

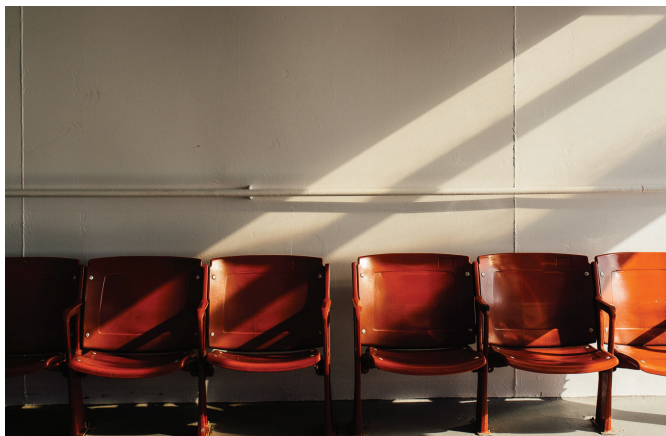
The Walnut



NEWSLETTER OF PROSTATE CANCER CANADA NETWORK OTTAWA
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WINTER, 2017

Prevention and Early Detection



Early diagnosis of cancer is the key to improving survival rates.

In this issue, we explore some of the risk factors for prostate cancer, as well as methods and potential benefits of screening.

Prostate cancer can often be found early using a simple blood test, but it's not clear if the benefits of testing all men for prostate cancer outweigh the risks, such as finding (and treating) cancers that probably never would have caused any problems. We look at both sides of this dialogue to give you an idea of the pros and cons. Ultimately, it's important to talk to a health care provider about the uncertainties, risks, and potential benefits of prostate cancer screening before deciding whether or not to be tested. We also look at some emerging new screening tests. ■

Monthly Meetings

We meet the 3rd Thursday of each month at St. Stephen's Anglican Church, 930 Watson Street, off Pinecrest, north of the Queensway. Parking is at the rear. Please bring a contribution for the St. Stephen's food bank.

MARK YOUR CALENDAR! • 16 February 2017 • 16 March 2017 • 20 April 2017

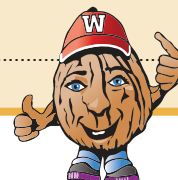
Warriors + 1

Warriors+1 support group meetings are normally held the Tuesday **BEFORE** the regular monthly meeting at the Maplesoft Centre for Cancer Survivorship Care, 1500 Alta Vista Drive.

Please note that at the moment the Warriors group is inactive – Dan Faber has been ill. We wish him a speedy recovery! Check the PCCNO web site for updates about the Warriors +1 upcoming schedule.

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Prostate Cancer
Canada Network
Ottawa

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PCCN OTTAWA is a volunteer organization of prostate cancer survivors and caregivers. Our purpose is to support newly-diagnosed, current, and continuing patients and their caregivers. PCCN Ottawa is a member of the Prostate Cancer Canada Network.

Executive Officers

Chair	Larry Peckford
Vice-Chair	Chuck Graham
Treasurer	Jim Thomson
Secretary	Jim Chittenden

Board of Directors

Larry Peckford, Chuck Graham, Jim Thomson, Jim Chittenden, Martin de Leeuw, John Dugan, Harvey Nuelle, Lionel Burns, Dan Faber, Hal Floysvik, David Brittain, Bill Dolan (Ex-officio member)

Key Functions

Program Director	Vacant
Peer Support Coordinator	Harvey Nuelle
Outreach/Awareness	Vacant
Volunteer Coordinator	Bernie Murphey
Communications Director	Vacant
Newsletter	Editor: Don Briscoe Layout: Shannon King Distribution: Andy Proulx, Martien de Leeuw
Admin Support	Mike Cassidy, Martin de Leeuw, Fil Young
Website	Peter Lindstrom
Database	Hal Floysvik
Sympathy cards	Joyce McInnis

PCCN Ottawa does not assume responsibility or liability for the contents or opinions expressed in this newsletter. The views or opinions expressed are solely for the information of our members and are not intended for self-diagnosis or as an alternative to medical advice and care.

PCCN Ottawa Mission Statement

We provide information on prostate cancer to those in need, gathered from a variety of sources. We participate in events that provide a venue for promoting awareness of prostate cancer through our informed member interaction at public gatherings or as speakers. We collaborate with local organizations such as The Ottawa Hospital, the Ottawa Regional Cancer Foundation, the Canadian Cancer Society, urologists and oncologists for information and support.

Upcoming Events

Conference: Discover the Future

PCCNO is planning a Prostate Cancer Conference to be held **September 15 – 16, 2017** at the Ottawa Conference and Event Centre, 200 Coventry Road, Ottawa.

The conference will focus on:

1. The progress and current status of prostate cancer treatment,
2. Learning about new approaches and research
3. Creating an awareness of the broad range of support services available in Ottawa and the surrounding areas

In addition to the remarkable advances in surgical, radiation and pharmaceutical therapies, we will also be including an examination of the benefits of alternative and holistic approaches. Our goal is to recognize and promote how the interconnected web of care across a broad spectrum influences body, mind, and spirit and helps fight this disease, extend life, and improve the overall quality of life.

The conference begins on **Friday evening, September 15** with registration and an opening reception. On **Saturday, September 16** we will have a full day program with a catered breakfast and lunch. This will be an exceptional learning opportunity!

Our Conference Partners

The PCCNO is grateful for the support of our allied organizations in organizing this conference. They are developing a rich program that will prove exciting, and invite stimulating conversation. Among them:

The Ottawa Hospital Cancer Program aims to provide each person affected by cancer world-class care, exceptional service and compassion that we would want for our loved ones. We provide high quality cancer care ranging from prevention, cancer assessment, treatment, support, follow up care, to end of life care. Dr. Christopher Morash, MD FRCSC and members of his team will discuss current and emerging therapies for treating prostate cancer.

The Ottawa Regional Cancer Foundation is dedicated to increasing cancer survivorship in Eastern Ontario. They support cancer care and research to prevent, detect, diagnose and cure cancer. <http://www.ottawacancer.ca/>

They are developing sessions on complementary, whole person care.

The Ottawa Integrative Cancer Centre (OICC) is the first integrative cancer care and research centre of its kind in Eastern Canada. The Centre was established to provide the best in integrative cancer care, to improve the quality of life of those touched by this debilitating disease. <http://www.oicc.ca/en>

The Canadian Cancer Survivor Network was created by a group of Canadians concerned about cancer.

<http://survivornet.ca/en> Their Mission is:

- ▶ To promote health by conducting educational activities for cancer patients, caregivers, and survivors on the physical and financial impacts, and other relevant topics, associated with managing cancer.
- ▶ To promote health by providing individuals living with and survivors of cancer, and their caregivers, with access to related counselling, information, or support group programs.
- ▶ To advance education by organizing and participating in conferences and speaking engagements to the public on topics related to cancer.
- ▶ To advance education by conducting research on cancer patients' and survivors' physical, emotional, and financial well-being and disseminating the results of the research to the public.
- ▶ To undertake activities ancillary and incidental to the attainment of the above charitable purposes.

PCCNO is grateful for funding support from Sanofi Canada.

Sanofi Canada is the Canadian affiliate of Sanofi, one of the world's leading healthcare companies.

Honorary Chair



We are delighted that Allan Rock, Past President and Vice Chancellor, Cabinet du recteur | Office of the President, Université d'Ottawa | University of Ottawa will be honorary chair of this conference.

Born and raised in Ottawa, Allan Rock is a three-time

graduate of the University of Ottawa. A trial lawyer by profession, he spent a decade in the Canadian Parliament as Attorney General of Canada, Minister of Health and then Minister of Industry. He served as Canadian Ambassador to the United Nations in New York before joining the University in 2008. ■



Definition: Prevention

In medicine, action taken to decrease the chance of getting a disease or condition. For example, cancer prevention includes avoiding risk factors (such as smoking, obesity, lack of exercise, and radiation exposure) and increasing protective factors (such as getting regular physical activity, staying at a healthy weight, and having a healthy diet).

To prevent new cancers from starting, scientists look at risk factors and protective factors. Anything that increases your chance of developing cancer is called a cancer risk factor; anything that decreases your chance of developing cancer is called a cancer protective factor.

Some risk factors for cancer can be avoided, but many cannot. For example, both smoking and inheriting certain genes are risk factors for some types of cancer, but only smoking can be avoided. Regular exercise and a healthy diet may be protective factors for some types of cancer. Avoiding risk factors and increasing protective factors may lower your risk but it does not mean that you will not get cancer.

For more information about risk factors, go to the National Cancer Institute: https://www.cancer.gov/types/prostate/patient/prostate-prevention-pdq#link/_49 ■

Past Events



Annual General Meeting (AGM)

Our AGM was held at our regular meeting on January 19, 2017. Rocco Rossi, President and CEO of Prostate Cancer Canada (PCC) was our special guest speaker.

Larry Peckford, in his report to the membership, recognized the hard work of Directors throughout the year. Directors are halfway in their mandate of a two year term with elections of directors taking place at our next AGM. Doug Nugent from the Winchester Prostate Support group has been added to our Board. The Board now has 14 directors.

Jim Thomson gave his Treasurer's report which shows the organization in a solid financial position. The Treasurer noted that the financial contributions of members are greatly appreciated and essential for the successful operations of the organization.

In photo: Chuck Graham Vice Chair (left) Rocco Rossi, President and CEO of Prostate Cancer Canada (PCC) (centre) and Larry Peckford Chair of PCCNO (right).



A Generous Donation

Harvey Nuelle (on the left in photo, along with PCCNO Chairman Larry Peckford on the right) presented his Bell Canada \$2500.00 Team award grant to PCCNO at a recent meeting.

He has been awarded this grant for the past sixteen years, and has donated it for the past six years to PCCNO, where he mentors and supports men newly diagnosed with prostate cancer. The grant is offered through Bell's Employee Giving Program to support organizations where Bell employees and retirees volunteer.

Many thanks to Harvey, whose care and kindness is making a difference to PCCNO and to men in our community with prostate cancer. Your generosity is very much appreciated!

PCCNO Christmas Party

The December 15 Members' meeting/party again provided a great opportunity to support each other in a fun and festive atmosphere. David Cook did a great job securing food and refreshments. And, for the third year in a row, we were privileged to have music supplied by the exciting Original Trillium Dixieland Jazz Band. There was once again a great turnout of members and guests. ■

In Memoriam

SCOTT, John “Jack”

PCCNO member since 1999. Peacefully on February 27, 2016. Predeceased by his wife Elsie (2007). He is survived by his son John Edward and his sister Marie Buchan (John) of Orillia and their two sons John and Alec. He was predeceased by his parents John Melville and Gladys Scott. Jack and Elsie arrived in Ottawa in 1981 when Jack was invited to join the Canada Post management team. In 1989 Jack became a founding member of the Mail Talk Toastmasters Club which he attended for nearly 30 years. A late bloomer, following his retirement from Canada Post in 1993 he qualified as a Palliative Care Volunteer with Hospice Ottawa, a passion he followed until his stroke in 2010.

GRANATA, Emilio

PCCNO member since 2002. Peacefully on Thursday, November 17, 2016 while surrounded by his family at the age of 74 years. Loving husband of Gitta, cherished father of Tania (Jason) and adored Nonno of Luca. Brother of Wanda (Natalino), Nello, Silvana (Gianni) and Tullio (Carole). Zio to many nieces and nephews and Godfather to several. Special Grampy Emi of Oban and Mackenzie. Emilio is also survived by many cousins from the Ottawa, Windsor and Detroit area. Predeceased by his parents Irene and Luigi Granata and survived by his mother-in-law Marie Christiansen.

DAVIS, Keith Gordon

Dr. Keith Gordon Davis left us December 4 2016. PCCNO member since 1998.

Strong, confidant and self-assured, he chose an assisted death at home with his family. After living with illness and treatments for many years, he did not want to continue with his current quality of life. He will be dearly missed by his sons Huw (Laura) and Michael (Amy), his grandchildren - Stuart, Riley and Griffin, and especially by his wife of 50 years Jennifer. He was a dedicated, thoughtful caring father, husband and person.

GARDINER, Allan Kenneth

PCCNO member since 2004. It is with profound sadness that the family announces the unexpected passing of Allan at the age of 86 on December 16, 2016 at his home in Ottawa. Son of the late Kenneth and Kathleen Gardiner. Beloved husband of 63 years of the late Elizabeth Cameron Gardiner. Loving father of Kathleen of Breslau, Jill of Vancouver and Joyce (François Lemelin) of Lévis, Québec. Allan was known in the neighbourhood for his renovation, handyman and gardening skills and was often seen delivering parcels, shovelling snow, picking up the mail and generally looking after all. He was deeply committed to Christ Church Belleville and Christ Church Bells Corners and fulfilled many roles at both churches. ■

Differences of opinion

There is a continuing dialogue about the pros and cons of PSA testing. Recently, the Vancouver Sun newspaper printed two differing viewpoints. Alan Cassels, a health policy analyst in Victoria B.C. says “the danger of preventative medicine is not just that it is frequently promoted in the absence of evidence, but that it is used to justify all kinds of poking and prodding of perfectly healthy people. Sometimes it is better to leave well enough alone.”

In response, Rocco Rossi, president and CEO of Prostate Cancer Canada asserts: “we must continue to advocate in favour of early detection. While there is no one-size-fits-all solution to prostate cancer, and there are pros and cons to each decision, patients need to be informed of their options when deciding which option fits best in terms of patient priorities... time is our greatest ally when faced with prostate cancer. With more time, we have more choice. Early detection truly is key.”

You can read more about their opinions online.

Alan Cassels: <http://vancouver.sun.com/opinion/opinion-psa-testing-poster-child-for-the-arrogance-of-preventive-healthcare>

Rocco Rossi: <http://vancouver.sun.com/opinion/opinion-on-behalf-of-men-with-prostate-cancer-and-their-families>

Screening Tools

(Source: <https://www.pcf.org/c/psa-dre-screening/>)

The purpose of screening is to detect prostate cancer at its earliest stages, before any symptoms have developed. Some men do experience symptoms that might indicate the presence of prostate cancer. These symptoms can also indicate the presence of other prostate diseases or disorders such as BPH (benign prostatic hyperplasia) or prostatitis, so these men will undergo a more thorough workup.

Typically, prostate cancer that's detected by screening is in the very early stages and can be treated most effectively. Physicians can screen for prostate cancer quickly and easily in their office, and commonly use two tests: the PSA (prostate-specific antigen) blood test and the digital rectal exam (DRE).

Prostate Specific Antigen test (PSA)

The most widely known screening tool is the PSA test.

PSA is a protein produced by the prostate and released in very small amounts into the bloodstream. When there's a problem with the prostate—like the development and growth of prostate cancer—more and more PSA is released. It eventually reaches a level where it can be easily detected in the blood.

PSA is not a perfect test

Levels can be elevated if other prostate problems are present, such as BPH or prostatitis. Some men with prostate cancer may even have low levels of PSA. PSA can also be diluted in men who are overweight or obese, due to a larger blood volume, and a biopsy at a relatively lower

number (i.e. 3.5 instead of 4) should be considered.

In recent years, the PSA test has been found to be less effective than earlier thought.

The Canadian Task Force on Preventive Health Care (CTFPHC), established by the Public Health Agency of Canada (PHAC) to develop clinical practice guidelines that support primary care providers in delivering preventive health care has conducted research on this and their results and recommendations can be found at: <http://canadiantaskforce.ca/ctfphc-guidelines/2014-prostate-cancer/clinician-faq/>

These recommendations are endorsed by many other groups, including: <https://www.healthlinkbc.ca/health-topics/aa38144>

Digital Rectal Exam (DRE)

Source: <http://paact.help/>

Often, the DRE can be used by urologists to help distinguish between prostate cancer and non-cancerous conditions such as BPH.

If prostate cancer is found as a result of screening with the PSA test or DRE, it will probably be at an earlier, more treatable stage than if no screening were done.

There is no question that screening can help find many prostate cancers early, but there are still questions about whether the benefits of screening outweigh the risks for most men. There are clearly both pros and cons to the prostate cancer screening tests in use today.



Active Surveillance

Source: Prostate Cancer Canada <http://prostatecancer.ca/Prostate-Cancer/Treatment/Active-Surveillance>

Active Surveillance Involves close monitoring of small, slow-growing prostate cancer with relatively normal-looking cells (as determined by your biopsy results). It may be appropriate if you are an older man who may be more likely to develop other (age-related) conditions that may have a greater impact on your health.

Watchful Waiting

Watchful waiting involves having no treatment for your prostate cancer. Rather than treating the prostate cancer, your doctor will wait until you start having symptoms and treat those, usually with medication.

The Mayo Clinic has an article about when active surveillance may be appropriate, and talks about the risks of choosing it: (<http://www.mayoclinic.org/tests-procedures/active-surveillance-for-prostate-cancer/details/why-its-done/icc-20262281>) ■

New Screening Tools



Here's an overview of some of the latest prostate cancer tests. Some are in use, others still in clinical trials. We provide this as information about how screening is evolving and improving, **not as an endorsement for any particular test**. As always, your physician is the best source for advice, should you wish to explore further.

Multi Parametric MRI

Magnetic resonance imaging (MRI) has been used in medicine since the 1980's, but multiparametric MRI has shown promising results in diagnosis, localization, risk stratification and staging of clinically significant prostate cancer. However, its exact clinical utility remains the subject of legitimate professional disagreement.

In 2015, the Sunnybrook Health Sciences Centre ran a pilot test project of MRI with 50 volunteers. Of the 50 enrolled patients, 47 had full results; 18 (38.3%) had cancer and 29 (61.7%) had no evidence of cancer.

Notably, MRI was nearly 3 times better than PSA at diagnosing prostate cancer. MRI also performed much better than PSA in predicting aggressive prostate cancer (Gleason score of 7 or more).

The pilot study results were satisfactory enough that the Sunnybrook team has started the first randomized clinical trial of MRI vs PSA for prostate cancer screening in the general population.

4K-Score Test

The 4Kscore analyzes four different types of PSA-related proteins in blood samples and calculates the likelihood, from 1% to 100%, that a biopsy would find an aggressive cancer, defined as a Gleason score of 7 or above.

The goal of the 4Kscore is to reduce unnecessary biopsies, as the vast majority of biopsies show either no cancer or a low-grade tumor. These biopsies result in high medical costs, as well as morbidities for the patient.

PHI (Prostate Health Index)

Another PSA-based test, Prostate Health Index, or PHI, calculates the likelihood that a biopsy will find cancer but not how aggressive the cancer might be.

This test is used for 2 purposes: (1) screening for prostate cancer among men who have no symptoms related to urinary tract and (2) diagnostic testing to detect prostate cancer in men who have urinary symptoms (such as slow urine stream, frequent urination, blood in urine, etc.) that may occur from prostate cancer.

SelectMDx

Other new tests check urine samples for gene fragments of prostate cancer to assess whether it is likely to be high-risk. SelectMDx, available in the U.S. since April, requires a digital rectal exam first.

Michigan Prostate Score

A urine-based test, the University of Michigan's Michigan Prostate Score, has been available since 2013 in the U.S. and has been shown to reduce the number of negative biopsies by 50% while delaying the finding of just 1% of high-risk cancers.

ConfirmMDx

This new test searches biopsied tissue for precancerous changes known as the "field" or "halo," suggesting a tumor may be lurking nearby. In a 2013 study in the *Journal of Urology*, ConfirmMDx identified two-thirds of prostate cancers missed on first biopsy, and correctly identified two-thirds of patients who could correctly forgo a repeat biopsy.

Progenesa

This urine test detects the presence of a gene called prostate cancer antigen 3 (PCA3). This gene is overexpressed (or overactive) in 95 percent of men with prostate cancer, but not in men who have healthy prostates or BPH. Results are ranked from less than 5 to

greater than 100, with a score of less than 25 indicating a decreased likelihood of a positive biopsy. Progenisa is approved for use in men age 50 and older who have had one or more negative biopsies, but who a doctor nonetheless suspects may have prostate cancer.

Prolaris

This test uses a sample of tumor tissue removed during a biopsy and measures how rapidly cells are dividing as a way to gauge whether the tumor is more or less likely to be deadly. Prolaris scores range from -1.3 to +4.7 and are stratified by risk, with higher scores indicating a greater risk of dying from prostate cancer.

Oncotype DX

This test examines the interactions between 17 genes in a biopsy sample to predict whether a tumor is likely to be aggressive. The result, the Genomic Prostate Score, ranges from 0 to 100; a low score suggests that the tumor is less likely to grow and spread and aggressive treatment may not be necessary. Conversely, a higher score suggests a poorer prognosis and a greater need for immediate treatment.

NADiA ProsVue

This blood test measures the rate of tiny changes in PSA levels over time, which can suggest that a man is at risk for recurrence. Patients are categorized as at reduced risk, which indicates that a man is at a lower risk for clinical (not biochemical) cancer recurrence for several years following his prostatectomy, or not at reduced risk.

Positron Emission Tomography (PET)

New research demonstrates that a novel imaging agent can quickly and accurately detect metastasis of prostate cancer, even in areas where detection has previously been difficult.

For more information on these tests, go to:

<https://www.healthafter50.com/prostate/article/how-effective-are-prostate-cancer-tests>

<http://www.medscape.com/viewarticle/866344>

<http://www.news-medical.net/news/20161202/Novel-imaging-agent-can-rapidly-and-accurately-detect-metastasis-of-prostate-cancer.aspx>

<http://www.wsj.com/articles/a-better-prostate-cancer-test-1462819119>

<http://www.newyorkurologyspecialists.com/prostate-cancer/phi-prostate-health-index-detection-screening-prostate-cancer/> ■

In the Next Issue

Spring 2016: Prostate Cancer and Mental Health



Depression, stress, fatigue, pain and psycho-social factors can all affect men with prostate cancer.

Caregivers, including spouses, friends and families may also experience significant psychological turmoil while caring for a man diagnosed with prostate cancer.

We explore what and how men and those who are important in their lives can get support. We also look at the importance of the consultation–liaison relationship between medical professionals (psychiatrists, psychologists, urologists, oncologists) and men and families dealing with prostate cancer.

Share Your Story

Knowing about other people's personal experience of prostate cancer can be a source of support and inspiration when you or someone you love is going through cancer treatment.

What is your experience in dealing with prostate cancer? What has this journey been like?

What insights can you share with those about to make, or in the middle of making, important decisions and choices?

If you are the spouse, partner or family member of a prostate cancer patient what experiences can you share to benefit others?

Your stories can support the work of PCCN Ottawa to promote and deliver personal support, education, awareness and health advocacy on behalf of all men and their families that are affected by prostate cancer.

Write us, and we will include your stories in the next issue of The Walnut! We cannot promise we will publish every story we receive, but we will share as many as we can. ■