KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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VOLUME 26 – ISSUE 5 – (NUMBER 289) – JANUARY 2024

Happy New Year

Yvonne and I would like to wish everyone who receives our newsletter a Very Happy New Year and the best to all in 2014.

Our special guest speaker at our meeting in December was Dr. Matt Ho. Dr. Ho gave everyone present a very interesting and informative presentation on prostate cancer as well as the use of the Robot to perform prostate cancer surgery. He also compared the use of the Robot to the use of Laparoscopy surgery for prostate cancer. Following his presentation, he took questions from the over 30 people who were in attendance for this meeting.

Dr. Ho is a B.C. boy and is Kelowna's newest urologist, he is in fact a Uro Oncologist as he just completed his additional 2-year fellowship in June and commenced his practice in Kelowna in July following the retirement of Dr. Keith Prestage. Dr. Ho is a great asset to those of us not only in Kelowna but for the whole of the Okanagan and the Interior of B.C.

Prostate Cancer and Primary Care: What Physicians Should Know

The following is a brief excerpt of information that originated with *Medical Economics Nov. 16, 2023, by Richard Payerchin.* The information contained is U.S., however, I have also included information from the *Canadian Task Force on Preventive Health Care.*

Prostate Cancer is a leading cause of death in American men. *[In Canada it is the number one diagnosed cancer in men and third leading cause of death in men from cancer*] Its time to revisit the guidelines to test for it, said the leader of a national urology group in the U.S.

This fall, the U.S. Preventive Services Task Force (USPSTF) solicited comments about its "Prostate Cancer Screening" recommendation. It's an early step in the review process that could lead to changes to the recommendation dating from 2018.

Then the USPSTF gave a "C" grade to screening men aged 55 to 69, so the decision to be screened for prostate cancer should be an individual one. The Task Force recommended against prostate specific antigen (PSA) screening for men aged 70 years or older.

That 2018 recommendation updated another from 2012, when the USPSTF recommended against PSA testing for men of all ages.

The Canadian Task Force on Preventive Health Care (CTFPHC) recommendations for screening for prostate cancer were released in October 2014 and I don't believe they have been updated since that time - their recommendations are –

For men aged less than 55 years, we recommend not screening for prostate cancer with the prostate-specific antigen (PSA) test. (Strong recommendation; low quality evidence).

For men aged 55-69 years, we recommend not screening for prostate cancer with the prostate-specific-antigen (PSA) test. (Weak recommendation; moderate quality evidence).

For men 70 years of age and older, we recommend not screening for prostate cancer with prostate-specific antigen (PSA) test. (Strong recommendation; low quality evidence).

The recommendation does not apply to men with previously diagnosed prostate cancer or to the use of the PSA test for surveillance after treatment for prostate cancer.

The Canadian Task Force based their recommendation on consideration of the overall balance between the possible benefits and harms of PSA screening (with or without the DRE): weighing the possible benefits against potential harms of early diagnosis, and treatment of prostate cancer.

Basis of the Recommendation: -

Their recommendation places a relatively low value on a small potential absolute decrease in prostate cancer mortality, and reflects concerns with false positive results, unnecessary biopsies, overdiagnosis of prostate cancer, and harms associated with unnecessary treatment.

Details of Recommended service:-

The implication of the strong recommendation for men under 55 years of age and 70 years and older is that clinicians should not routinely discuss screening for prostate cancer. The implication of the weak recommendation for men 55to 69 years is that clinicians should discuss the risks and benefits of screening and its potential consequences with each man in the

context of his preferences. DRE is not recommended.

The Canadian Task Force also stated that there is no data demonstrating that the benefits or harms of screening differ in high-risk populations, as compared to men from the general population However, clinicians may wish to discuss the benefits and harms of screening in men at higher risk, with explicit consideration of their values and preferences.

Editors Note: *Maybe it's time the Canadian Task Force updated its Guidelines on PSA testing, I believe it's been over nine years since they came out with these guidelines. The incidence of prostate cancer keeps increasing year over year.*

From 2007 to 2014 less screening in the U.S. led to a decline in prostate cancer diagnoses. Since 2014, incidence rates are growing, according to the American Cancer Society. Prostate cancer rates are rising, even though screening and treatment options have gotten better in recent years. That makes it time to revisit the USPF guidance, said *Evan R. Goldfischer, MD, MBA, CPI president of the Large Urology Group Practice Association (LUGPA), in the U.S.*

One thing that hasn't changed: Early detection is key for physicians and patients to fight cancer.

"In general, with cancer, the earlier you detect it, the better the odds are that you're going to cure it and the more options he has for treatment," Goldfischer said. "Once it gets past the localized and becomes metastatic, the options become fewer, and the prognosis becomes worse. And that's true for prostate cancer as well."

Medical Economics: Can you discuss the current recommendation for prostate cancer screening? Has the sensitivity of the PSA test gotten better over the years?

Evan R. Goldfischer, MD, MBA, CPI: It's the best test we have. It's not perfect, but I think we're much wiser in how we use it right now. Back when I was training, just about every man got a PSA test and just about everybody who was diagnosed with cancer got treated. I think we were guilty in the early 2000's and 1990's of over diagnosing and overtreating prostate cancer. We realize now that most cancers take a while to kill you, so do you really need to screen a 95-year-old man who's diabetic, who's had two heart attacks and a stroke? Probably not. He's not the kind of guy who's going to die from prostate cancer. On the other hand, do you really need to treat someone with one very small focus of low-grade prostate cancer, or is it safe to watch? Dr. Goldfischer went on to say I'm a urologist, so I'm a little bit biased – knowledge is power. I still think it's important to get a PSA blood test, I still think it's important to do the biopsy, if necessary. Once you have a discussion with the patient including going over their health, their genetic history including the pros and cons of treatment. Knowing that each patient is different, then you can arrive at the

right decision for the patient. *But you don't know until you get that PSA.*

Medical Economics: What would you like to see from the U.S. Preventive Services Task Force?

Dr. Goldfischer: I'd like to see them make another revision to their recommendations that they did in 2018. I'd like the see the U.S. Preventive Task Force say, you know what, it's more than just having a discussion now, that we need to really offer the test to every male patient and let them decide if it's right for them. But it really should be offered to everybody. We really shouldn't have academics denying this opportunity or denying this information to patients, especially the most-at-risk patients. Years ago, the USPSTF wanted to deny care to women for screening for breast cancer. The women went up in arms and their recommendations were retracted. Men are not quite as vocal about their health as women and don't have the same advocacy in place for themselves, and that's why I think it hasn't happened yet for men.

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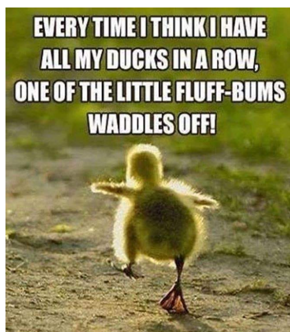

The Kelowna Prostate Cancer Support & Awareness group does not recommend treatment modalities or physicians: However, all information is fully shared and is confidential. The information contained in this newsletter is not intended to replace the services of your health professionals regarding matters 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 2023 – 2024

NOTE: February 10 - March 9 - April 13 – May 11 – June 8

<u>Meeting Location:</u>

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.*