



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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We hope that everyone is doing well, have had their first vaccine shot and have suffered few if any side effects from the vaccine.

I have updated my email lists and I believe everything is now working, the way it is supposed to. So far, I haven't had any glitches with the new Telus google email system, everything seems to be running smoothly for me. I hope you are receiving the newsletters as well as other information I occasionally send out from the Prostate Cancer Foundation BC and others.

If any of our readers of this newsletter have any ideas or suggestions for the newsletter, please let me know and I will try to include the information if future newsletters.

I would like to announce that Kelowna will be getting a new urologist Dr. Jennifer Locke who will begin her practice in July. Dr. Locke will be working with Drs. Prestage, Carter and Wiesenthal. Dr. Locke is not only a certified urologist but also has a Ph.D. in experimental medicine dealing with prostate cancer issues. I will have more on this appointment in a future newsletter.

Study Finds Healthy Lifestyle May Lower Risks for Lethal Prostate Cancer in men with Genetic Susceptibility

The following information has been obtained from several internet sources, including *Urology Times* by Jason Boderick, and *Medical Xpress* by Robert Preidt

A nutritious diet, regular exercise and other components of a healthy lifestyle may reduce the odds of lethal prostate cancer in men with a high genetic risk for it, researchers report.

“The excess genetic risk of lethal prostate cancer could be offset by adhering to a healthy lifestyle,” concluded co-lead author Anna Plym. She’s a postdoctoral research fellow at Brigham and Women’s Hospital and Harvard T. H. Chan School of Public Health in Boston.

Maintaining a healthy lifestyle includes maintaining a healthy weight, vigorous physical activity, not smoking and a healthy diet.

Genetics account for about 58% of variability in prostate cancer risk.

The study included 10,443 men with available genotype data from *Health Professionals Follow-Up Study*, a prospective cohort study that accrues data from participating healthcare professionals. The investigators quantified the genetic risk of prostate cancer in these men using a validated polygenic risk score (PRS) for overall prostate cancer. The researchers then applied a validated lifestyle score for lethal prostate cancer. Elements factored into the score included healthy weight, vigorous physical activity, not smoking, reduced intake of processed meat, and high consumption of tomatoes and fatty fish.

The investigators assessed the incidence of overall prostate cancer and lethal prostate cancer (metastatic disease or prostate cancer-specific death). Men were followed from the date of DNA collection (1993-1994 or 2005-2006) until prostate cancer event or death.

At a median follow-up of 18 years, there were 2,111 prostate cancer events; at a median follow-up of 22 years there were 238 lethal prostate cancer events. (Median means half were followed for less time, half for more.)

The study grouped men into four equal groups. Men in the group with the highest genetic-based risk were 5.4 times more likely to develop prostate cancer and 3.5 times more likely to develop lethal prostate cancer than those in the group with the lowest genetic risk.

High-risk men who had a healthy lifestyle at the start of the study had a lifetime lethal prostate cancer incidence of 3%. That compared to 6% for high-risk men with the least healthy lifestyle, and 3% for the study population as a whole.

The findings were presented during the *American Association for Cancer Research (AACR)* virtual meeting, held from April 10-15.

“Our findings add to current evidence suggesting that men with a high genetic risk may benefit from a targeted prostate cancer screening program, aiming at detecting a potentially lethal prostate cancer while it is still curable,” Plym said in an AACR news release.

The research also showed, however, that maintaining a healthy lifestyle was not associated with a lower risk of overall prostate cancer among patients in any of the 4 genetic risk categories defined by the study. Maintaining a healthy lifestyle did not affect men with a lower genetic risk for the disease, the research team stressed.

Plym said more study is needed to learn why a healthy lifestyle is associated with a lower

chance of lethal prostate cancer in men with a high genetic risk.

One possible explanation: Gene variants that contribute to increased genetic risk also have the strongest links with lifestyle.

But Plym noted that the observational study does not prove cause and effect, only that there is an association between lifestyle and risk. As well, research presented at meetings is typically considered preliminary until published in a peer-reviewed journal.

Commenting on the results during the AACR meeting, moderator Charles Swanton MBPhD, FRCP, FMedSci, FRS, FAACR, Royal Society Napier Professor, the Francis Crick Institute and UCL Cancer Institute, Cancer Evolution and Genome Instability lab, London England, said, "Healthy lifestyle did not associate with prostate cancer risk overall, but was associated with lethal prostate disease in those in the highest prostate cancer risk. So, the question is, why did a healthy lifestyle only protect those in the highest prostate cancer risk category? And so, I think we need future validation in larger cohorts using similar thresholds and a biological mechanism that might explain an interaction between the healthy lifestyle and a highest genetic risk and the risk of lethal prostate cancer."

WITT'S WIT (ON THE LIGHTER SIDE) -

Why We Love Children

Elderly

While working for an organization that delivers lunches to elderly shut ins. I used to take my four-year-old daughter on my afternoon rounds. She was unfailingly intrigued by the various appliances of old age, particularly the canes, walkers, and wheelchairs. One day I found her staring at a pair of false teeth soaking in a glass. As I braced myself for the inevitable barrage of questions, she merely turned and whispered, 'The tooth fairy will never believe this!'

Opinions

On the first day of school, a first grader handed his teacher a note from his mother. The note read, 'The opinions expressed by this child are not necessarily those of his parents.'

Initial Management of Noncastrate Advanced, Recurrent, or Metastatic Prostate Cancer –
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The following is an excerpt of information obtained from *PubMed* and originated with ASCO (American Society of Clinical Oncology) – January 2021

U pdate all preceding ASCO guidelines on initial hormonal management of noncastrate

advanced, recurrent, or metastatic prostate cancer.

The Expert Panel based recommendations on a systematic literature review. Recommendations were approved by the Expert Panel and the ASCO Clinical Practice Guidelines Committee.

Docetaxel, abiraterone, enzalutamide, or apalutamide, each when administered with androgen deprivation therapy (ADT), represent four separate standards of care for noncastrate metastatic prostate cancer. Currently, the use of any of these agents in any particular combination or series cannot be recommended. ADT plus docetaxel, abiraterone, enzalutamide, or apalutamide should be offered to men with metastatic noncastrate prostate cancer, including those who received prior therapies, but have not progressed. The combination of ADT plus abiraterone and prednisone should be considered for men with noncastrate locally advanced nonmetastatic prostate cancer who have undergone radiotherapy, rather than castration monotherapy. Immediate ADT may be offered to men who initially present with noncastrate locally advanced nonmetastatic disease who have not undergone previous treatment and are unwilling or unable to undergo radiotherapy. Intermittent ADT may be offered to men with high-risk biochemically recurrent nonmetastatic prostate cancer. Active surveillance may be offered to men with low-risk biochemically recurrent nonmetastatic prostate cancer. The panel does not support the use of either micronized abiraterone acetate or the 250 mg dose of abiraterone with a low-fat breakfast in the noncastrate setting at this time.

Editor's Note – One of the members of this expert panel included well known Vancouver Urologist Dr. Martin Gleave.

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 2021–

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.*

