



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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Publisher/Editor – Bren Witt

VOLUME 25 – ISSUE 5 – (Number 279) – JANUARY 2023

HAPPY NEW YEAR

Yvonne and I would like to take this opportunity to wish everyone a very Happy New Year and we hope that 2023 will be a great year for everyone. We seem to be over the major hurdle of COVID. However, the Flu seems to be affecting a great many people and it is beginning to look like a new variant of COVID may be upon us. We are asking that everyone stay safe.

We had a great speaker at our meeting in December. Dr. Jennifer Locke a local Kelowna urologist came out to speak to us. The first part of her presentation was on ADT (androgen deprivation therapy) commonly referred to a hormone therapy followed by a presentation on urinary incontinence. Following her presentations, she took questions from those in attendance. The questions she answered covered many aspects of prostate cancer treatments, as well as questions on ADT and incontinence etc. This was a great meeting, with a good attendance. I received many very positive comments following the meeting.

I am pleased to announce that BC Cancer Kelowna has finished the installation of our newest state of the art Linear Accelerator. The Varian ETHOS Linear Accelerator has built in artificial intelligence. This one in Kelowna is the first Varian ETHOS Linear Accelerator to be installed in Canada. We should all be very proud of this achievement.

PSA Screening Rates Drop, Prostate Cancer Incidence Rises

The following is an excerpt of information was obtained from several Internet posts and originated with the *American Society for Radiation Oncology (ASTRO) 2022 Annual Meeting* that was held in San Antonio in October 2022 and published in *JAMA Oncology*.

In the face of conflicting evidence over the risks and benefits of routine prostate cancer screenings, a large, longitudinal analysis found Veterans Health Administration (VA) medical centers with lower prostate screening rates had higher rates of metastatic prostate cancer cases in subsequent years than centers with higher screening rates.

Researchers led by Dr. Alex Bryant, from the University of Michigan found in their study of nearly 5.5 million men that long-term non screening rates increased in the VA system.

While the study wasn't a randomized clinical trial – the gold standard in guiding clinical practice – the findings are based on real-world evidence that can help guide screening decisions for patients weighing individual risks and benefits. “If someone had a strong family history of prostate cancer or other risk factors and wanted to reduce their risk of metastatic prostate cancer, these findings might support the decision to screen,” said Dr. Bryant.

“Conflicting research results understandably have led to reasonable variations in screening patterns,” said Dr. Bryant. “Physicians have very different feelings on the risks and benefits of prostate cancer screening. Some physicians feel the benefits of screening outweigh the risks of false positives. “Others, however, do not.”

The team analyzed data from 128 facilities in the VA health system, the largest integrated healthcare system in the U.S. In 2005, at the start of the study there were 4.7 million men in the cohort. By the end of the study in 2019, the cohort had grown to 5.4 million men.

The PSA screening rate for prostate cancer has declined system-wide from 47% in 2005 to 37% in 2019.

Overall, the incidence rate for metastatic prostate cancer incidence rate rose from 4.6 cases per 100,000 in 2008 to 7.9 cases per 100,000 in 2019. The rise was driven by increases in the 55-69 and over 70 age groups.

In addition to the trend in yearly rate, there also was an association between long-term non-screening rates and subsequent metastatic cancer incidence. For each 10% increase in long-term non screening rates, there was an increase of 11% in the incidence of metastatic prostate cancer.

It's important to gain a deeper understanding of the risks and benefits of screening, because once prostate cancer spreads to other parts of the body, “the general thought is that it is at an incurable stage,” Dr. Bryant said. “It is still treatable, but once it spreads it's a deadly disease. Our results support a benefit in prostate cancer screening in reducing prostate cancer risk.”

He said the team will continue to analyze VA records to gauge whether screening rates are associated with prostate cancer mortality. Further analyses will also include racial and ethnic differences in PSA screening rates and potential disparities in how screening affects long-term outcomes among high-risk groups.

“This study is the first step in a series of studies using VA data to get more refined information about populations who are at increased risk for prostate cancer,” he said.

WITT'S WIT (ON THE LIGHTER SIDE) -

The main function of your little toe is making sure all the furniture in the house is in the right place!!
Ha, Ha I know!

First Week at School

A little girl had just finished her first week of school. "I'm just wasting my time," she said to her mother. "I can't read, I can't write, and they won't let me talk."

Prostate Cancer and Eggs, Dairy, Supplements: Your Questions Answered –

The following is an excerpt of information was obtained off the Internet and originated with The Prostate Cancer Foundation in the U.S.

Dr Stacey Kenfield, Associate Professor in the Departments of Urology and Epidemiology & Biostatistics at USCF. She discussed that following at a recent webinar.

I have read and have been told that eggs are bad for existing prostate cancer.

Eggs have come up as being associated with increased risk of lethal prostate cancer in a cohort of men who did not have prostate cancer. A direct link has not been firmly established (for men with prostate cancer) and there is no strong evidence at this point to suggest the need to completely exclude all

sources of choline from the diet. Choline is a required nutrient, and until we know why it is recommended to limit whole eggs (including yolks) to 2 per week or less.

What types of dairy products should be avoided, and which are OK to eat?

Consuming whole milk after prostate cancer diagnosis is linked to increased risk of prostate cancer progression and death from prostate cancer. However, for prostate cancer, dairy products do not need to be avoided entirely. Low-fat- and non-fat dairy are not consistently associated with bad prostate cancer.

How much sugar is OK to eat? What about artificial sweeteners?

Sugar and artificial sweeteners fall under the 'not recommended or limit' category. We know that diets high in added sugar promote weight gain, type 2 diabetes and heart disease. The links between sugar, sugar-sweetened beverages, and highly processed food and cancer are closely tied to how the food promote weight gain.

Regarding artificial sweeteners, they can help to reduce added sugar intake, though they are not necessarily a better choice. Regular and frequent use of artificial sweeteners may change food tastes with a preference to sweet foods. It may prevent someone from associating sweetness with caloric intake. We say that it's fine to enjoy a sweet treat from time to time, but the goal is to avoid sugar sweetened beverages, reduce added sugar, and not replace them with artificial sweeteners.

Can you elaborate on why vitamin and mineral supplements should be avoided.

Current data suggest that supplements do not help you prevent cancer or prevent cancer growth. In fact, some studies have shown an increased risk of prostate cancer in people on clinical trials who took high doses of Vitamin E or selenium. It is recommended to avoid supplements UNLESS your doctor has recommended them.

What about taking a multivitamin?

Long term, regular use of multivitamins have been shown to have neither benefit or harm related to prostate cancer. There is no increased (or decreased) risk of developing prostate cancer or of death from prostate cancer. Investigators from the Physicians' Health Study II Randomized Controlled Trial comparing a daily multivitamin or placebo reported that daily multivitamin use was associated with a reduction in *total cancer*.

What about calcium or vitamin D, especially for people at risk of osteoporosis?

There are certain caveats around the recommendation against supplements, and people should discuss their specific situation with their doctor. For example, many men and women have low vitamin D levels. Ask your doctor about measuring your vitamin D level and work with them to see if you need to supplement to get to an adequate level. Regarding bone health, calcium vitamin D and exercise is essential. This especially true for patients taking hormone therapy as part of their treatment for prostate cancer. If you are not getting 1000-1200 mg/day of calcium, you may need a supplement. However, adequate calcium can often be obtained from food sources such as leafy

greens (especially collard greens, bok choy and kale), canned fish with soft bones, beans, tofu, almonds and fortified products such as soy milk.

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 –

Feb 11 – March 11 – April 8 – May 13 – June 10

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.*