



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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Dr. Jocelyn Moore, one of our newer Radiation Oncologists at our local cancer centre in Kelowna was the guest speaker at our January meeting. Dr. Moore gave us an extremely interesting and educational presentation on the use of *Radium 223* that may be used to treat bone metastasis in those men with castration resistant prostate cancer. Radium 223 also goes under the name of Xofigo®

Radium 223 is a radio pharmaceutical that has a half-life of 11 days, and mimics a calcium molecule. Like calcium, active bone cells take up the radium. This makes it a good way of specifically targeting bone cancer cells, as cancer cells are more active than normal bone cells, so they are more likely to pick up the radium 223. Once the radium is in the bones it releases the radiation. The radiation only travels a short distance, between 2 to 10 cells deep. This is much less than a millimeter. This means that the cancer cells receive a high dose of radiation and some of them die, and healthy cells receive only a low dose or no radiation. It will both increase survival and delay skeletal events. The use of Radium 223 will also delay PSA rise. The Radium 223 treatment takes place in the Nuclear Medicine Dept. at Kelowna General Hospital where it is injected into a vein by one of the Nuclear Medicine Technologists.

As with any treatment there can be side effects, but everyone responds differently to treatments for bone metastases – some may experience many side effects while others experience very few. The most common side effects include Nausea, Diarrhea, Vomiting, Swelling of the arms or legs and Low blood cell count.

It is advised that you use rubber gloves for a few days to clean up a after using the bathroom. It is also advised that you wash your clothes separately if it is soiled with urine or feces. The cancer centre gives the patient a very detailed sheet of information relating to treatment using Radium 223.

The use of Radium 223 is covered through special authorization by our provincial drug program in B.C. The only other province in Canada that covers this treatment is Ontario.

BC Cancer Agency Bringing New Treatment for Prostate Cancer to North America –

The following information is an excerpt of information contained in the Winter 2017 issue of the Partners in Discovery magazine –

Dr. François Bénard together with Dr. Kim Chi will be leading the clinical trials on a new treatment for prostate cancer. Dr. Bénard is the vice-president of research at BC Cancer, and Dr. Kim Chi, is the clinical trials director in partnership with colleagues at TRIUMPH, Canada's national laboratory for particle and nuclear physics at the University of British Columbia. They will be introducing an emerging treatment for aggressive prostate cancer into the North American market.

The two new clinical trials are planned to test a new treatment known as **ProTracer** that was developed by scientists at the University Hospital Heidelberg in Germany.

The treatment involves injecting a powerful radiopharmaceutical intravenously to target a newly discovered protein on the surface of prostate cancer cells, destroying the cells entirely. Results from a German multicenter study of ProTracer showed more than 45 per cent of patients with stage IV prognosis responded positively, suggesting it has the potential to change the course of prostate cancer care, safely and effectively with minimal side effects.

The trial studies which are expected to span two years and will involve –

- **1** - A phase II trial study using the drug in 50 patients with metastatic prostate cancer that progressed after treatment with drugs abiraterone and/or enzalutamide.

- **2** - A phase I-II trial study of the drug together with docetaxel chemotherapy in 50 patients with metastatic prostate cancer that progressed after treatment with drugs abiraterone and/or enzalutamide

Did you know that doctors find that up to 10 per cent of metastatic prostate cancers are hereditary? This helps pave the way to help prevent cancer for the next generation.

Higher PSA Levels Found at Metastatic Prostate Cancer Diagnosis –

The following is an excerpt of an article in the December issue of the *Us Too International Hot Sheet*, and originated from *Clinical Oncology News Oct.3, 2017*

The effect of the U.S. Preventative Services Task Force (USPSTF) recommendation in 2007 against PSA screening was not expected to have an effect on metastatic disease rates for several years. But a study presented at the 2017 annual meeting of the American Urological Association (AUA) shows that since 2007, disproportionately more men are presenting with PSA levels greater than 20 ng/mL and metastatic disease.

The investigators hypothesized that this higher disease burden at diagnosis may represent a near-term result of USPSTF recommendations.

“If you presented with a PSA greater than 20 in 2004, your odds of having mPCa (metastatic prostate cancer) were 8.5%, and that increased more than threefold, to 22.9% in 2014 said lead investigator Jared P. Schober, MD, from Lahey Hospital and Medical Center.

Dr. Schober said that there are several possible explanations for increased disease burden: the USPSTF 2007 recommendations; a detection bias, and internal change in the data entry process; or centralization of care in patients moving from rural settings to cities with tertiary care centers. The retrospective study evaluated 1,235,869 cases of incidental PCa (prostate cancer) that occurred from 2004 to 2014; of these, 49,586 (4.01%) were metastatic at diagnosis.

PSA levels at initial cancer diagnosis were divided into four groups: 0.2-3.9; 4.0-10.0; 10.1-20; and greater than 20 ng/mL. The ratio of mPCa vs. total PCa diagnosis was compared each year by group.

The proportion of mPCa present at diagnosis increased over the 10-year period for every PSA group, with the most significant proportional increase observed in men with PSA levels greater than 20 ng/mL, from 8.5% in 2004 to 22.9% in 2014.

“Downstream impact of health policy decisions is always a concern, and changes in recommendations for prostate

cancer screening are no exception. Although we can focus equally on positive long-term impacts from these changes, including reducing screening in older men with significant comorbidities or other life-threatening malignancies, the study from the AUA conference suggests that the proportion of metastatic disease in a specific population of men (PSA >20ng/mL) is increasing, Dr. Befar Ehdale, MD, an assistant attending surgeon in the Department of Surgery and an assistant biostatistician in the Department of Epidemiology and Biostatistics at Memorial Sloan Kettering Cancer Center in New York City said.

WITT'S WIT (ON THE LIGHTER SIDE -

A Nun - Missing a Flight

A nun was going to Chicago. She went to the airport and sat down, waiting for her flight. She looked over in the corner and saw one of those weight machines that tells your fortune. So, she thought to herself, "I'll give it a try just to see what it tells me."

She went over to the machine and put her nickel in and out came a card that said, "You're a nun, you weigh 128 lbs., you're going to Chicago, Illinois."

She sat back down and thought about it. She told herself it probably tells everyone the same

thing, but decided to try it again. She put her nickel in, and out came a card that read, "You're a nun, you weigh 128 lbs., you're going to Chicago, Illinois, and you are going to play a fiddle."

The nun said to herself, "I know that's wrong. I have never played a musical instrument a day in my life." She sat back down. From out of nowhere, a cowboy came over and set his fiddle case down next to her. The nun picked up the fiddle and started playing beautiful music.

Startled, she looked back at the machine and said, "This is incredible! I've got to try it again!"

Back to the machine she went, put her nickel in, and another card came out. It said, "You're a nun, you weigh 128 lbs., you're going to Chicago, Illinois, and you're going to break wind."

Now, the nun knew the machine was wrong. "I've never broken wind in public in my whole life!" Just then she tripped, fell off the scales and broke wind.

Stunned, she sat back down and looked at the machine. She said to herself, "This is truly unbelievable! I've got to try it one more time."

She went back to the machine, put her nickel in and collected the card. It said, "You're a nun, you weigh 128 lbs., you have fiddled and farted around and missed your flight to Chicago!!!"

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 2018 –

March 10th – April 14th – May 12th – June 9th.

Meeting Location:

Our meetings will be taking 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. The meeting begins at 9:00A.M. The Harvest Room is located on the second floor and there is elevator access if required.

