



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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I would like to take this opportunity to mention that our Kelowna Prostate Cancer Support & Awareness Group now has our own website. It can be found at www.kelownaprostate.com. Following the closing down of the Okanagan Prostate Resource Centre Society and its website, I thought it was important for our support group to have our own identity and website. I think our new website looks fantastic. If people go to the old OPRC website, they will be directed to our new [kelownaprostate.com](http://www.kelownaprostate.com) website. I would like to **Thank Doris Kotscha at Affordable Web Design** in Kelowna for all her work in creating our new look, including a new logo and masthead for our newsletter, and brochure. Doris also looks after making all the updates to the website and placing our newsletters on the website every month. If anyone is interested in a website, Doris is great to work with and can be reached by Email at: doris@affordablewebdesign.ca or by phone at – 250-762-5987. **Note:** many of our past newsletters are now available on our new website.

Unfortunately, the guest speaker that we thought was going to be speaking to our Support Group in March was unable to make the meeting, so I gave a brief presentation to the Group on the history of Surgery to treat Prostate Cancer.

The first surgical procedure to treat Prostate Cancer was the Radical Perineal Prostatectomy that was performed by Dr. Hugh H. Young, of Johns Hopkins Hospital in 1904. This surgical treatment remained basically unchanged for many years until the Radical Retropubic Prostatectomy approach that was developed by Dr. Terence Millin at the All Saints Hospital in London and was first performed in 1945. One of Dr. Millin's students Dr. Samuel K. Bacon, was the physician that brought this procedure to the U.S. The procedure was refined by Dr. Patrick Walsh at Johns Hopkins in 1982.

Mr. Lou Rioux of *Men's Specialty Health Services* gave a brief description on the use and operation of the *Osbon ErecAid Vacuum Pump System*. This device is NOT a sex toy but a medically approved and Health Canada Certified medical device used to obtain erections in men. Lou mentioned that has clients from all over Canada and the U.S. and they range in age from 18 to men in their 90s. This was a very interesting and educational presentation. I would like to thank Lou for coming out on such short notice to speak to us. Lou can be reached by phone at - 250-681-3719 the website is - www.mensspecialtyhealthservices.ca - or email - Lou@mensspecialtyhealthservices.ca

New Treatment for Prostate Cancer Approved by FDA in U.S. –

The following information has been obtained from several Internet sources including the Canadian Urological Association.

The FDA in the U.S. recently approved a new oral medication **Apalutamide (Erleada)** for the treatment of patients with prostate cancer that has not spread (non-metastatic) but is continuing to grow despite being treated with ADT (androgen-deprivation therapy). This is the first FDA-approved treatment for non-metastatic, castration-resistant prostate cancer.

In the phase III, randomized, double-blind, placebo-controlled SPARTAN trial, men with non-metastatic CRPC (castration resistant prostate cancer) treated with apalutamide had a significant 72% lower risk of metastasis or death compared with placebo.

The lead investigator Dr. Eric Jay Small, M.D., of the University of California San Francisco stated that, “treatment with apalutamide was generally well tolerated, with no impact on the quality of life scores and with low rates of discontinuation due to treatment-related adverse events.”

In order to approve oncology drugs in the U.S. the FDA evaluates a variety of methods that measure a drug’s effect, called endpoints. This approval is the first to use the

endpoint of metastasis-free survival, measuring the length of time that tumors did not spread to other parts of the body or that death occurred after starting treatment. Following the trial study, it was found that apalutamide had a robust effect on this endpoint.

Apalutamide works by blocking the effect of androgens, on the tumor.

The safety and efficacy of apalutamide was based on a randomized clinical trial of 1,207 patients with non-metastatic, castration-resistant prostate cancer. Patients in the trial either received apalutamide or a placebo. All patients were also treated with hormone therapy, either by using a LHRH agonist or through an orchiectomy (surgical castration). The median-free survival for patients taking apalutamide was 40.5 months compared to 16.2 months for the patients taking the placebo.

Editor’s Note – I believe an application by Janssen Pharma. has been made to Health Canada for the approval of this drug in Canada.

What Can Toenails Reveal About Your Health?

The following is an excerpt of information that was obtained off the Internet and originated with *Bel Marra Health*, regarding some cutting edge Canadian Research.

Some of the risk factors for prostate cancer include age, race/ethnicity, family history, genetic changes and mutations, diet, obesity, smoking,

chemical exposure, and other risk factors.

Of late researchers have been focusing on chemical exposure and its link to prostate cancer. To dig deeper and obtain further insight, the latest research study involved the collection of over 32,000 toenail clippings.

The Canadian researchers are examining the toenail clippings of nearly 150 men with prostate cancer and comparing them to men without prostate cancer.

Researcher **Dr. Jong Sung Kim** explained, "We're going to use toenail samples as an indicator of risk factors specifically related to environmental exposure to heavy metals in development of prostate cancer."

The researchers are trying to detect cadmium and arsenic, and nails are a good storage area for these chemicals. Fellow researcher **Dr. Anil Adidesh**, added, "All of us get some exposure to these metals in day-to-day life through food, soil, water but also through work. Quite often, work exposures are some of the more significant exposures people can get."

Researchers are hoping to expand on previous research in this area conducted by Italian scientists, which found an increased risk of prostate cancer from exposure to cadmium.

The team from *New Brunswick, Nova Scotia, and British Columbia* are working together for the study. They are hopeful that their findings will qualify them to provide recommendations on environmental exposures to reduce the risk of prostate cancer.

The research is expected to take place over the next couple of years.

WITT'S WIT (ON THE LIGHTER SIDE) -

KNOWLEDGE IS POWER

- A Shot of Whiskey - In the old west a .45 cartridge for six-gun cost 12 cents, so did a glass of whiskey. If a cowhand was low on cash, he would often give the bartender a cartridge in exchange for a drink. This became known as a "shot" of whiskey

- Hogwash - Steamboats carried both people and animals. Since pigs smelled so bad they would be washed before being put on board. The mud and other filth that was washed off was considered useless "hog wash".

- Barrels of Oil - When the first oil wells were drilled they had made no provision for storing the liquid, so they used water barrels. That is why, to this day, we speak of barrels of oil rather than gallons of oil.

- Hot of the Press - As the paper goes through the rotary printing press friction causes it to heat up. Therefore, if you grab the paper right off the press it's hot. The expression means to get immediate information.

History of Prostate Cancer -

The following information was obtained from several sources off the Internet.

While I was doing the research on ADT for our prostate cancer support group meeting in February I came across several very interesting articles on the history of prostate cancer.

In 1853, *J. Adams*, a surgeon at The London Hospital, described the first case of prostate cancer, which he discovered by histological examination. Adams noted in his report that this condition was "a very rare disease". Remarkably, today prostate cancer has become a significant health problem, being the most common diagnosed cancer in men in Canada and the U.S. as well in other countries.

Mummy Has Oldest Case of Prostate Cancer in Ancient Egypt -

The following information is an excerpt of information published by Heather Pringle in 2011.

Some 2250 years ago in Egypt, a man known today only as M1 struggled with a long, painful, progressive illness. A dull pain throbbed in his lower back, then spread to other parts of his body, making most movements a misery. When M1 finally succumbed to the mysterious ailment between ages 51 and 60, his family paid for him to be mummified so that he could be reborn and relish the pleasures in the afterworld.

Now an international research team has diagnosed what ailed M1: The

oldest known case of prostate cancer in ancient Egypt and the second oldest case in the world. (The earliest diagnosis of prostate cancer came from the 2700-year old skeleton of a Scythian King in Russia.) Moreover, the new study published, in the *International Journal of Paleopathology*, suggests that earlier investigators may have underestimated the prevalence of cancer in ancient populations because high-resolution computerized tomography (CT) scanners capable of finding tumors measuring just 1 to 2 millimeters in diameter only became available in 2005.

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 - manufacturer of Zytiga® - Abiraterone for their support in producing this newsletter.



UP COMING MEETING DATES FOR 2018 –

May 12th – June 9th.

Meeting Location:

Our meetings will be taking place in the Harvest Room at the Trinity Baptist Church, located at the corner of Springfield Rd. & Spall Rd., enter through the South Entrance. Follow the signs. The doors open at 8:30A.M. and the meeting begins at 9:00A.M. There is elevator access if needed.

