



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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At our meeting in April we had a couple of fellows attending their first meeting and we also saw some of our Snowbirds returning following their winter vacations, we hope you enjoyed our meeting and welcome home to our snowbirds'.

I began the meeting by mentioning that we were able to purchase a new projector for our speakers and their PowerPoint presentations. We have been finding that our old projector that was provided to us several years ago by AstraZeneca was no longer working with some of the newer type of laptops. Funding for this new projector was provided to our support group by TerSera the new Canadian distributor of Goserelin (Zoladex®). One of the things that TerSera is providing is a home injection service. This service is being provided at no charge to the customer.

I also brought my "Toy Box" out to this meeting. I have several items that I was able to show those in attendance the majority of whom had not seen many of the items including a Brachytherapy needle of the type used in low dose Brachytherapy, brachy therapy seeds both loose and stranded and several other items, including prostate biopsy samples and two "blocks" of a biopsied prostate gland. There was some discussion following the showing of the items.

Following our coffee break where special Easter treats were served, we had some general questions from those in attendance.

Alcohol Intake and Risk of Lethal Prostate Cancer in the Health professionals Follow-Up Study

In this study researchers determined if alcohol intake among men at risk of prostate cancer is related to diagnosis of lethal prostate cancer and if consumption among males with nonmetastatic prostate cancer is related to metastasis or mortality. In all, they found a slightly lower risk of lethal prostate cancer among cancer-free men who consumed alcohol vs abstainers. They also observed a lower risk progression to lethal disease in relation to red wine consumption among men with prostate cancer. According to findings, moderate alcohol consumption is safe for patients with prostate cancer.

The study sample for analysis of alcohol intake at men at risk for prostate cancer consisted of 47,568 cancer-free men. A total of 5,182 with non-metastatic prostate cancer during follow-up were included in the analysis.

Prostate Cancer Breakthroughs are Extending Lives by Years -

The following is information contained in a *Macleans*, article published on Jan. 7, 2019 and presented by *Prostate Cancer Canada*.

In their lifetime, one in seven Canadian men will be diagnosed with cancer of the prostate -- the walnut-sized part of the male reproductive organ in a man's abdomen. If diagnosed early, there is an excellent chance the disease will be successfully treated: the five-year survival rate is 100 percent. In fact, over the last 25 years -- thanks to early detection and improved treatments -- the mortality rate from prostate cancer has decreased by 50 percent.

Still, each year, approximately 4,000 men in Canada die from the disease. The challenge with prostate cancer, as with most cancers, is that it may metastasize, or spread, to other parts of the body. Once that happens, the five-year survival rate drops to 28 percent. "If you looked beyond five years, the survival rate would go down considerably more," says *Dr. Stuart Edmonds, Vice-President of Research, Health Promotion and Survivorship at Prostate Cancer Canada*, a national health charity dedicated to eliminating the disease through research, advocacy, education and support. "While we've done a really good job over the past 25 years, we're still losing an awful lot of men and it's unnecessary."

"Unnecessary" because one of the main ways of diagnosing prostate cancer is a simple blood test. The test measures Prostate Specific Antigen, or PSA, a protein naturally produced in the prostate. Higher levels of PSA may indicate the presence of cancer and/or other prostate conditions. "We still have the situation in many parts of the country where one in nine men are getting diagnosed with a late-stage disease," Edmonds adds. "And we know how dangerous that can be."

Thanks to innovations in therapies over the 10 years, there are treatment options through every stage of the disease -- even for non-metastatic castration-resistant prostate cancer. Until recently, this was an anxiety-producing and difficult stage -- a virtual no-man's land for the patient because the cancer is still confined to the prostate but with a high likelihood that it will spread.

"Hormonal therapy which reduces testosterone levels, was the only option for men with incurable prostate cancer," explains DR. Geoffrey Gotto, Urologic Oncologist at the Southern Alberta Institute of Urology. "For men who failed hormonal therapy but did not yet have metastatic disease, there was really no option available. As a physician, it was frustrating to look at these patients progressing and tell them their cancer needed to spread before we could offer them other types of therapy."

However, Gotto adds, advancements in research and

treatment have delayed the spread of the cancer for as much as two years. "While it's too early to tell whether that will have an impact on overall survival," Edmonds says, "actually delaying it from spreading elsewhere in the body is a good indicator of helping long term."

The prudent thing is for men to discuss the PSA test with their family doctors. "The last thing you want to do is to have that conversation too late and then be diagnosed with a metastatic disease," says Edmonds. And if there is a diagnosis of prostate cancer, doctors should closely monitor PSA levels as frequently as every three months for signs of progression. PSA doubling time is used to predict how aggressive the cancer is and how likely it is to spread. A faster doubling time indicates a shorter time to spreading -- making regular PSA tests essential in order to initiate or alter treatment strategies.

While the steps forward in the treatment of prostate cancer have been rapid and impressive, there is still no cure. Now, at least, there are many more effective options. "We're still looking for that magic bullet," says Edmonds. "But the incremental breakthroughs we're making are significant enough that we're extending men's lives by years and years."

For the best possible outcome, early detection is key. Talk to your doctor about the PSA test and come to a shared decision about the right approach for you.

WITT'S WIT (ON THE LIGHTER SIDE) -

Stopped by police at 2 A.M.

An elderly man was stopped by the police around 2 A.M. and was asked where he was going at that time of night.

The man replied, "I'm on my way to a lecture about alcohol abuse and the effects it has on the human body, as well as smoking and staying out late."

The officer then asked, "Really? Who's giving that lecture at this time of night?"

The man replied, "That would be my wife!"

Canadian Urological Association (CUA) Guidelines Regarding Prostate Cancer Screening -

The following is a very brief outline of the CUA recommendation regarding Prostate Cancer Screening. It is a follow-up to the article in last month's Newsletter regarding Prostate Cancer Canada's Prostate Cancer Screening guidelines.

The CUA recommendations regarding prostate cancer screening were published in October 2017. The CUA suggests offering PSA screening to men with a life expectancy of greater than 10 years. The decision of whether or not to pursue

PSA screening should be based on shared decision-making after the potential benefits and harms associated with screening have been discussed.

When prostate cancer screening is performed, the overarching goal should be the early detection of clinically significant prostate cancer in healthy men while minimizing the detection and treatment of low-risk disease. Screening studies are challenging to conduct because of the large numbers of participants required, risk of contamination, loss to follow-up, and many other pitfalls.

The CUA recommends that for men electing to undergo PSA screening, we suggest starting PSA testing at age 50 in most men and at age 45 in men with increased risk of prostate cancer.

For men electing to undergo PSA screening, we suggest that the intervals between testing should be individualized based on previous PSA levels -

- a. For men with PSA <1 ng/ml repeat PSA testing every four years.
- b. For men with PSA 1-3 ng/ml repeat PSA testing every two years.
- c. For men with PSA >3 ng/ml, consider frequent PSA testing intervals or adjunctive testing strategies.

For men electing to undergo PSA screening, we suggest that the age at which to discontinue PSA screening should be based on current PSA level and life expectancy.

- a. - For men aged 60 with a PSA <1 ng/ml consider discontinuing PSA screening.

- b. - For all other men, discontinue PSA screening at age 70.

- c. - For men with a life expectancy less than 10 years, discontinue PSA screening.

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 2019 -

June 8, Please Note No Meetings July or August - We hope everyone has a great Summer and we will see you in September.

Meeting Location:

Our meetings take place in the Harvest Room at the Trinity Baptist Church located at the corner of Springfield Rd. and Spall Rd. enter through the South Entrance off the main parking lot. The meeting begins at 9:00 A.M. Doors open at 8:30 A.M. There is elevator access if needed

NOTE: Many of our past newsletters are available on our website, www.kelownaprostate.com. -A big Thank You goes out to Doris at Affordable Web Design for everything she does for us.

