



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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We had two speakers at the March meeting of the Kelowna Prostate Cancer Support & Awareness Group. Lori Sameshima, a Registered Dietitian at BC Cancer in Kelowna. she was assisted with Katie who is her 5th year of studies to become a Registered Dietitian.

The presenters began their presentation by going over the Canada's New Food Guide that was recently released. This food guide recommends that we should have a mix of items on our plates, including about half the plate have a combination of vegetables and fruits, a quarter of the plate have protein foods including plant-based proteins and a quarter of the plate have whole grains foods.

They noted that we should make it a habit to eat a variety of healthy foods each day.

Eat plenty of vegetables and fruits, whole grain foods and protein foods. Choose protein foods that come from plants more often.

- Choose foods with healthy fats instead of saturated fat.

Limit highly processed foods. If you choose these foods, eat them less often and in small amounts.

- Prepare meals and snacks using ingredients that have little or no added sodium, sugars or saturated fat.

- Choose healthier menu options when eating out

Make water your drink of choice

- Replace sugary drinks with water

Use food labels

Be aware that food marketing can influence your choices.

Lori brought a great variety of different types of food packaging and spent a lot of time going over label reading - she mentioned that the labels of food packaging will be changing, making easier for the consumer to determine what is in the foods e.g. sugar, types of fats, sodium etc. This was a very interesting and educational presentation.

Thirty Percent Fewer Prostate Cancer Deaths with PSA Screening -

The following information was obtained from the Internet and originated with the *University of Gothenburg* in Sweden.

PSA-screening cuts deaths from prostate cancer by some 30%. This is shown by research based on data from 20,000 men monitored for more than two decades. The men's initially measured PSA level proved highly significant as a predictor of future cancer risk.

"This research is important because it shows the long-term effects of an organized screening program in Sweden, Says *Maria Franlund, M.D., Ph.D. in Urology at Sahlgrenska Academy, University of Gothenburg, Sweden*, and head of the department at Sahlgrenska University Hospital.

Franlund's thesis on prostate cancer screening comes after the latest (2018) recommendation from the Swedish National Board of Health and Welfare: that health services should not offer screening with PSA testing alone. The reason is that the Board regards the drawbacks of PSA screening -- overdiagnosis and overtreatment -- as outweighing its benefits.

The main purpose of this research has been to enhance understanding of the implications of screening, and the possible design of a future screening program for prostate cancer.

Franlund's thesis work originates from a large, population-based study that started in Gothenburg in 1995. The study is unique in many ways, and currently has the longest follow-up period of all screening studies on prostate cancer worldwide.

Initially, the Randomized Population-Based Prostate Cancer Screening Trial comprised a total of 20,000 men aged 50-64. Ten Thousand were randomly selected for a screening group and offered PSA testing (screening) every two years and cell sampling if elevated PSA levels were found. The other 10,000 were assigned to the control group and not offered PSA sampling in the study.

After 22 years' follow-up, approximately 300 men had died of prostate cancer. The risk was some 30 percent lower for men who had undergone screening in the program. Men at the highest risk of dying from prostate cancer were those whose screening started after age 60; men who were diagnosed after leaving the study (aged about 70 and over); and those who were invited but did not participate at all.

Further, the study included outcomes for men who participated in the screening program and left the trial without prostate cancer being detected. Among these men, who were monitored for nine years after their screening ended, some 200 cancer cases altogether were found. Of these men, 21 later died of the disease.

PSA levels on the first screening occasion proved to have a major bearing on future cancer outcomes. They may therefore be used for risk estimation. The results also showed that in men with voiding dysfunction -- difficulty in emptying the bladder -- the risk of prostate cancer was lower than in symptom-free men in the study.

To further reduce prostate cancer mortality, in Franlund's view, the ages in which men join and leave a possible future screening program need to be optimized. Strategies are also required to reduce the dropout rate. Men in good health and with a PSA above a certain level (1.5 ng/ml) should be offered continued checkups after age 70 as well.

WITT'S WIT (ON THE LIGHTER SIDE) -

THE END IS NEAR

Sean is the vicar of a Protestant parish on the border of Northern Ireland and Republic Ireland, and Patrick is the priest at the Roman Catholic Church across the road.

One day they are seen together, erecting a sigh which reads:

"The End Is Near, Turn Around Before It is Too Late."

As a car speeds past them, the driver leans out the window and yells: "Leave people alone, you religious nutters. We don't need your lectures."

From around the next curve they hear screeching tyres and a big splash.

Shaking his head, Father Patrick says: "Dat's da terd one dis mornin'."

"Yaa, Sean agrees, then adds: "Do ya tink maybe the sign should just say:

"BRIDGE CLOSED"?

Prostate Cancer Canada New PSA Testing Guidelines -

The following information was obtained from Prostate Cancer Canada.

On January 21, 2019 Prostate Cancer Canada changed their guidelines regarding PSA testing in Canada to go more inline with the guidelines put out by The Canadian Urological Association (CUA).

The new guidelines now suggest that PSA testing should begin at age 50 and at age 45 if it is deemed to be a higher risk. Before deciding to be tested, a patient should discuss the advantages and disadvantages with your family physician. People at a higher risk depends on age, family history and Black men. How often should one be tested depends on your PSA levels and this can vary and be different for each man. When should someone stop having PSA testing, this depends on several issues including, PSA level, age and general health? Usually at age 70.

The information below is an excerpt of information Provided by Prostate Cancer Canada.

For those who are new to Prostate Cancer -

What is PSA? - Prostate specific antigen (PSA) is a protein produced by cells in the prostate. It is normal for PSA to be found in the blood in small concentrations. The amount of PSA can rise as you age or if you have a problem with your prostate.

What is the PSA Test? - The PSA test is a blood test that measures the amount of PSA in the blood. Higher levels of PSA should not be an immediate cause for alarm. It may indicate the presence of cancer but can also signal other prostate conditions.

What Happens in my PSA Value is High? - A higher than normal PSA level can mean that you have a problem with your prostate, which could be prostate cancer. If your PSA level is high your doctor will consider a number of factors including your prostate health, results from your digital rectal exam (DRE), previous PSA tests, your age, health and risk factors before deciding what to do next. Depending on these factors, your doctor may recommend that you have another PSA test in the future to see if your PSA level changes or may recommend you see a specialist for further tests like a biopsy or MRI.

Do I have to Pay for the PSA Test? - In B.C. you have to pay for a screening PS, however, if you are diagnosed with prostate cancer or cancer is suspected you no longer have to pay.

Is the PSA test the same as the digital rectal exam (DRE)? - Some confuse the PSA test with the Digital Rectal Exam (DRE). The PSA test is a blood test taken from your arm. In the DRE your doctor will feel the size and shape of the prostate by inserting a gloved lubricated finger into the rectum. A healthy prostate feels soft, rubbery, smooth, symmetrical, regular and even.

My doctor doesn't believe I should get a PSA test, but I do. What should I

do? - The decision to have your PSA tested is based on your needs and preferences. If you are interested in having a PSA and your doctor recommends against testing, ensure you have all the information that will allow you to make a decision you are comfortable with. If you are still uncomfortable with your doctor's recommendation, we suggest getting a second opinion.

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 -

May 11, June 8, PLEASE NOTE NO MEETINGS JULY AND AUGUST

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 for viewing and printing through our website.

