

# **KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER**



**OKANAGAN PROSTATE  
RESOURCE CENTRE  
SOCIETY**

**Okanagan Prostate Resource Centre**

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**T**he Guest speaker at our May meeting was Dr. David Kim, one of the Radiation Oncologists at our Cancer Centre in Kelowna. He gave us a very interesting presentation on the decision making steps in choosing between Radiation Therapy and Surgery in high-risk Prostate Cancer. This would be a Stage T3 or 4 with a PSA >20 and a Gleason Score of 8-10. He compared this to buying a car and the comparison between two cars a 2006 Ford Mustang and a 2016 Chevy. Camaro. He mentioned a couple of items needed to compare including price and performance, and where can I obtain that information and how reliable is the information source. When looking at Prostate Cancer treatment how reliable is the source you are looking at, is it a friend, a reliable medical website or perhaps Dr. Google? In many cases it is good to obtain a second opinion.

He also mentioned briefly that there is a new Randomized Trial Study that will be taking place at the Cancer Centre involving SABRT - Stereotactic Ablation Radiation Therapy. This study will involve having treatments once a week over 5 weeks and the treatments would last about 1/2 hour. This will be a randomized trial study.

## Clinical Trials Improving Fight Against Cancer -

The following is an article that appeared in the February 12 issue *Courier Extra* by Cynthia-Waldeck Peters -

**W**ith one in three British Columbians hearing the words "you have cancer" in their lifetime, it's crucial for patients to have access to the latest enhancements in cancer care.

Clinical trial programs offer patients new investigational treatment options and the latest solutions and procedures resulting from research, ultimately translating into better care and outcomes for all cancer patients. The programs are a critical step in cutting-edge research aimed at identifying life-saving treatments, finding more safer and more effective solutions, and improving quality of life for those living with and after cancer.

A clinical trial can be a one-time treatment, a few months worth of treatment, or many years of treatment. Roughly 100 patients start on a clinical trial each year at the BC Cancer Agency Sindi Ahluwalia Hawkins Centre for the Southern Interior (SAHCSI) with benefits reaching far beyond currently enrolled patients.

"Clinical trials give medical staff experience with new treatments prior to the treatment becoming available to everyone," said *Agnes Sauter*, SAHCSI clinical trials manager. "This benefits future cancer patients as well by helping us

learn more about the disease and how to treat it."

Sauter said breast and prostate cancer currently have the most number of clinical trials at SAHCSI, but the centre sees patients with all types of cancer on clinical trials.

"Patients coming to our centre have access to options for new investigational treatments being tested the same way a new patient going to a major centre in Vancouver has access to," she said. "This means more patients can be treated closer to home and to their support systems."

International data have shown active clinical trials programs improve patient survival outcomes and quality of care.

With funding support from the BC Cancer Foundation, the BC Cancer Agency recently joined a national network called 3CTN which provides infrastructure to expand academic clinical trials across six cancer centres in B.C. Any patients interested in participating in a clinical trials program can ask their oncologist if there are options available to them.

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## WITT'S WIT (ON THE LIGHTER SIDE)

### The Picnic

A Jewish Rabbi and a Catholic Priest met at the town's annual

4th of July picnic. Old friends, they began their usual banter.

"This baked ham is really delicious," the priest teased the rabbi. "You really ought to try it. I know it's against your religion, but I can't understand why such wonderful food should be forbidden! You don't know what you're missing. You just haven't lived until you try Mrs. Hall's prized Virginia Baked Ham. Tell me, Rabbi, when are you going to break down and try it?"

The rabbi looked at the priest with a big grin, and said, "At your wedding."

Low-Risk Prostate Cancer Often Not Monitored Closely -

The following was obtained from the *Manitoba Prostate Cancer Support Group Newsletter*, and originated with - *Cancer Compass Dec. 4, 2015*

Most men with low-risk prostate cancer who choose "watchful waiting" instead of aggressive treatment may not be followed as closely as they should be, a new study suggests.

This puts them in danger of their cancer progressing or spreading undetected, the researchers warned.

"This is really an important finding, because before patients and their doctors decide to pursue active surveillance as a management option for

prostate cancer, both the physician and patient should agree on a follow-up schedule to closely monitor the cancer," study first author *Dr. Karim Chamie*, an assistant professor of urology at University of California, Los Angeles, said in a university news release.

The study included almost 38,000 men who were diagnosed with prostate cancer between 2004 and 2007, and followed through 2009. Of the approximately 3,600 men who chose close monitoring (active surveillance) instead of aggressive treatment such as surgery and radiation, only 4.5 per cent received proper monitoring.

"What was most surprising was that patients who underwent aggressive treatment for their prostate cancer were more likely to receive routine lab testing and visits with their doctor than those not receiving aggressive treatment," said Chamie, surgical director of UCLA's bladder cancer program and a member of the Jonsson Comprehensive Cancer Center.

"In other words, those likely cured through aggressive treatment were followed more closely than patients whose cancers were left untreated," Chamie added.

Recommended monitoring includes prostate-specific antigen (PSA) tests, physical exams, and at least one additional prostate biopsy within two years, according to Chamie.

"Many researchers have been advocating for active surveillance for men with low-risk disease." Chamie said. "However, this study suggests that before we advise our patients to pursue active surveillance for their prostate

cancers, we should be certain that we are committed to closely monitoring the cancers with repeat biopsy, PSA testing and physical exams.

The findings were reported in the Dec. 1 issue *Journal Cancer*.

### How Prostatitis Differs from Prostate Cancer -

The following was obtained from the Internet and originated with *Newsmax Independent American* March 26, 2016 by *Brande Plotnick*

**P**rostatitis and prostate cancer affect many adult men at some point during their lives, but they are entirely different conditions.

According to the Prostate Cancer Foundation, prostatitis is inflammation and tenderness in the prostate gland and it is a painful condition that affects and estimated 50 percent of all men during their lifetime.

The most common symptom of chronic Prostatitis is pain in the perineum, or area between the scrotum and anus. Other symptoms include painful ejaculation, pain in the low back, painful urination, and blood in the urine.

There are four types of prostatitis, according to *Prostate Cancer UK*, including the most common type, chronic pelvic pain syndrome, acute bacterial prostatitis, chronic bacterial prostatitis, and asymptomatic prostatitis.

Of these four types, all but chronic pelvic pain syndrome are caused by a bacterial infection that can be treated if needed by a course of antibiotics. As for chronic pelvic pain syndrome the causes are many and poorly understood, making it difficult to diagnose.

Besides skin cancer, prostate cancer is the most prevalent cancer in men, said the National Cancer Institute.

It is almost always characterized as adenocarcinomas, which means the cancer cells begin growing in cells that secrete mucous fluids.

At its earliest stages, prostate cancer has no noticeable symptoms, but as it progresses, men may notice a weak urine stream or an increased frequency of urination. This cancer grows slowly, and most men do not die from it as long as they are treated.

The Prostate Cancer Foundation stressed that while prostatitis isn't always completely curable, it is treatable. It also asserted that it is a benign (noncancerous) condition that does not cause prostate cancer.

However, in an article published by urologist *Dr. Ronald Wheeler*, director of Prostatitis and Prostate Cancer Center, said findings from many studies showed that all cases of prostate cancer also involve symptoms of prostatitis.

The Prostate Cancer Foundation says that more research is needed to confirm whether or not chronic inflammation of the prostate can eventually increase the risk of prostate cancer.

U.S. Lawmakers Want Health Agencies to Lower Prostate Cancer Drug Cost -

The following information is an excerpt of information that was obtained off the Internet and originated with a couple of sources including *AP and Reuters*.

A group of lawmakers are calling on the National Institutes of Health and the Department of Health and Human Services to step in and reduce the cost of a drug that is used to treat advanced prostate cancer Enzalutamide (Xtandi®).

The drug is jointly marketed in the U.S. by Japanese drug maker Astellas Pharma and its partner Medivation Inc. which is based in San Francisco. Astellas Pharma sells Xtandi® outside the U.S.

The medication has an average wholesale price in the United States of more than \$129,000.00 per year, however, this drug is sold in Japan and Sweden for \$39,000.00 and in Canada for \$30,000.00 per year according to the lawmaker's letter.

They noted that federal funds supported the development of the drug, which was based on research at the University of California, Los Angeles, conducted with taxpayer-supported grants.

The drug costs four times more in the United States than in other major countries, the lawmakers wrote in the letter, addressed to HHS Secretary Sylvia Burwell and NIH Director Francis Collins.

"When Americans pay for research that results in a pharmaceutical, that drug should be made available at a reasonable price," said Lloyd Doggett, co-chair of the House Democratic Caucus Prescription Drug Task Force. "An unaffordable drug is 100 percent ineffective."

Astellas responded on Tuesday March 29, saying the lawmakers' campaign doesn't reflect what insurers or patients actually pay for Xtandi®. Astellas said about 80 percent of patient with Medicare or private insurance have a monthly co-payment of \$25.00 or less. It said more than 2,000 men with poor or no insurance and household incomes of \$100,000 or less received Xtandi free last year.

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 - manufacturer of Zytiga® - Abiraterone for their support in producing this newsletter.



**UP COMING MEETING DATES- for 2016**

**NOTE: We take July and August off so our next meeting will be on September 10th.**

**Meeting Location:**

**Our regular monthly meetings are held on the second Saturday of each month from September to June in the Orchard Rooms at the Parkinson Recreation Centre on Harvey Ave., with access off Spall Rd. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.**

Thank you for helping us "Win the War Against Prostate Cancer."

**The Okanagan Prostate Resource Centre operates on donations. We would like to thank the Companies, Service Clubs, Organizations and Individuals that have made donations in order to help us operate this very valuable center. If you wish to make a donation please feel free to fill out the form below. Your support is gratefully appreciated. Our official Registered Charitable Number is - 89269 1718 RR0001**

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