



The Digital Examiner

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“Strength does not come from winning, your struggles develop your strengths. When you go through hardships and decide not to surrender, that is strength.”
Arnold Schwarzenegger

Connect with us:

Information

Phone: 403-455-1916
info@prostaidcalgary.org

Brad Sterling
President

president@prostaid.org

Support Groups

Frank Altin
Warriors

faltin@telusplanet.net

Wives, Partners & Caregivers

info@prostaidcalgary.org

Newly Diagnosed

info@prostaidcalgary.org

Mailing Address

PROSTAID Calgary

PO Box 72126

RPO Glenmore Landing

Calgary, Alberta

T2V 5H9

Phone: 403-455-1916

To subscribe to The Digital Examiner

info@prostaidcalgary.org

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Next General Meeting:
Tuesday, April 13th @ 7:30 p.m.,
via Zoom
“ Role of Neoadjuvant therapy in the treatment of prostate cancer”
Please RSVP to program.director@prostaid.org

Guest Speaker: Dr. Geoff Gotto is a urologist specializing in the management of urologic malignancies, including prostate cancer. After graduating from the University of British Columbia and receiving the Wesbrook Scholar designation and Hamber Scholarship in Medicine. He went on to complete a Fellowship in Urologic Oncology at Memorial Sloan-Kettering Cancer Center in New York and received his Masters of Public Health from Harvard. He is a Clinical Associate Professor in the Departments of Surgery and Oncology at the University of Calgary.



Dr. Gotto received the Canadian Urological Association scholarship for his research into health outcomes reporting and synoptic data acquisition. He was awarded Calgary’s Top 40 Under 40 award, in part for his work founding CAMP – the Clinic for Advanced and Metastatic Prostate Cancer at the Prostate Cancer Centre.

Dr. Gotto is the Principal Investigator for several clinical trials in advanced prostate cancer at the Prostate Cancer Centre in Calgary.

He is a father to 4 yr old twins and an avid back-country skier and mountain biker.

SIDE BAR:



- * The general meeting this month we welcome Dr. Geoff Gotto back, this time to speak about the role of neoadjuvant therapy in PCa.
- * New feature starting with this month’s DE we will be sharing a personal story from one member each month. In the coming months, we will begin with the stories of our board members. Our President Brad Sterling is up first on page 2.
- * Look to page 3 for a new research survey from Dr. Lauren Walker.
- * We are awaiting word from AGLC regarding the reopening of casinos, which in turn will tell us when we might be rescheduled. Watch our website or FaceBook page for updates between editions of the DE.
- * As well, the draft financials have gone to MNP and when they are returned we will be setting the date for our AGM.

Regards,

Dorothy

Dorothy Rodehutsors

Program Director

PROSTAID Calgary

Personal Story:

Brad's Story:

In 2008 I had been getting my PSA (Prostate Specific Androgen) checked for a few years along with a DRE (digital rectal exam). My family doctor noticed a rise in the PSA along with hardness to my prostate gland and at 53 years old I was referred to the Prostate Cancer Centre where it was recommended that a biopsy be done.

The biopsy confirmed I had Pca (Prostate Cancer). My Gleason score was 7 (3+4) and my PSA had risen from 4.47 to 5.7 within 3 months. Before I was 54 years old, I had a radical prostatectomy. The surgery went well, and pathology indicated my margins were clear. It was felt my cancer was contained in the gland which had been removed. But unfortunately, within in 6 months my PSA had started to rise. Less than a year after surgery I was referred to a radio-oncologist and my PSA had risen to 2.0.

Radiation of the pelvic area was not available to me and I was referred to a medical oncologist who enrolled me into a clinical trial involving a relatively new chemotherapy (Taxotere / Docetaxel) combined with ADT (Androgen Deprivation Therapy). 6 months of chemotherapy along with 18 months of ADT. My PSA dropped immediately but within 6 months of finishing the ADT the PSA began a slow rise. When I say slow rise, I mean slow. It took 4 1/2 years to get to 13.8.

Until then regular bone and CT scans did not reveal any metastasis but a scan in November 2016 revealed a 2 cm tumor in the prostate bed. After a referral to the tumor board, it was decided that I would immediately restart ADT in an attempt to shrink the tumor to allow for radiation and minimize potential damage to vital organs. The plan worked and in June 2017 I completed 20 rounds of radiation. PSA was undetectable and scans showed no evidence of the tumor.

In January 2018 my PSA was still undetectable and we decided I could take a treatment holiday. With 6 months my PSA was rising again and within the year I was back on ADT. This time my PSA did not drop to undetectable but hovered around 2 until March 2020 when it rose to 3. By September my PSA doubling time had gone from over 14 months to 6 months.

Fortunately, I again was able to enroll in a study involving a new drug which had just been approved by Health Canada in February that year. Since starting Darolutamide in October 2020 my PSA has remained undetectable.

I am one of the luckier men who has minimal side effects. My spouse attends all my doctor appointments and keeps me on track. I have a supportive family and a well-informed support network.

If you are interested in talking, please contact me directly at: bradwend@telus.net

Articles of Interest:

Are you experiencing erectile difficulties?

Consider completing this 15-20 minute anonymous online survey about strategies to address erectile difficulties

[Cumming.ucalgary.ca/laurenwalker/survey](https://cumming.ucalgary.ca/laurenwalker/survey)



Complete surveys will be eligible for a draw for a \$20 Visa gift card (odds:1/20, email address required for draw)

This study is approved by the Conjoint Health Research Ethics Board of the University of Calgary Study ID REB20-0101
Principal Investigator: Dr. Lauren Walker



This study is recruiting men experiencing erectile difficulties. The study aims to explore attitudes towards a novel sexual aid, that participants may or may not have considered using before. This can be used in addition to, or as an alternative to other erectile aids like medications and pumps. Previous experience using erectile aids is welcomed but is not required. We imagine that the novel strategy introduced in this study can be implemented in addition to, or independently of, other ED treatments .

The study is approved by the Research Ethics Board in Calgary for international recruitment. Collaborators on this study include Dr. Richard Wassersug out of UBC and Dr. Erik Wibowo out of University of Otago in New Zealand.

Study Link: <https://cumming.ucalgary.ca/laurenwalker/survey>

For Everyone:

Biomarker Analysis from a Randomized Phase II Study of Olaparib with or Without Cediranib in Men with Metastatic Castration-Resistant Prostate Cancer

- * The rationale for this study comes from preclinical and clinical studies showing that anti-angiogenic agents can result in a hypoxic tumor environment that downregulates the expression of homologous recombination genes, as well as studies in other cancers showing anti-tumor activity of cediranib and olaparib in combination.
- * February 2021, UroToday

Increase in U.S. Metastatic Prostate Cancer Diagnoses Seen After Reduction in PSA Screening

- * News Release February 2021, American Society of Clinical Oncology
- * “This study suggests that reduced PSA screening may come at the cost of more men presenting with metastatic prostate cancer. Patients should discuss the risks and benefits associated with PSA screening with their doctor to identify the best approach for them,” said Robert Dreicer, MD, MS, MACP, FASCO, ASCO expert in genitourinary cancers.

Short MRI Protocol Could Be Alternative for Prostate Cancer Follow-Up

- * Results show bi-parametric MRI not only shortens scan times and eliminates gadolinium exposure, but it also finds more clinically significant prostate cancers.
- * February 2021, Diagnostic Imaging



Videos:

[PSMA Targeted Therapies in Progressive Metastatic Prostate Cancer](#)

- * Talks about precision medicine, PSMA-targeted therapies, and progressive metastatic prostate cancer, in an educational forum. Talks to two medical oncologists who have helped to pioneer the advance of PSMA technologies, both in terms of imaging, but also in terms of therapeutics.
- * June 2020, UroToday

[Men's Health, Incontinence, ED and Testosterone Management](#)

- * A conversation with Dr. J Houman, Cedars-Sinai Men's Health, Los Angeles
- * February 2021, Prostate Council of Orange County

[Implications of PSMA PET Imaging for Prostate Cancer Presentation & Discussion](#)

- * Addresses evaluating treatment assessments and changes, metastasis directed therapy for oligometastatic disease, treatment decisions based upon scans for early disease, specifically, look at the OSPREY trial.
- * January 2021, UroToday

[Overall Survival Data from the Global, Phase 3 ARAMIS Trial in Men with Non Metastatic Castration-Resistant Prostate Cancer \(nmCRPC\)](#)

- * This interview offers key insights into the final ARAMIS analysis with a median follow-up of 29 months and providing 3-year overall survival (OS), other secondary endpoints, and safety data.
- * November 2020, UroToday

[Bone Imaging in Metastatic Prostate Cancer: A Patient Education Video](#)

- * In this patient-focused educational video, shares knowledge with patients on the role of skeletal imaging in prostate cancer. The common ways imaging scans are done and importantly how your physician applies this information to the treatment of metastatic prostate cancer.
- * February 2021, UroToday

[Is Prostate Cancer Fatal?](#)

- * From the Prostate 101 series with expert Dr. Mark Scholz
- * May 2020, Prostate Cancer Research Institute

New in Our Library

Look for all the new material on the library table at our next in-person meeting.

If you require assistance in locating online resources, please contact us and someone will be happy to help.

[From our Video Library \(YouTube\):](#)

From Calgary's 1st Annual Cancer Survivorship Symposium in 2015, [John D. Lewis](#) discusses developments in treating and isolating cancer cells. Through fascinating microscopic video he shows how treatments are progressing, and talks in detail about the Alberta Prostate Cancer Research Initiative.

In charge of the I-CAN SLEEP program at the Tom Baker Cancer Centre, [Sheila Garland](#) gives a rousing and informative presentation on factors that contribute to sleep and steps we can do to make sure we're getting the most from our time in bed.

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