



Durham Region

Durham

Region

Examiner

Minimum 15-Year Follow-Up After PCa Treatment Suggested

ORLANDO—A planned follow-up of at least 15 years after prostate cancer (PCa) treatment in disease-free men is a reasonable approach to monitor for late recurrence, researchers reported at the American Urological Association 2014 meeting in Orlando.

“Defined as recurrence more than 10 years after treatment, late recurrence of PCa is not a rare event,” the researchers, led by Frank Critz, MD, of Radiotherapy Clinics of Georgia in Decatur, wrote in a study abstract. “A study of this issue is key to answering this pertinent question: how long should disease-free men be followed after treatment of PCa?”

The study included 2,808 PCa patients treated with radiotherapy from 1984–2002. All

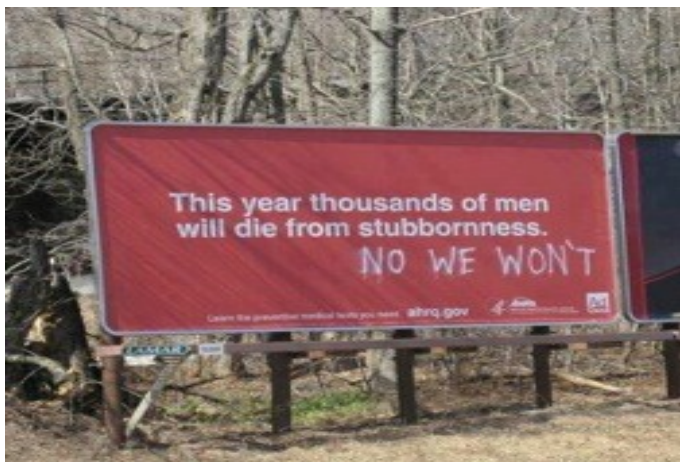
men were disease free by the surgical definition of recurrence at 10-year follow-up. Forty-eight men had late recurrence. The median time to late recurrence was 12 years and the median follow-up from the time of recurrence was 3 years.

Four patients who had a PSA of less than 0.2 ng/mL at 15-year follow-up had recurred from 15–20 years, with one who died of metastatic PCa after 25 years.

The late recurrence rate at 10, 15 and 20 years was 0%, 3%, and 5%, respectively, with no recurrence after 20 years.

Based upon relatively short follow-up, most late recurrent cases have a subsequent indolent course, “although at least 1 in 10 will have an aggressive, even lethal outcome,” the authors concluded.

**Steven Cho, May 20, 2014,
American Urological Association**



**NO SUPPORT GROUP
MEETINGS IN
JULY & AUGUST**

**The new season kicks off on
Wednesday, September 3rd .**

A MESSAGE FROM THE CHAIR.

Last time I took a look at all the wonderful work our executive members have been doing, and this time I'd like to look forward at the year ahead. As we approach the summer break – no meetings in July and August – much of our focus is on providing an interesting and suitably supportive array of events in the 2014 – 2015 season.

We have a plan for the usual nine events which include four speakers, four Member Forums and our Christmas social. As these plans solidify we will be posting information on the PCCNDurham.ca website so that you can keep informed on our future events.

Currently the September, October and December plans are set, and we are working on November. Cindy Hammett continues to play a very significant role in developing speakers and topics that meet your needs and continue to enlighten us all on significant developments related to prostate cancer, as well as those other important aspects of our lifestyle that help us continue to lead healthy, disease-free lives.

We want to hear from you, our members, and regular meeting attendees, about your interests and concerns to help us in tailoring future events so that they continue to serve your needs and those of our community at large. Please let us know about developments you discover and especially speakers who have impressed you with their ability to cover topics of interest to the group. .

There are always opportunities for those who are interested in joining our executive and getting involved in the many activities of PCCN Durham and you are encouraged to approach any of us on the current executive about joining us.

The fact that Prostate Cancer Canada has chosen Whitby as the location for the 2014 GTA East 'Do It For Dads' Walk Run provides a great chance for everyone to get some experience of being involved with the group and sup-

porting this important activity even if it is only during this single event, rather than an on-going role. We need support from you as a volunteer in your choice of several ways. You can:

- Participate in the Walk Run as a fund raiser, which is a very significant way to help as this is a major source of PCC funding,
- Help out on the morning of Fathers' Day by assisting participants park, register, find their way en-route or in post run activities,
- Help the organizers find sponsors, prizes and other aspects of planning the event, or
- Supporting participants as donors.

Please consider joining us in this important chance for Durham Region to play an important role in support of PCC.

Clark Weddell



Do it for Dads Walk /Run Sunday, June 15th Heydenshore Park, Whitby

Prostate Cancer Canada has invited PCCN Durham to host this annual family event on Fathers Day to raise money for prostate cancer. For more information visit:

<http://www.doitfordads.com/>

SAFeway 

ONE A DAY
ADVANCED™ MULTIVITAMIN

NEW TEST DEVELOPED TO DETECT MEN AT HIGH RISK OF PROSTATE CANCER RECURRENCE

Vienna, Austria: A new genetic "signature" to identify prostate cancer patients who are at high risk of their cancer recurring after surgery or radiotherapy has been developed by researchers in Canada, the 33rd conference of the European Society for Radiotherapy and Oncology (ESTRO33) in Vienna will hear today (Saturday, April 5th, 2014).

Professor Robert Bristow will tell the conference that although [surgery](#) and precision radiotherapy are the mainstays of treatment for [cancer](#) that is confined to the prostate, the cancer will return in between 30-50% of patients due to spread of the disease outside the prostate gland that was undetected during the initial treatment.

"Men who fail treatment within two years may be at the highest risk of dying from their prostate," he will say. "Existing methods for identifying high risk patients are imperfect, so new tests are required that are better at predicting which patients will have their cancer recur. These men can then be offered additional treatments, such as chemo- and hormone therapy, that will combat the prostate cancer throughout their entire body, rather than therapies solely focused on the prostate, in order to improve their chances of survival."

Prof Bristow (MD, PhD, FRCPC), a clinician-scientist at the Princess Margaret Cancer Centre and a Professor at the University of Toronto, Canada, and Dr Paul Boutros from the Ontario Institute of Cancer Research, together with their Canadian team, have developed a "signature" based on the DNA of the patient's prostate cancer that can accurately predict treatment failure in patients undergoing radiotherapy or surgery. The tumour's genetic characteristics and its microenvironment were analysed from biopsy tissue taken before the start of treatment.

"This is the first report of a test using this information derived from biopsy samples that can predict with close to 80% accuracy which men are at high or low risk of their prostate cancer recurring," he will say.

The researchers need to validate the test over the next two to three years in different and larger groups of patients to ensure that it will work successfully in hospitals worldwide. "If all goes well, then this will lead to a new test for [cancer patients](#) that can be turned around in three days and will tell doctors which patients will do well with local treatment alone – surgery or radiotherapy – and which will need extra treatment," Prof Bristow will say.

The researchers analysed DNA from biopsied tissue taken from 126 men who were predicted to be at intermediate risk of their cancer returning. The men were treated with image-guided radiotherapy (IGRT), which focuses the radiation more precisely on the tumour, and they were followed up for an average of 7.8 years. The researchers used a process for analysing the tumour DNA called array comparative genomic hybridization (aCGH), which looks at the patient's whole genome and identifies areas where there are missing, extra or irregular sections of DNA. From this information they were able to develop the [genetic signature](#) that identified men at high and low risk of their cancer recurring.

Then the researchers tested the genetic signature on a second group of 150 [patients](#) who were also at intermediate risk of cancer recurrence and who went on to have their tumours removed by surgery (radical prostatectomy). The signature test produced results similar to those in the first group.

See SECONDARY STUDY Page 5

DELAYING ADT SAFE FOR PROSTATE CANCER PATIENTS

A large prospective, observational study shows that prostate cancer patients who had a prostate-specific antigen (PSA)-based relapse could delay androgen deprivation therapy (ADT) until symptoms presented, without affecting long-term survival.

The estimated 5-year overall survival among the group of men who had delayed ADT was 87.2% compared with 85.1% for those who had immediate ADT following a PSA-based relapse. Ten-year survival was 71.6% for both groups.

The prostate cancer-specific mortality was also similar for the two groups: the 5-year survival for the immediate and delayed ADT groups was 96% and 93.3%, respectively, and the 10-year survival was 90.2% and 89.4%, respectively. All of the patients were previously treated with radical prostatectomy or radiotherapy.

These results, based on an analysis of 2,022 patients that are part of the national prospective registry CaPSURE (Cancer of the Prostate Strategic Urologic Research Endeavor), were presented by study author Xabier Garcia-De-Albeniz, MD, of the department of epidemiology at Harvard School of Public Health, at a press briefing in advance of the 2014 American Society of Clinical Oncology (ASCO) Annual Meeting, which will take place May 30–June 3 in Chicago.

“The role of starting ADT in these patients is not clear,” said Garcia-De-Albeniz during his presentation at the press briefing. Garcia-De-Albeniz referred to the National Comprehensive Cancer Network guideline, which states that there is “a therapeutic dilemma” regarding the role of ADT. Additionally, the potential magnitude of the benefit, particularly for asymptomatic patients, needs to be understood, according to ASCO guidelines.

The median time from primary treatment to PSA relapse was 27 months, and after relapse, patients were followed for a median of 53.2 months. The median age of the patients was 69 years. Because this study was observational, the results need to be confirmed in a randomized trial, noted Garcia-De-Albeniz. Furthermore, these results assume that there were no confounding factors that could affect survival, such as differential behavior of the participants or health factors like diabetes or blood pressure. A phase III trial is ongoing.

“There is an emotional drive” to seek therapy for prostate cancer patients who are otherwise asymptomatic but have a PSA-based result indicating a relapse, said ASCO President-Elect Peter P. Yu, MD, medical oncologist and director of cancer research at the Palo Alto Medical Foundation in California, who moderated the session and was not involved in this study.

“Up to now we have not had clear evidence, or some evidence, that delaying treatment until there are more objective signs of disease is a safe thing to do,” Yu commented at the press briefing. “This study will now provide us with information to have a dialogue between doctors and patients about whether they should start immediate hormone therapy or whether continued observation and waiting might be a better approach.”

Source

News [1] | May 19, 2014 | American Society of Clinical Oncology 2014

By Anna Azvolinsky, PhD [6], [cancernetwork](#)

**When I was young I was scared of the dark.
Now when I see my electricity bill, I am scared of the lights.**

SECONDARY STUDY CONTINUED FROM PAGE 3

In a secondary study, the researchers tested the oxygen content of the tumours from men treated with IGRT and found that this also predicted outcome, independently of the genetic signature test. Tumours with high levels of hypoxia (oxygen deprivation) were associated with worse survival.

"Importantly, we found that when we combined the signature with the additional information about the tumour's oxygen content, this made the genetic test even more accurate," Prof Bristow will say.

Men with low levels of genetic changes and low hypoxia had the best outcome, with 93% surviving for five years without their cancer recurring. Men with high levels of genetic alterations and high hypoxia had worse outcomes, with 49% surviving for five years without recurrence.

"These results will enable us to develop a new way of personalising medicine, so that we can improve cure rates and reduce the chances of the cancer spreading to other parts of the body," concludes Prof Bristow.

Professor Vincenzo Valentini, president of ESTRO and a radiation oncologist at the Policlinico Universitario A. Gemelli, Rome, Italy, commented: "This is exciting research because an accurate and quick test that can predict which men are most likely to need extra treatment to reduce the risk of a recurrence of their cancer is urgently needed. If the utility of this genetic signature is confirmed in further research over the next few years, it could become an important tool for helping us to better target appropriate treatment according to the genetic make-up of each man's tumour."

More information: Abstract no: O-0139, "Interdisciplinary 2: Prediction and modelling" session, 16.15-17.15 hrs (CEST) on Saturday, 5 April, Strauss 1.

Provided by [European Society for Radiotherapy and Oncology](#)

Hot & Cold Sex

After his exam the doctor asked the elderly man: "You appear to be in good health. Do you have any medical concerns you'd like to ask me about?"

"In fact, I do," said the old man. "After I have sex with my wife, I am usually cold and chilly, then after I have sex with her the second time, I am usually hot and sweaty."

Later, after examining his elderly wife, the doctor said: "Everything appears to be fine. Do you have any medical concerns that you'd like to discuss with me?"

She replied that she had no questions or concerns.

The doctor then said to her: "Your husband had an unusual concern. He claims that he is usually cold and chilly after having sex with you the first time, and then hot and sweaty after the second time. Do you know why?"

"Oh that crazy old fart." she replied.

"That's because the first time is usually in January and the second time is in August."

Support Group Meetings

The meetings are held on the first Wednesday of the month, Sept to Dec and Feb to June, at L'Amicale, which is located at 707 Simcoe St. South in Oshawa.

Parking is at the rear of the building. The meetings run from 7 pm till 9 pm.

Next Meeting - Wednesday, June 4th**Members Forum****Facilitator: Barry Bahm****Upcoming Meetings**

Please note there are **NO** meetings scheduled in July and August.

Sept 3rd: The Role of the Prostate Nurse Navigator & Beyond

Guest Speakers: Vanessa Barisic (Educator in Radiation Therapy) & Lori Seeley (Prostate Nurse Navigator) from the Durham Region Cancer Centre

**Prostate Cancer Canada Network - Durham Region
Executive Committee**

- Clark Weddell, Chair
- Don Hunter, Meeting Room Manager
- Peter Penak, Treasurer
- John Logue, Recording Secretary
- Frank Dimalta, Hospital Visits
- Barry Bahm, Facilitator
- Graham Lockey, Peer Support & Newsletter
- Cindy Hammett, Past Chair
- Ken Rudolfo, Hospital Visits

Our Patrons**MSB Industries Inc., Pickering****PCCN - DURHAM
Prostate Cancer
Support Group**

We are a volunteer organization providing prostate cancer information and support to men and their families in the Durham Region in Ontario.

We appreciate any donation to help defray our operating cost. We are, however, unable to provide a charitable tax receipt for donations.

Visit our website at:
www.pccndurham.ca

Or contact us by phone at:
905 434 8121
or by email:
info@pccndurham.ca

**Prostate Cancer
Canada Network**

Our group is affiliated with and receives significant support from Prostate Cancer Canada through the Prostate Cancer Canada Network. For more information visit:

www.prostatecancer.ca