being hosted Saturday June 15, *Father's Day Weekend*, at the Grey Eagle Resort & Casino. The evening includes a four-course dinner, a live & silent auction and a performance from legendary Canadian rock & roll icon **Randy Bachman**. This evening is a wonderful opportunity to celebrate Father's Day and the men in our lives.

PROSTAID Calgary's Rock & Roll Gala will be an evening to remember - join us and help support men and their families on their journey through prostate cancer.

Individual Gala tickets are \$199 plus taxes  
Full tables of 10 are \$1899 plus taxes  
[Click here to purchase Gala tickets from Ticketmaster](#)

[For more information visit PROSTAID Calgary](#)

**For a limited time only, Sponsorships \$5,000+ include 10 Complimentary Gala Tickets (Full Table) with VIP Front Row Seating! Please contact Kelly to secure your sponsorship! 403-455-1916**

PROSTAID Calgary is supported by the community and exists for the community. [Click here to reach our On Line Donation Page on Canada Helps.](#)

If a donation is meaningful to you, it's meaningful to us.

Warm wishes,

*Kelly Fedorowich,*

Executive Director, 403-455-1916

**Meeting Schedule**

**Tuesday May 14, 2019**

Monthly meetings are hosted at The Kerby Centre, 1133 7th Ave SW.

7:30-9:00PM

**AGM and Volunteer Appreciation Event Lecture Room (2nd Floor)**

AGM begins at 7:30pm and will be followed by a mix & mingle with our volunteers and general membership.

Join us and see where we have come from, where we are at and where we are headed.

Snacks & non-alcoholic beverages will be served

**Support Group Meetings**

6:30-7:20pm

**Warriors**  
Advanced & Recurrent Disease  
Facilitator: Frank Altin  
Room 208 (2nd Floor)

6:30-7:20pm

**Wives, Partners & Caregivers**  
Room 313 (Third Floor)  
No facilitator this month.

6:30-7:20pm

**Newly Diagnosed**  
Room 311 (Third Floor)  
No facilitator this month. Drop in.

**The 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.

General Meetings are open to the public and free to attend. A light snack and refreshments are served. Ladies, family members, and caregivers are always welcome!

**Contacts**

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**Support Group Facilitators**

**Warriors**

Frank Altin  
[faltin@telusplanet.net](mailto:faltin@telusplanet.net)

**Wives, Partners & Caregivers**

Volunteer Facilitator Needed

**Newly Diagnosed**

Volunteer Facilitator Needed

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**Email us to subscribe to The Digital Examiner**

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**PROSTAID Calgary is self-funded.**

**[Click here to help us to continue our good work by donating on-line](#)**

**PROSTAID Calgary**

A proud member of the Prostate Cancer Canada Network of support groups



### Prostate Drugs May Raise Diabetes Risk

Two commonly used drugs for treating an enlarged prostate may increase the risk for Type 2 diabetes.

Benign prostate hypertrophy, or B.P.H., may cause difficulty in urinating or increased frequency and urgency of urination. A study published in [BMJ](#) examined the use of two similar drugs often prescribed for the condition, finasteride (Proscar) and dutasteride (Avodart), in 39,000 men. As controls, the 11-year study used 16,000 men taking tamsulosin (Flomax), a different type of drug for B.P.H.

Compared with those using Flomax, men using Avodart had a 32 percent increased risk for developing diabetes, and those using Proscar a 26 percent increased risk. The study carefully controlled for body mass index, other drug use, smoking, alcohol consumption, hypertension and other health and behavioral characteristics.

The lead author, Li Wei, an associate professor at the School of Pharmacy of University College London, said that the risk is modest — an extra 16 cases for every 1,000 men treated over 10 years — but nevertheless significant as a public health matter.

“We don’t want anyone to suddenly change their drug,” she said. “But you need to discuss it with a physician, especially if you are already at high risk for diabetes. You have to look at the overall picture of your condition in order to make a decision” about the best course of treatment.

*The New York Times, by Nicholas Bakalar*

### New study could help doctors decide which patients need aggressive treatment

One of the biggest challenges when treating prostate cancer is figuring out which men need treatment right away, and which can be monitored through active surveillance – allowing many to safely avoid side effects such as urinary and sexual dysfunction.

Drs. Paul Boutros and Thomas Kislinger are close to identifying which type of tumours patients have. Armed with this knowledge, doctors could then treat patients who need attention immediately, and safely monitor those whose cancers are not growing.

The research team used tumour samples from 80 patients, one of the most comprehensive data sets ever studied, from the Canadian Prostate Cancer Genome Network ([CPC -GENE](#)), funded in part by Prostate Cancer Canada.

Using these samples, they came to understand how the genetic makeup of tumours tells the cells to act. They also found a powerful marker that will better indicate if the cancer is aggressive or not.

“Localized prostate cancer is an urgent priority for researchers, especially to identify new drug targets and markers to guide treatment choices based on how the disease will progress,” says Dr. Boutros. “It’s especially important to determine this before the tumour has spread and treatments have a better chance of succeeding.”

Their immediate hope is that the markers they discovered will soon be turned into diagnostic tests that give powerful information for physicians to make better decisions.

“This work started with a Discovery Grant, linked to a Dr. Boutros’ Rising Star Award, from Prostate Cancer Canada and the Movember Foundation,” says Dr. Kislinger. “Those beginnings gave rise to this collaborative work that will have a major global impact.”

*Prostate Cancer Canada*

### ADT may increase depression risk among men with prostate cancer

Men with prostate cancer who underwent [androgen deprivation therapy](#) with definitive radiation therapy (definitive therapy is a treatment given with the intent to cure the cancer) demonstrated increased risk for depression and use of outpatient psychiatric services compared with men who received radiation therapy alone, according to study results published in *Cancer*.

This finding may support evidence regarding the long-term psychiatric health risks of ADT in the treatment of prostate cancer, according to researchers.

“There is conflicting evidence on the association of ADT with clinical depression. Although some studies have reported an association between ADT and depression, others have not,” Rishi Deka, PhD, postdoctoral researcher in the department of radiation oncology and applied sciences at University of California, San Diego School of Medicine, and colleagues wrote. “This inconsistency is likely due to methodological limitations that existed in

many of these studies. This indicates a lack of appropriate control groups, small sample sizes, inadequate power and the use of cross-sectional study designs. In addition, these studies analyzed very heterogenous populations (a heterogenous population is one where individuals are not similar to one another in one or more characteristics being studied), including patients with localized metastatic disease, curative and palliative treatment intent, and ADT use in the upfront or recurrent setting.”

In the retrospective, observational cohort study, Deka and colleagues identified 39,965 veterans (median age, 66.8 years; 68.6% white) diagnosed with prostate cancer in the U.S. Department of Veterans Affairs health care system between Jan. 1, 2001 and Oct. 31, 2015. All the men received definitive radiation therapy, and 14,843 of them also initiated ADT within 1 year of prostate cancer diagnosis.

Men who underwent ADT were more likely to be older, non-white, from lower-income regions, and from the South or Northeast states than men who received radiation therapy only.

They also had higher Gleason scores, clinical T stages and PSA levels and higher rates of antidepressant use and alcohol and substance abuse than non-ADT users.

New development of depression, from the date of the veteran’s prostate cancer diagnosis to his last health care encounter or the end of the study period, served as the study’s primary endpoint. Use of outpatient psychiatric service use of inpatient psychiatric services and suicide served as secondary endpoints.

Researchers followed the all the men for a median of 6.8 years, and 9,341 of them for a minimum of 10 years.

During follow-up, 934 men received a new diagnosis of depression, 7,825 used outpatient psychiatric services, 358 used inpatient psychiatric services and 54 committed suicide.

At 10 years, researchers observed cumulative incidence of 3.5% for depression (349 events for ADT users vs. 313 events for non-ADT users) and 27.5% for outpatient psychiatric use (4,429 events vs. 3,260 events). Cumulative incidence of inpatient psychiatric use at 10 years was 1.2%, but the difference between the cohorts was not statistically significant.

A multivariable competing risks regression model revealed correlations between ADT and the onset of depression and use of outpatient psychiatric services

Other predictors of outpatient psychiatric use included higher Charlson Comorbidity Index score (Charlson Comorbidity Index predicts the ten-year mortality for a patient who may have a range of comorbid conditions), African-American race, use of a serotonin reuptake inhibitor, serotonin modulator or tricyclic antidepressants, atypical antidepressant use, substance abuse and cigarette use.

ADT did not appear associated with inpatient psychiatric use or suicide.

The researchers acknowledged study limitations, noting that the results are most generalizable to patients treated with radiation therapy, the study population did not include patients with recurrent or metastatic disease, and that the determination of depression was made through ICD-9 codes. (ICD-9 is the official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States.)

“Although research surrounding depression, aging and cancer continues, there is no doubt that the phenomenology and diagnosis of depression in patients with cancer, and those with prostate cancer specifically, are complicated,” Polacek and Nelson wrote. “As research such as that of Deka [and colleagues] continues to provide robust support for the causal relationship between ADT use and depression in patients with prostate cancer, it is imperative that clinicians be vigilant in their screening for and treatment of depression in this population.”

HemOncToday, by Jennifer Byrne

[Article has been abridged. Click here to read in its entirety.](#)

## Alberta Health launches MyHealth Records Portal

Click on the following link to sign up: [MyHealth Records](#)  
MyHealth Records is available for all adult Albertans, and will offer access to some health data from the Netcare provincial electronic health record. Initially, this tool will include recent medications dispensed from community pharmacies, the majority of immunizations administered in Alberta and a number of common laboratory test results.

Patients with questions about MyHealth Records or the sign-up process can call Alberta Health’s call-in line at 1-844-401-4016. Patients can also call 811 to access Health Link if they have any questions about health information released on MyHealth Records.

## PROSTAID Calgary's Rock & Roll Gala Sponsorship Opportunities

To be successful, the Gala fundraiser will need the support of the Calgary business community. [Click here to open the PROSTAID Calgary Gala Sponsorship brochure which outlines the various giving opportunities.](#) As you review the giving options, we'd respectfully ask you to consider the Gold Sponsorship Package. This gift will provide true leadership in PROSTAID Calgary's attempt to do something that has never before been done in the Canadian prostate cancer community. Please be assured that we appreciate whatever level of financial commitment you are able to make .

**For a limited time only, Sponsorships \$5,000+ include 10 Complimentary Gala Tickets (Full Table) with VIP Front Row Seating!**

Please contact Kelly to secure your sponsorship!  
403-455-1916 or [info@prostaidecalgary.org](mailto:info@prostaidecalgary.org)

**Click on the following links to view the promotional videos created for the Gala.**

[Invitation from The Hitman](#)

[A Wife's Story from Stephanie Washington-Hart](#)

[Prostaide Calgary Dinner Gala Fundraiser w/Kelly Fedorowich](#)

[Rock with The Hitman and Randy Bachman](#)

["I Thought I was Indestructible" Bret Hart on Prostate Cancer](#)

[Message from Kelly Fedorowich- Father's Day](#)

PROSTAIDCALGARY  
**ROCK & ROLL GALA FUNDRAISER**  
FEATURING  
**EVERY SONG TELLS A STORY**  
**RANDY BACHMAN**  
SONGS OF THE GUESS WHO AND BACHMAN-TURNER OVERDRIVE  
**SATURDAY, JUNE 15**  
**GREY EAGLE RESORT & CASINO**  
TICKETS FROM \$199\*  
(PLUS APPLICABLE TAX & FEES)  
TICKET INCLUDES:  
EVENT ENTRY, CHAMPAGNE, & DINNER  
TICKETS AVAILABLE AT:  
[WWW.GREYEAGLERESORTANDCASINO.CA](http://WWW.GREYEAGLERESORTANDCASINO.CA)  
THE EVENT CENTRE BOX OFFICE,  
OR BY PHONE: 1.855.985.5000  
GREY EAGLE RESORT & CASINO  
ON THE BEAUTIFUL TOWN OF HERRING

We're so excited to invite you to rock out with us at the Grey Eagle Resort & Casino on June 15, 2019, Father's Day weekend, to the nostalgic, catchy and timeless tunes of the legendary Randy Bachman.

In addition to the concert, the evening will offer drinks, a delicious four-course dinner, and a live & silent auction.

Proceeds will be going toward PROSTAID Calgary and helping our fellow community members and their families navigate their way through a prostate cancer journey.

PROSTAID Calgary is starting a capital fundraising campaign to create Canada's first PROSTAID Home, a place for men on a prostate cancer journey and their families to experience caring, sharing and comfort.

[Ticket are available now at Ticketmaster:](#)  
<https://bit.ly/2utCBMW>

**Are you interested in being part of the Volunteer Team for the Rock & Roll Gala?**

Please contact Kelly for more information:  
[info@prostaidecalgary.org](mailto:info@prostaidecalgary.org)

### Thank you to our Sponsors and Community Partners

Logos of sponsors and community partners including Janssen, Bayer, Astellas, Canada Helps.org, Kerby Centre, Darkside Racing, Michener, MNP, Spolumbo's, Calgary Foundation, Calgary Football Officials Association, AGLC, Prostate Cancer Canada, Village, Stampede, and West Canadian Digital Imaging Inc.