



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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At our meeting in February, I gave a presentation on some of the myths and misconception on Cancer not just Prostate Cancer but Cancer in general. For example, did you know that there are over 200 different types of Cancer, and that when it comes to Prostate Cancer about 95% of prostate cancers are classified as Adenocarcinoma.

Some people think that Cancer is a modern man-made-disease – No, in reality the Greeks and Egyptian researchers wrote about Cancer thousands of years ago, and researchers have since found signs of cancer in a 3,000-year-old skeleton.

Myth: Cancer is always painful. Truth - Some cancers never cause pain. Generally, men diagnosed with early-stage Prostate Cancer have no pain. However, if Prostate Cancer metastasizes to bone men will have pain.

Myth: Everyone who has Cancer has to have treatment – Truth – When it comes specifically to Prostate Cancer if caught early men with a low Gleason Grade and Score some men may go on Active Surveillance – and are watched very closely. Even if no change in PSA probably have another biopsy in a year to 18 months.

I had yearly PSA tests, but my Prostate Cancer still wasn't caught in time

The following information is a brief excerpt of information obtained from the Internet and is from Great Britain and is the story of a 79-year-old gentleman named Harry Elson, who was diagnosed with prostate cancer and who had lost his father and uncles to prostate cancer. This is his own personal story. If you have concerns, please contact your own health care team.

When my father and his brothers all died of prostate cancer in the 1990s, it was still considered an “old man’s disease”, and few people really spoke about it. However, knowing my family history meant I was incredibly aware of my increased risk of the disease from a young age.

In my 50s, I began to push for annual prostate-specific antigen (PSA) blood tests, and I encouraged all my friends to have them too. I was determined not to face the same fate as my father and his brothers. Yet sadly, even though I had yearly tests, my cancer wasn't caught in time. I am now facing a battle against stage 4 prostate cancer, and another shock came when my son was also diagnosed with the disease.

Rising PSA levels

From the age of 40, I had annual health check-ups through my work and always made sure to push for a blood test so I could monitor my PSA levels. Still, this didn't feel like enough, and as the years went by, I found myself thinking about my father's death more and more.

So, once I had finished work and no longer had these annual health check-ups, I went to my GP and explained my family history to them. I pushed for annual PSA tests, and although they were very resistant to the idea, my doctor finally agreed to general blood tests each year, assuring me that they would take further action if it were ever necessary. I came out of that consultation feeling incredibly reassured.

In my late 50s, my PSA level was low, at 0.8ng.ml; however, over the years it began to slowly rise. Each time I went to the doctor for my annual blood test, the nurses questioned why I was there and tried to convince me that yearly testing wasn't necessary. Still, I refused to give in and continues to log my PSA levels year after year.

Then at age 73, my PSA level jumped up to 2.6. My GP decided to investigate further with a digital rectal

examination. Although he said my prostate was slightly enlarged and felt "rough" on the left side, he assured me that no further action was necessary. While a PSA level of 2.6 is higher than normal for a man in his 40s, it is considered normal for a man in his 70s.

Dismissed by my GP

Hindsight is a wonderfully frustrating thing, and I can't help but wonder whether my future would have been different had I urged my GP seriously to consider my results in the context of my family history.

For the next 10 months, I carried on as usual. Then, in October 2021, my wife and I were visiting relatives in Spain when I experienced a very uncomfortable feeling in my prostate area and began waking up in the night. These were the biggest red flags yet and I was terribly concerned. As soon as we returned home, I contacted my doctor's practice for my annual PSA test.

When I met with the GP, he explained that my PSA had doubled in a year to 7.69 and that he was significantly concerned given my family history. He referred me to the hospital for immediate investigation.

The awful diagnosis

In all fairness, my experience at the Royal Surrey Cancer Centre couldn't have been better. They were fantastically speedy and within a month, I had an MRI scan and a biopsy on my prostate. Then came the awful news. In February 2022, I was diagnosed with stage 4 prostate cancer. It has already spread to my bones.

When the doctor told me, I simply didn't know how to react or what to do. All I could think about was how vigilant I had been for the past 10 years and wished that I had pushed for a thorough check-up when my PSA level had jumped a year before. Perhaps my cancer would have been caught at an earlier and more manageable stage.

For a while, I simply couldn't cope and didn't want to tell anyone, so my wife and I went to our vacation home. There, I locked myself away for a few days to process the diagnosis and what it meant for our future.

Upon returning home I told both our sons about the diagnosis and then began treatment that included both chemotherapy and 3-month hormone injections of Zoladex.

Shortly after I began my treatment my oldest son pushed his GP for a PSA test and discovered his levels were slightly raises, at 3.5 ng/ml. Luckily, aware of our family history of the disease, his GP referred him for further testing, which confirmed he had prostate cancer.

I am delighted that my son's cancer was caught at a very early stage and his treatment was successful.

What comes next?

After my course of chemotherapy, I was pleased to hear that it had been successful in keeping my cancer under control. In the years since then, I have continued with regular check-ups, daily doses of abiraterone (another type of hormone therapy tablet and prednisone (a corticosteroid medication), and three-month Zoladex injections.

I have had another nine sessions of chemotherapy. I have also had multiple scans, which confirmed my PSA had continued to rise, but there has been little new cancer growth, which is a great relief. My future is uncertain, but I refuse to think the worst and will continue fighting until the very end.

WITT'S WIT (ON THE LIGHTER SIDE) -

The following cartoon was obtained from the Book - Prostate Cancer with a Dose of Reality and a Slice of Reality by Chad & Clayton Crowe.



Canadian Cancer Society Annual Cancer Statistics –

The following information was published by the Canadian Cancer Society in November 2025 –

Prostate Cancer Statistics 2025 –

This year the Canadian Cancer Society is estimating that **30,400** men will be newly diagnosed with prostate cancer this is up from **27,900** estimated new cases of prostate cancer in 2024. It is also estimated that approximately **5,200** men nationally will die from prostate cancer in 2025, this is up from **5,000** in 2024. The Canadian Cancer Society estimates that in British Columbia **180** men will die from prostate cancer.

This year in British Columbia it is estimated that **4,200** men will be newly diagnosed with prostate cancer this is up from 4,100 new cases in 2024. It is also estimated that **4,200** women in British Columbia will be newly diagnosed with breast cancer, this is also up from 4,100 new cases last year.

The Canadian Cancer Society also estimates that there will be approximately **152.2** new cases of prostate cancer per 100,000 population in Canada. In British Columbia it is **145.4** new cases per 100,000 population.

The Canadian Cancer Society estimates that the 5-year survival for prostate cancer is 91%. This is the same as the 2024 statistics published by the Canadian Cancer Society in 2024.

I know that many in B.C. came from Saskatchewan, the statistics show that **10** more women provincially will be diagnosed with breast cancer than men with prostate cancer. **790** breast cancer compared to **780** prostate cancer in 2025.

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 - 2025 – 2026

March 14, April 11, May 9, June 13,

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

