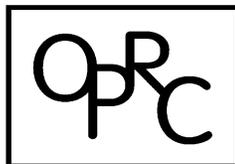


KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

Okanagan Prostate Resource Centre

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We did not have a scheduled speaker for our Prostate Cancer Support Group Meeting in February, however, a couple of interesting topics including the *My ehealth* program that is available through many of the labs in B.C. Once you are registered into this program you are able to access your lab results as soon as they are available. The *My ehealth* program also allows you to track your lab results from the time of your initial registration.

One of the other topics we discussed at the meeting was how can we get our son's in to get tested for prostate cancer especially when some Family Physicians either don't believe in the benefit of PSA or they think someone 40 years of age is too young to get a PSA or DRE. One fellow mentioned that his son asked his doctor for a PSA and the doctor said he was too young at age 40, he doesn't start doing the PSA until men are age 50. There was a great deal of discussion on this topic. A couple of other fellows mentioned that even though their sons were in their mid 40s they are still not being proactive in their healthcare by not asking their doctors for a PSA or the DRE.

Hormone Therapy for Prostate Cancer -

The following is an excerpt of information that was obtained off the Internet and originated with *MedlinePlus* Medical Encyclopedia

Hormone therapy for prostate cancer uses surgery or drugs to lower the levels of male sex hormones in a man's body. This helps slow the growth of prostate cancer.

Male Hormones and Prostate Cancer

Androgens are male sex hormones. Testosterone is one main type of androgen. Most testosterone is made by the testicles. The adrenal glands [found above the kidneys] also produce a small amount.

Androgens cause prostate cancer cells to grow. Hormone therapy for prostate cancer lowers the effect level of androgens in the body. It can do this by:

- Stopping the testicles from making androgens using surgery or medicines.
- Blocking the action of androgens in the body.
- Stopping the body from making androgens.

When is Hormone Therapy Used?

Hormone therapy is almost never used for people with Stage I or Stage II prostate cancer.

It is mainly used for:

- Advanced cancer that has spread beyond the prostate gland.
- Cancer that has failed to respond to surgery or radiation.
- Cancer that has recurred.

It may also be used:

- Before radiation or surgery to help shrink tumours.
- Along with radiation therapy for cancer that is likely to recur.

Drugs That Lower Androgen Levels -

The most common treatment is to take drugs that lower the amount of androgens made by the testicles. They are called luteinizing hormone-releasing hormone (LHRH) analogs. These drugs lower androgen levels just as well as surgery does. This type of treatment is sometimes called "chemical castration."

Men who receive androgen deprivation therapy should have follow-up exams with the doctor prescribing the drugs:

- Within 3 to 6 months after starting therapy.
- At least once a year, to monitor blood pressure and perform blood sugar (glucose) and cholesterol tests.

- To get PSA blood tests to monitor how well the therapy is working.

LHRH analogs are given as a shot or as a small implant placed under the skin. They are given anywhere from once a month to once every three, four or six months. These drugs include:

- Goserelin (Zoladex®) sub-cutaneous injection - an injection into the belly/stomach area.
- Leuprolide Acetate (Lupron Depot®) - intra-muscular injection - an injection into the hips/buttocks.
- Leuprolide Acetate (Eligard®) sub-cutaneous injection - an injection into the belly/stomach area.

Another medicine Degarelix (Firmagon®), is an LHRH antagonist. It reduces androgen levels more quickly and has fewer side effects. It is used in men with advanced cancer.

Some doctors recommend stopping and restarting treatment (intermittent therapy). This approach appears to help reduce hormone therapy side effects.

Surgery to remove the testicles [bi-lateral orchiectomy] (castration) stops the production of most androgens in the body. This also shrinks or stops prostate cancer from growing. While effective, most men do not choose this option.

Drugs That Block Androgen -

Some drugs work by blocking the effect of androgens on prostate cancer cells. They are called anti-androgens. These drugs are taken as pills. They are often used when medicines to lower androgen levels are no longer working.

Anti-androgens include:

- Bicalutamide (Casodex®)
- Flutamide (Eulexin®)
- Nilutamide (Anandron®)

Some newer stronger Anti-androgens that are used to treat advanced prostate cancer include:

- Abiraterone (Zytiga®)
- Enzalutamide (Xtandi®)

Drugs That Stop the Body From making Androgens -

Androgens can be produced in other areas of the body, such as the adrenal glands. Some prostate cancer cells can also make androgens. There are some drugs that may help to stop the body from making androgens from tissue other than the testicles.

When Hormone Therapy Stops Working -

Over time, prostate cancer becomes resistant to hormone therapy. This means that the cancer only needs low levels of androgen to grow. When this occurs, additional

drugs or other treatments may be added.

Side Effects -

Androgens have effects all over the body. So treatments that lower these hormones can cause many different side effects. The longer you take these medicines, the more likely you are to have side effects.

They include:

- Trouble getting an erection and not being interested in sex
- Shrinking testicles and penis
- Hot flashes
- Weakened or broken bones
- Smaller, weaker muscles
- Changes in blood fats, such as cholesterol
- Changes in blood sugar
- Weight gain
- Mood swings
- Fatigue
- Growth of breast tissue, breast tenderness

Androgen deprivation therapy can increase the risks of diabetes and heart disease.

Weighing the Options -

Deciding on hormonal therapy for prostate cancer can be a complex and even difficult decision. The type of treatment may depend on:

- Your risk for cancer coming back
- How advanced your cancer is
- Whether other treatments have stopped working
- whether the cancer has spread

Talking with your physicians about your options and the benefits and risks of each treatment can help you make the best decision for you.

Alternative Names -

Androgen deprivation therapy; ADT; Androgen suppression therapy; Combined androgen blockade; Hormone therapy.

References -

Hormone Therapy for Prostate Cancer. National Cancer Institute. (U.S.A.) Update 6/23/14

WITT'S WIT (ON THE LIGHTER SIDE) -

In case you didn't know this little tidbit of wonderful trivia...

On July 20, 1969, as Commander of the Apollo Lunar Module, Neil

Armstrong was the first person to set foot on the moon.

His first words after stepping on the moon, "That's one small step for man, one giant leap for mankind," were televised to earth and heard by millions.

But just before he re-entered the lunar lander, he made the enigmatic remark "**Good Luck, Mr. Gorsky.**"

Many people at NASA thought it was a casual remark concerning the Russian or American space programs.

Over the years, many people questioned Armstrong as to what the 'Good Luck Mr. Gorsky' statement meant, but Armstrong always just smiled.

On July 5, 1995, in Tampa Bay, Florida, while answering questions following a speech, a reporter brought up the 26-year old question about Mr. Gorsky to Armstrong.

This time he finally responded because his Mr. Gorsky had just died, so Neil Armstrong felt he could now answer the question. Here is the answer to, "Who was Mr. Gorsky?"

In 1938 when he was a kid in a small mid-western town, he was playing baseball with a friend in the backyard. His friend hit the ball, which landed in his neighbour's yard by their bedroom window. His neighbours were Mr. and Mrs. Gorsky.

As he leaned down to pick up the ball, young Armstrong heard Mrs. Gorsky shouting at Mr. Gorsky.

"Sex, you want sex?! You'll get sex when the kid next door walks on the moon!"

It broke the place up.

Neil Armstrong's family confirmed that this is a true story.

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

April 9th - May 14th - June 11th - 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 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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