



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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It was great to welcome Lori Sameshima, Registered Dietitian and the Practice Lead for Oncology Nutrition at BC Cancer Kelowna out to our March meeting. Lori gave everyone present a pamphlet on nutrition and some ideas on what our dinner plate should look like. I believe everyone present found her presentation to be very informative, interesting and very educational. If anyone would like to get a copy of this pamphlet, I believe you can download the information at www.nourishonline.ca

For all those in the Vernon area, Vernon now has its own exercise class for men with prostate cancer. At the present time the classes are being held once a week but if there is enough interest the classes could be held twice a week. For more information, please contact Cathy Watson at – Cathy Watson Physiotherapy - (250) 540-0203.

If you know of someone who would be interested in our support group meetings, or the newsletter please give them my contact information or invite them out to a meeting. If you wish to have your name and contact details removed from this contact list, please let me know and I will remove your information.

B.C. Grandfather Cancer-Free After Personalized Prostate Cancer Treatment

The following is an excerpt of information that originated with the BC Cancer Foundation. Feb. 3, 2025

Dante Di Pasquale had just retired and was looking forward to getting back to golf, woodworking and traveling with his wife Carole, when he was diagnosed with prostate cancer in 2019.

Unfortunately, it's not unusual as one in nine men will be diagnosed with prostate cancer in their lifetime and 90 percent of those diagnoses will occur in men over 60.

What is uncommon, however, is that Dante has just wrapped another major milestone – 55 months on an immunotherapy clinical trial that in theory should not have worked to treat his disease. But, thanks to genomic testing that discovered he had a high mutation burden that does respond well to the treatment, he is now cancer-free.

In addition to surgery to remove his prostate, Dante underwent radiation and chemotherapy to treat his cancer, which had unfortunately spread to the bones in his back. “It worked for a while,” he says, “but after a few months my prostate-specific antigen (PSA) levels started to go up.”

Dante’s oncologist, Dr. Bernie Eigl, deputy head, department of clinical research at BC Cancer, referred him to a *BC Cancer Foundation-funded study in precision medicine- IND.234* – that uses liquid biopsy (a simple blood test) to screen for genomic markers in prostate cancer patients.

After analysis, patients in the first-of-its-kind study were assigned to one of five new therapies targeted at their unique form of prostate cancer. In Dante’s case, it was immunotherapy, a treatment that uses the body’s own immune system to fight cancer.

The trial required Dante to travel once a month from his home in Richmond to BC Cancer - Vancouver to receive an hour-long transfusion. “From the very first treatment, he says “my PSA was undetectable and scans every three months have been stable, which basically means the cancer is gone.”

“It’s a true success story,” says, Dr. Eigl, “and one made possible, in part due to a donor supported trial that enabled us to home in on the unique characterizations of Dante’s cancer to recommend a personalized and effective treatment. While immunotherapy doesn’t work for most prostate cancers, Dante has experienced an exceptional and continuous response that has lasted for roughly the past four years – knowledge that we’ll be able to apply to the next patient that presents with similar disease.”

Dante is thrilled by the outcome and says, “as far as the clinical trial, it’s good for me, and for anyone who has this type of prostate cancer – there’s a good chance immunotherapy will work for them.”

Even better, compared to chemotherapy, Dante says immunotherapy, “was a non-event. I could basically just go on with my day. I think in most cases it’s a lot easier on the body. Chemo kills everything. Immunotherapy is very specific. It lets your body, your T cells, do the work. It just helps them along, trains them or wakes them up. It’s a lot better than knocking the hell out of everything.”

At his worst, Dante had to use a cane to support himself, but now he’s back to, “if not 100 percent, pretty darn normal.” He even got on his bike this past summer. “I’m a little slower,” but he believes it’s more a result of ageing – something the 72-year-old grandfather is deeply grateful he gets to experience.

WITT'S WIT (ON THE LIGHTER SIDE) -

OMG, I'm rich!
Silver in the hair,
Gold in the teeth,
Crystals in the kidney,
Sugar in the blood,
Lead in the butt,
Iron in the arteries,
And an inexhaustible
Supply of natural gas!

I never thought that I would
accumulate such wealth!

Unknown Author

Has PSA Screening Guidance Upped prostate Cancer Incidence and Mortality –

The following is an excerpt from a couple of Internet sources including the *University of California San Francisco* and *Medscape*.

The incidence of advanced prostate Cancer in California rose markedly in the decade since doctors stopped routinely screening all men for the disease, according to a new study by UC San Francisco.

After declining for many years, the death rate from the disease also plateaued in most regions of the state.

The findings reinforce the need for screening that can identify potentially fatal tumors without raising false alarms about ones that pose no threat to the patient.

These concerning trends may be driven by the US Preventive Services Task Force (USPSTF) recommendations against

routine prostate-specific antigen (PSA) screening, reported *Erin L. Van Blarigan, ScD*, of the University of California San Francisco (USCF), and colleagues.

How have the USPSTF Recommendation for PSA screening Changed Over the Years?

“The potential benefits and harms of PSA screening have resulted in fluctuating guidelines over the last 20 years,” the investigators wrote in *JAMA Network Open*.

In 2008, the USPSTF advised against PSA screening for men older than 75 years. By 2012, this recommendation was expanded to all men, discouraging PSA screening across the board. In 2018, the guidelines called for a more individualized approach, advising men aged 55-69 years to discuss the potential benefits of and the risks for PSA screening with their clinician.

“It is unclear the extent to which shared decision-making is taking place and if population groups at higher risk of prostate cancer mortality (e.g., non-Hispanic Black males) are being referred for screening” Van Blarigan and colleagues wrote. “Thus, close monitoring of cancer surveillance data is needed to understand how the changing screening guidelines have impacted the incidence and mortality of prostate cancer across population groups.”

The challenge of Screening for Prostate Cancer

The most frequently used screening tool is PSA testing (prostate-specific antigen), which does not differentiate between aggressive and non-aggressive tumors, leading many men to be diagnosed with cancers that would not hurt them in the long run.

On the other hand, if screening isn't done, timely diagnosis of more advanced cancers can be missed – those cancers might have been successfully treated if found early.

What Did the New Study Find?

The present cohort study analyzed trends in prostate cancer incidence and mortality in California from 2004 to 2021 using data from the California Cancer Registry, The California Department of Public Health's Center for Health Statistics, the National Cancer Institute (NCI)'s Surveillance, Epidemiology, and End Results (SEER) program, and the US Census.

USCF researchers analyzed data involving nearly 388,000 men with prostate cancer in California between 2004 and 2021. Almost 28,000 (7.2%) had advanced disease, which has a five-year survival rate of just 37%. During the study timeframe, there were 58,754 deaths from prostate cancer.

Prostate Cancer mortality declined by 2.6% per year from 2004 to 2012 and then plateaued between 2012 and 2021. This plateau was observed across all racial and ethnic groups and regions.

Were trends Driven By 2012 USPSTF Recommendations Against PSA Screening?

“The change in [USPSTF] guidelines to recommend no PSA Screening contributed, at least in part, to the rapid increase in advanced prostate cancer”, Van Blarigan said in a written comment.

Sophia Kamran, MD, radiation oncologist at Massachusetts General Hospital and assistant professor of radiation oncology at Harvard Medical School, both at Boston, supported this hypothesis.

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 educational grants that go towards our newsletters and our support group.



UP COMING MEETING DATES FOR 2024 – 2025

NOTE: – May 10 – June 14

Meeting Location:

Our meetings take place in the Harvest Room at Trinity Church located at the corner of Springfield Road and Spall Road. Please enter through the South Entrance off the main parking lot and follow the signs upstairs to the Harvest Room. Our meetings begin at 9:00 A.M. and the doors open at 8:30 A.M. There is elevator access if needed.

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