



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

Contact information – email – sbren@telus.net

Phone – 250-762-0607

www.kelownaprostate.com

Publisher/Editor – Bren Witt

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WOW! We have some good news regarding the availability of the PSMA PET scan in Kelowna. I believe the first PSMA PET scan took place on June 4th at BC Cancer Kelowna, and I understand they will be doing two PSMA PET scans a day along with the other needed PET scans. I think there are about 100 patients in our area on the waiting list for a PSMA PET scan. With this technology in place locally it will save men having to travel to the coast for this type of scan. This is something that we have been waiting for, and it is great to see that this technology is now here.

Prostate-specific membrane antigen (PSMA) positron emission tomography (PET) scans are more effective than conventional imaging at finding prostate cancer.

The advanced imaging technique uses radioactive tracers (Gallium 68) to target a specific protein that is over expressed on the surface of prostate cancer cells.

Kelowna and other Interior residents have new treatment options and improved diagnostics as the province expands “cutting-edge” medical imaging locally, and a new precision cancer treatment for prostate cancer that I will be giving more information on in my September Newsletter.

Prostate cancer ‘is not a death knell’: Early detection and personalized care improve outcomes –

The following information was obtained from the Internet and originated with the University of Washington School of Medicine

Prostate cancer statistics can look scary: 34,250 U.S. deaths in 2024. 1.4 million new cases worldwide in 2022. Dr. Bruce Montgomery, a UW Medicine oncologist, hopes that patients won’t see these numbers and throw their hands up in fear or resignation.

“Being diagnosed with prostate cancer is not a death knell,” said Montgomery, senior author of a literature and trial review that appeared in *JAMA* today. Montgomery is the clinical director of Genitourinary Oncology at Fred Hutch Cancer Center and University of Washington Medical Center, and a professor of medicine and urology at the UW School of Medicine

He encourages patients to ask their primary-care doctor specific questions about this cancer too. Montgomery also encourages his fellow doctors to bring up the question of prostate cancer screening with their patients.

“Knowing whether there is prostate cancer and how risky it is can be the first step. Not every cancer needs to be treated,” he said. “Sometimes it is safe to just watch and use active surveillance.”

A 2024 study coauthored by UW Medicine urologist Dr. Daniel Lin showed active surveillance can be extremely safe: 0.1% of men who opted for surveillance died of prostate cancer after 10 years.

“We need to realize that prostate cancer is not one disease, Montgomery said. “As a provider, you need to personalize your approach to the patient you’re seeing and to the disease that they personally are dealing with.”

For example, if a 50-year-old man develops prostate cancer that is only in the prostate, then more aggressive measures may need to be considered. However, if the disease, which can be slow-moving, develops in an 80-year-old patient, the discussion may be quite different.

“I’ve seen men that (80s) develop prostate cancer, and they’ve opted for no therapy,” he said. “They know that treatment, such as radiation, might make them feel terrible... so they just say ‘no.’”

“You, as a physician,” he noted, “must respect that.”

“But if you’re 50 and have 25 to 30 years in which prostate cancer can become a bigger issue, even with the downsides, most patient should get therapy,” he said.

For more advanced prostate cancer, the number of effective treatments developed has markedly increased, as has the survival rate of men whose prostate cancer has spread to other parts of their bodies.

“Metastatic prostate cancer needs therapy, and research over the past 10 to 20 years has improved and continues to improve survival substantially,” he said. “Knowing who needs treatment, which treatment to use and when is both an art and a science.”

The article covered facts that men and their doctors should know, including:

- Approximately 1.5 million new cases of prostate cancer are diagnosed annually worldwide. Approximately 75% of cases are first detected when the cancer is still localized to the prostate. This early detection was associated with a five-year survival rate of nearly 100%
- Management includes active surveillance, prostatectomy surgical removal of the prostate, or radiation therapy, depending on risk of progression.
- Approximately 10% of cases are diagnosed after the cancer has spread. This stage of prostate cancer has a five-year survival rate of 37%.

- The most common prostate cancer is adenocarcinoma, a type that starts in gland cells, and the median age at diagnosis is 67 years.
- More than 50% percent of prostate risk is attributable to genetic factors and older age.

Canadian Prostate Cancer Cases by the Canadian Cancer Society's annual cancer statistics report.

- In 2023 the Canadian Cancer Society predicted that 25,900 Canadian men would be newly diagnosed with prostate cancer. That number increased to 27,900 in 2024. The B.C number in 2023 was estimated at 3,900 new cases and in 2024 that increased to 4,100 new cases. The numbers of men newly diagnosed Prostate Cancer in BC is the same as women being newly diagnosed with Breast Cancer in B.C.
- According to the Canadian Cancer Society in 2024 prostate cancer ranks as the number one diagnosed newly diagnosed cancer in males. It also ranks number three in overall cancer diagnoses among both men and women.
- In 2024 the Canadian Cancer Society estimated that approximately 5,000 men nationally would die from prostate cancer and that approximately 810 of those men would be from B.C.

WITT'S WIT (ON THE LIGHTER SIDE) -



"We sent you THREE warning lightning bolts to get off the course, but you kept playing! We finally just got fed up and nailed you."

One of the Takeaways from the ASCO GU Conference 2025 –

PSMA PET Imaging Helps patients in the Real World -

By Ari Karon, DVM, MPH, Ma – March 10, 2025

PSMa PET (Prostate Specific Antigen PET Scan) is a special type of scan that may do a better job of finding prostate cancer than standard imaging tests. It was FDA approved in 2020 and is being used more and more in the United States and elsewhere. At ASCO GU, several studies showed how PSMA PET can help patients in the real world (outside of clinical trials).

In one study, PSMA PET showed where prostate cancer was in the body in more than 70% of patients with

biochemically recurrent prostate cancer (meaning their PSA went back up after prostate cancer treatment). Importantly, PSMA PET often was positive even when standard imaging tests were negative, and patients lived longer when clinicians changed treatment based on PSMA PET results. These findings suggest that earlier, customized treatment guided by PSMA PET imaging may improve survival. Ongoing clinical trials will help more clearly answer this question.

Another study looked at using PSMA PET imaging to help predict how long someone with prostate cancer will live. Researchers developed tools (called nomograms) that use PSMA PET results to predict survival. Across all stages of prostate cancer, nomograms performed better than current methods. In the future, these tools may be helpful for treatment planning.

NOTES on the PSMA PET/CT –

The PSMA PET is a newer, highly sensitive imaging scan that can detect prostate cancer metastases much earlier, and when they are smaller.

How does it work? PSMA, short for Prostate Specific Membrane Antigen, is a protein found on the surface of prostate cells. The “imaging agent” consists of a chemical that binds to PSMA, honing in on prostate cancer cells wherever they are in the body. Attached to this binding chemical is a radioactive “reporter.” Patients are given a one-time injection of this combination molecule into the bloodstream, “tagging” prostate cancer cells. The patients are then given a scan with an imaging camera that “lights up” areas where the molecule has accumulated – i.e., sites of prostate cancer.

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 NOTE: We don't meet during July & August

September 13th. – October 18th. (note: 3rd week because of Thanksgiving) Nov. 8th. December 13th.

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*