



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

Contact information – email – sbren@telus.net

Phone – 250-762-0607

www.kelownaprostate.com

Publisher/Editor – Bren Witt

VOLUME 24 – ISSUE 5 – (Number 269) – JANUARY 2022

HAPPY NEW YEAR

Yvonne and I would like to take this opportunity to wish everyone receiving this newsletter a very Happy New Year and let's hope that everything will begin to get back to normal sooner rather than later. WE were hoping that we may have been able to begin in person meetings, however, the new Omicron variant has put a stop to group gatherings. At the present time we just don't know we will be able to hold in person meetings.

We hope that everyone receiving the newsletter is keeping safe and haven't been affected by COVID.

If anyone has any questions or concerns that I may be able to help with please feel free to contact me either by email or phone at the above contact information.

If you wish to have your name removed from this email, please contact me and I will remove your contact information.

PET/CT Clinical Trials

The following is an excerpt of information that was obtained from BC Cancer Vancouver.

In addition to performing routine clinical PET/CT scans, the Functional Imaging program at BC Cancer Vancouver also conducts clinical trials investigating new PET radiotracers.

These trial studies are approved by the UBC BC Cancer Research Ethics Board and Health Canada. The principal investigator for these trial studies is Dr. François Bénard, at BC Cancer Vancouver.

Rational & Background

Most patients with prostate cancer will be successfully treated with surgery or radiation therapy, a small proportion of patients will develop recurrence of disease at some time in their life. The prostate-specific antigen (PSA) is measured from a blood test and is used to monitor the status of the cancer. When there is an unexpected and persistent rise in the PSA, this raises concern that the cancer may have returned. Imaging studies like magnetic resonance imaging (MRI), computerized tomography (CT) or bone scans are commonly performed for this purpose but may not always be able to detect cancer cells, especially when it is in the early stages.

This study at BC Cancer Vancouver is investigating the usefulness of an alternative test with a positron emission tomography/computerized tomography (PET/CT) scan using a radioactive tracer called ^{18}F -DCFPyL. ^{18}F -DCFPyL is an agent that binds to a special protein in the human body called prostate specific membrane antigen (PSMA). Studies have shown that PSMA is found in many prostate cancer cells, especially when the cancer comes back after treatment.

^{18}F -DCFPyL will be made at BC Cancer – Vancouver. It is considered investigational but has been used safely in preliminary human research studies without serious undesirable effects.

Objectives

The purpose of this study is to determine how accurate ^{18}F -DCFPyL PET/CT scan is in detecting prostate cancer recurrence.

Study Design

This is a prospective single cohort study to evaluate the diagnostic utility of ^{18}F -DCFPyL PET/CT in detecting sites of recurrent prostate cancer, in patients who have negative or equivocal findings on conventional imaging.

Up to 1574 adult patients will be invited to take part in this study. The study involves one PET/CT exam using ^{18}F -DCFPyL.

Participant Inclusion Criteria

- Known Prostate Cancer with biochemical recurrence after initial curative therapy with radical prostatectomy, with documented history of failure of PSA to fall to undetectable levels (PSA persistence or undetectable PSA after radical prostatectomy with a subsequent detectable PSA that increased on 2 or more determinations (PSA recurrence). The patient may have received treatment following documentation of PSA persistence or PSA recurrence. The most recent PSA measurement must be greater than 0.4 ng/mL.
- Participants with findings on other examinations (such as plain x-ray, CT, MRI or bone scintigraphy and others) that are suspicious for metastatic disease but not conclusively diagnostic or metastatic disease.

- Known prostate cancer with biochemical recurrence after initial curative therapy with radiation therapy (including brachytherapy), with a PSA level >2 ng/mL above the nadir after radiation therapy.

- Castration resistant prostate cancer with a minimum PSA of 2.0 ng/mL with 2 consecutive rises above the nadir and castrate levels of testosterone (<1.7 nmol/L). Treatment does not need to be discontinued before the ¹⁸F-DCFPyL scan.

NOTE: This is for information only if you have any questions please ask your medical professionals – either your Urologist, or Radiation or Medical Oncologist. This trial study is taking place in Vancouver and will be ending shortly, at the present time there is a 5-7 month wait list.

WITT'S WIT (ON THE LIGHTER SIDE)

When I was young, I decided to go to medical school.

At the entrance exam, we were asked to rearrange the letters -

P N E I S

And form the name of an important human body part which is most useful when erect.

Those who answered SPINE are doctors today, while the rest are on Facebook...

Canadian Investigators find No Evidence of Cognitive Impacts from Treatments for Advanced Prostate Cancer –

The following is by Charlie Schmidt, Editor, *Harvard Medical School Annual Report on Prostate Diseases – Oct 11, 2021*

Being treated for cancer is challenging in many ways, both physical and mental. Some patients experience a condition called chemo brain that makes it hard to focus. They can have problems with short-term memory and multitasking and may feel mentally slower than usual. But most of the evidence for these effects comes from studies of women undergoing treatment for breast cancer. Whether prostate cancer treatment is similarly taxing to the brain is a matter of some debate; some investigations detect a link with cognitive impairments while others do not.

Now, Canadian investigators report finding *no evidence of cognitive impacts* among men being treated for the most advanced kind of prostate cancer, which is called metastatic, castration-resistant prostate cancer, or mCRPC. The men were each treated with one of four different therapies used after other drugs started failing:

- Docetaxel, a type of chemotherapy drug.
- Enzalutamide, a second-generation hormonal therapy used when initial hormonal treatments stop working.
- Abiraterone, also a second-generation hormonal therapy

- Radium-223, a radioactive isotope that treats prostate cancer spreading to the bones.

All these drugs have been shown to prolong life, but published data on their cognitive side effects is sparse, and no such data were available for docetaxel or radium-223

Death of 'Friends' actor shines light on importance of early testing for prostate cancer –

The following is a brief excerpt of information that originated with CBS news and was published on Oct. 25, 2021

Actor James Michael Tyler, who played Gunther on the sitcom 'Friends' died on October 24 at the age of 59 from prostate cancer.

Tyler spoke publicly about his cancer diagnosis this summer. "I've been dealing with that diagnosis for almost the past three years," he said on the 'Today' show. "It's stage 4. Late-stage cancer. So eventually, you know, it's gonna probably get me."

In June, Tyler said he was at an annual checkup when the cancer was first caught. "I was 56 years old at the time, and they screen for PSA, which is prostate-specific antigen," he said.

"Nearly immediately the doctor called me and said, 'Hey, I need you to come in tomorrow because I suspect that you may have quite a serious problem with your prostate,'" Tyler said.

This is an indication that Prostate Cancer is NOT only an old man's disease but also can affect men in middle age.

This year in Canada approximately 23,000 men will be newly diagnosed with the disease and over 3,000 of these men will be from B.C. Prostate Cancer is unfortunately the third leading cause of death in men from cancer with over 4,000 men losing their battle with this disease annually in Canada.

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 2022 –

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.*