



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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We had a great meeting in February. I started out by speaking on the SELECT trial study for prostate cancer. This was a large randomized, placebo-controlled double-blind study to see if either Selenium or Vitamin E may prevent prostate cancer. Between 2001-2004 over 35,500 men (aged 50+) from 427 sites in the U.S., Canada and Puerto Rico were recruited into this trial study. The study was originally for a minimum of seven years to a maximum of 12 years. The study ended in 2008 which was earlier than planned as it found that the men who were on the vitamin E side of the study showed a 17% increased risk of prostate cancer. The men on the selenium side of the study showed no benefit. The results of the study were initially published in 2008 and updated in 2011, indicated that for most men, these specific supplements do not help prevent prostate cancer and may be harmful.

At this meeting I asked whether some of the men in attendance would like to stand up and give a brief talk about their personal experiences with prostate cancer. What type of treatment they had as well as any side effects they may have experienced following treatment, and how happy they were with the treatment they decided on. I feel that this was very helpful exercise as we had a few newly diagnosed men waiting for treatment in attendance at this meeting. We would like to thank those who shared their personal experiences at this meeting.

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

Stacy Loeb, MD, On Combatting Misinformation about Prostate Cancer

The following information was obtained from the Internet and originated with the *Urology Times*®

In a recent interview with the *Urology Times*® Stacy Loeb, MD, MSc, PhD (Hon), highlights common misconceptions about prostate cancer and offers insights into how urologists can help push back against misinformation. Loeb is a professor of medicine and population health at the NYU Grossman School of Medicine as well as a urologic oncologist at NYU Langone Medical Center in New York, New York.

Some of the common myths the Loeb touched on were that biopsies spread cancer and that prostate cancer has symptoms. According to Loeb, urologists need to be proactive about addressing these misconceptions, especially considering the potential ramifications.

“These kinds of myths are concerning because somebody may not have any of these symptoms, and then think, ‘Oh, I’m fine. I don’t need to worry about prostate cancer. I don’t have bone pain. I don’t have blood in the urine,’ But that’s not the case at all. The whole case is that prostate cancer doesn’t have any symptoms at an early stage, and that’s why screening is so important,” Loeb emphasized.

She went on to suggest ways that urologists can help fight back against this misinformation, particularly online.

“What I recommend is an ‘information prescription,” Loeb explained. “Our job is not just to prescribe drugs and surgical procedures, but also to be directive and to give our patients recommended sources for additional information, so that they are not left to this online Wild West that is out there.

She also emphasized the value of participating in public media in order to share evidence-based information with the community.

Witt's Wit (On the Lighter Side)

Shortly after a British Airways flight had reached its cruising altitude, the captain announced:

“Ladies and gentlemen, this is your Captain. Welcome to flight 293, non-stop from London Heathrow to Toronto. The weather ahead is good so we should have a smooth uneventful flight. So, sit back relax and..... **OH, MY GOD!**”

Silence Followed!

Some moments later the captain came back on the intercom.

“Ladies and gentlemen, I’m sorry if I scared you. While I was talking to you, a flight attendant accidentally spilled a cup of hot coffee in my lap. You should see the front of my pants.

One Irish passenger yelled....

“For @###*###* sake ... you should see the back of mine!!!”

Active Surveillance

The following information has been obtained from several sources including *My Health Alberta* and the *Canadian Urological Association (CUA)*

Active surveillance for prostate cancer is a management strategy for slow-growing, localized cancer, involving monitoring with regular tests (PSA, DRE, biopsies) to avoid immediate treatment side effects, with intervention (surgery/ radiation) only if the cancer shows signs of worsening, as many low-risk cases never need active treatment. It’s suitable for low-grade cancers (Gleason \leq) and some higher-risk cases where immediate aggressive treatment isn’t necessary, focusing on preventing unnecessary intervention for tumors unlikely to cause harm.

How it works –

- **Monitoring:**

You'll have frequent checkups including PSA blood tests (every few months initially) and digital rectal exams (DREs)

- **Further Tests:**

Periodic prostate biopsies and MRI scans might be scheduled to check for cancer growth or changes.

- **Trigger for Treatment:**

If tests show the cancer is growing faster or becoming more serious, your doctor will discuss curative treatments like surgery or radiation.

Why choose active surveillance?

- **Slow Growth:**

Most prostate cancers are slow-growing and may never become life-threatening.

- **Avoid Side Effects:**

It helps you avoid or delay side effects from treatments like surgery or radiation (e.g., erection problems, bladder issues).

- **Better Quality of Life:**

Many men on active surveillance live long-lives without ever needing treatment.

Who is a Candidate?

- Men with very early-stage prostate cancer (low-grade. Gleason ≤ 6).
- Some men with intermediate-risk cancer (some Gleason 3+4=7).
- Those with localized cancer that hasn't spread outside the prostate.

What is the risk if I decide on active surveillance over treatment?

- One large study followed men with early, low-risk prostate cancer.

They were watched carefully over a long time period (20 years).

They did not have any active treatment

Most did not die from their disease even after 20 years.

Talk to your doctor about the best choice for you.

Active Surveillance vs. Observation

- **Active Surveillance:**

More intensive monitoring with regular biopsies to catch cancer changes early.

- **Observation (Watchful Waiting):**

Less frequent tests, focusing more on managing symptoms as they arise, often for older men with other serious health issues.

Biggest Screening trial in Decades begins in the UK.

The following is an excerpt of information for the UK that was written by Fergus Walsh.

A major prostate cancer screening trial aimed at finding the best way to detect the disease has been launched in the UK.

The £42 million Transform trial is funded by Prostate Cancer UK and the National Institute for Health and Care Research.

The trial study will recruit men aged 50-74, with a lower age limit of 45 for Black men.

The trial will look at how rapid MRI scans could be combined with Prostate-specific antigen (PSA) blood tests in order to improve the accuracy of cancer diagnosis.

It won't be possible to volunteer for the trial, but Prostate Cancer UK is strongly encouraging anyone who receives a letter to take part in the trial.

Currently, men over the age of 50 can request a PSA test, which looks for abnormally high levels of protein in the blood.

The trial study will also use spit tests, which extract DNA from Saliva, to see if this is more accurate than PSA readings.

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

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