



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

Contact information – Email – sbren@telus.net

Phone – 250-762-0607

www.kelownaprostate.com

Publisher/Editor – Bren Witt

VOLUME 23 – ISSUE 5 – (NUMBER 259) – JANUARY 2021

HAPPY NEW YEAR

Welcome to our first issue of this newsletter for 2021. We would like to take this opportunity to wish everyone a Very Happy New Year and all the best in 2021. We hope that everything will get back to normal in the next few months.

Yvonne and I also hope that everyone is doing well keeping healthy and haven't been affected by COVID. It is a bit scary when you look at the number of new cases in Interior Health.

If anyone wishes to speak to me, please feel free to contact me at the above number.

More Prostate Cancers are being Diagnosed at a Later Stage

The following information is from the U.S. and was published by Stephen Reinberg - October 2020 in HealthDay Today.

While men can take solace in a new government report that shows prostate cancer cases have been declining overall in the past two decades, the same analysis finds that the opposite is true for advanced prostate cancer cases.

In fact, the number of cases of cancer that had already spread from the prostate to other parts of the body doubled between 2003 and 2017, going from 4% to 8%, according to researchers from the U.S. Centers for Disease Control and Prevention.

“Understanding who gets prostate cancer and what the survival numbers are like could be important for men making prostate cancer screening decisions, providers discussing these decisions with their patients, and for informing recommendations for prostate cancer screening,” said lead researcher *Dr. David Siegel*, from CDC's Division of Cancer Prevention and Control.

Why the spike in advanced prostate cancers? *Dr. Anthony D'Amico*, a professor of radiation oncology at Harvard Medical School in Boston, said the increase was an inevitable consequence of a 2012 recommendation from the U.S. Preventive Services Task Force against routine use of prostate cancer screening with the prostate-specific antigen (PSA) test.

"We realized in 2012, when the U.S. Preventive Task Force said to stop PSA screening, we would expect that somewhere around 2018 to 2019 that cancer death rates would start to go up, and that about two to three years prior to that, around 2015 to 2016, we would expect to see distant metastases [cancer that has spread] go up because they preceded death by a couple of years," he explained.

That's exactly what this report found; D'Amico noted.

"That trend will continue because the reversal of the recommendations against PSA screening didn't happen until [2018], so it's going to be a couple of years from now before we start to see a plateauing and eventually a decrease in distance disease," he said. "We should have brought PSA back."

While D'Amico said he believes that men should have their PSA tested, whether an elevated PSA leads to further diagnosis or treatment should be based on a conversation between a man and his urologist.

"We're diagnosing less low-risk cases now, but there's no problem from my perspective in bringing the PSA back, so that the patients with low-risk cancer can have the discussion whether they want treatment or not, knowing what the side effects are, and the patients who need to be cured can be cured," D'Amico said.

Men are getting more metastatic disease and dying, he said. "But because of the reversal of PSA screening, it should go back to where it was, and the only difference is now we're smarter about who to treat and who not to treat," D'Amico said.

The CDC study also delved into racial differences for prostate cancer survival. The researchers found that the five-year survival was highest among Asian/Pacific Islanders (42%), followed by Hispanics (37%), American Indian/Alaska Natives (32%), Black men (32%), and white men (29%).

Understanding prostate cancer rates and survival can help guide treatment and survivor care planning, Siegel said.

This study did not look at PSA testing trends, but past studies have noted decreasing use of PSA testing, Siegel acknowledged. "There are a lot of factors, including decreases in PSA testing, that might contribute to the incidence trends we reported in the study.

The findings were published in the CDC's *Morbidity and Mortality Weekly Report*.

WITT'S WIT (ON THE LIGHTER SIDE) -

Smart Cat

A man hates his wife's cat with a passion and decides to get rid of it once and for all.

He drives twenty blocks away from home and drops the cat there.

The cat is already walking up the driveway as the man approaches his house.

The next day, he decides to drop the cat forty blocks away, but the same thing happens.

He keeps on increasing the number of blocks, but the cat keeps on coming home before him.

At last he decides to drive a few miles away, turn right, then left, past the bridge, then right again, and another right and so on until he reaches what he thinks is a perfect spot and drops the cat there.

Hours later, the man calls his wife at home and asks her, "Jen, is the cat there"?

"Yes, why do you ask?" answers the wife.

Frustrated, the man says, "*Put that cat on the phone. I'm lost and I need directions!*"

Second-Generation Antiandrogens for treatment in Castration Resistant Prostate Cancer –

The following is a very brief excerpt of information produced by the Department of Radiology at Stanford University.

Prostate cancer is the most commonly diagnosed cancer affecting men in the United States [and Canada]. The prostate is a hormone-dependent gland in which hormones testosterone and dihydrotestosterone bind to and activate the androgen receptor. Due to the androgen dependency of the prostate, androgen deprivation therapies have emerged as first line treatment for aggressive prostate cancer. Such therapies are effective until the point at which prostate cancer through a variety of mechanisms, overcome hormone deprivation. These cancers are androgen ablation resistant, clinically termed castration resistant prostate cancer (CRPC) and remain incurable. First-generation antiandrogens established androgen receptor blockade as a therapeutic strategy, but these therapies do not completely block androgen receptor activity. Efficacy and potency have been improved by the development of second-generation antiandrogen therapies, which remain the standard of care for patients with CRPC.

Four second-generation antiandrogens are currently approved by the

Food and Drug Administration (FDA) in the U.S. and Health Canada; They are –

Abiraterone Acetate, Enzalutamide, and recently approved ***Apalutamide*** and ***Darolutamide.***

Abiraterone Acetate – also known as Zytiga.

Enzalutamide – also known as XTANDI

Apalutamide – also known as Erleada

Darolutamide – also known as NUBEQUA

Metastatic prostate or recurrent prostate cancer is usually treated with hormonal therapy, or androgen deprivation therapy (ADT). These therapeutic interventions work by inhibiting the testosterone production of the testes and prostate tumors blocking AR (Androgen Receptor), which is largely impactful as over 80% of prostate cancer is androgen dependent. ADT include luteinizing hormone-releasing hormone (LHRH) agonists and antagonists, and AR blockers such as bicalutamide. Patients undergoing ADT have excellent initial responses, however, some may relapse within a few years due to alternative mechanisms of androgen receptor (AR) signaling, AR amplification or alternative splicing, intratumoral androgen production, or adrenal gland testosterone production at which time the disease is termed castration resistant prostate cancer (CRPC).

The Kelowna Prostate Cancer Support & Awareness group does not recommend treatment modalities or physicians: However, all information is fully shared and is confidential. The information contained in this newsletter is not intended to replace the services of your health professionals regarding matters of your personal health.

The Kelowna Prostate Cancer Support & Awareness Group would like to thank Janssen - and TerSera for their support and their educational grants towards our newsletters and our support group.



UP COMING MEETING DATES FOR 2020 -

Due to the COVID-19 virus we are still NOT holding monthly Support group Meetings.

NOTE: I will be in touch with everyone whenever it is safe to get back to holding regular meetings.

NOTE: Many of our past newsletters are available for viewing and printing through our website. - www.kelownaprostate.com

- A big *Thank You to Doris at Affordable Web Design for all her work on our website.*

