



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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This month marks a major anniversary for the Kelowna Prostate Cancer Support & Awareness Group as it is our 25th anniversary. It was on the second Saturday in November 1996 that I facilitated the first meeting of the Kelowna Prostate Cancer Support Group. At that meeting those present were asked if they would like to continue with the meetings and when they would like to have meetings, the consensus at this first meeting was an overwhelming yes, this was great, very interesting and let's continue with meetings and keep it on the Second Saturday of the month. Since that time, we have seen some major breakthroughs in the treatment for prostate cancer, with some major advancements in prescription drugs to treat recurrent and advanced prostate cancer and new treatment modalities at BC Cancer in Kelowna.

Because of the pandemic we have been unable to hold in-person support group meetings since February 2020, however, I have tried to keep in touch with our group through emails and the newsletter.

We hope everyone is keeping well and have had at least two shots of the vaccine. If anyone has any questions or concerns that I may be able to help with, please feel free to contact me at the above phone number. If you wish to have your name removed from this contact list, please let me know and I will remove your contact information.

Men: Know Your Genetics to Lower Your Cancer Risk – and That of Your Family

The following is an excerpt of information that was obtained from the Internet and originated with *Baptist Health South Florida* and was posted by *Adrienne Sylver* on *June 14, 2021*

A gene mutation that could put you at higher risk for cancer is just as likely to come from your father as your mother. Unfortunately, only 4 percent of those undergoing hereditary cancer gene testing are male, leaving a huge gap in the knowledge that could help you to avoid cancer altogether or inform treatment decisions, according to a study published in the journal *JAMA Oncology*.

“Men do not often seek testing and many times do not understand the importance of the information,” says *Louise Morrell, M.D.*, a Genetics Specialist and medical director of Lynn Cancer Institute at Boca Raton Regional Hospital, part of Baptist Health. “The more accurate our information, the better our guidance on prevention. In genetics, unlike other areas, the benefit extends to family members and perhaps for generations to come.”

Inherited Cancers

Today, up to 15 percent of cancers are tied to a hereditary link. Knowing about those links may help you and other members of your family prevent or reduce the risk of cancer.

Scientists have identified many mutations that increase the risk for breast and gynecologic cancers, colon cancer, gastrointestinal cancers, kidney cancer and more. For example, a man with prostate cancer tied to a *BRCA2* mutation, could pass that mutation to his son or daughter, increasing the risk of breast cancer in both children and of prostate cancer in the son.

Raising awareness of the value of genetic assessment and testing, particularly among men is important to the experts at Lynn Cancer Institute and Miami Cancer Institute. Because the field of genetics moves at a rapid pace, discoveries may impact everything from guidelines for cancer screenings to treatment options for those who have cancer.

The *BRCA1* and *BRCA2* mutations that raise the risk for breast cancer in women, also raise the odds of breast cancer in men by eight times, according to the American Cancer Society.

Ask Questions:

Whether you are a man or a woman, your family health history may be the key to your future, says *Arelis Martir-Negron, M.D.*, medical geneticist and head of the Clinical Genetics program at Miami Cancer Institute. “Because as many men pass down mutations as women, you should be aware of your father’s family cancer history as well as your mother’s. Know your family history. Ask questions.” In general, the earlier cancer is caught the better the chance of survival.

Thinking of genetics as a recipe may help some people better understand, genetic counselors say. All people inherit two copies of each gene: one from their mother and one from their father. A slight change in the recipe may not make much of a difference but the wrong ingredient or too much or too little of something may cause the recipe to change drastically. In addition, not all mutations carry the same risk.

A *BRCA* mutation may lead to an 80 percent risk of breast cancer but an *ATM* mutation might have a 20 percent lifetime risk,” Dr. Morrell says. “These are very different, which is why having this information is so valuable.”

It’s important to note that just because you carry a mutation doesn’t mean you will get cancer.

“There are many things we take into account when we assess risk,” Dr. Martir-Negron says.

WITT'S WIT (ON THE LIGHTER SIDE) -

Why We Love Children Bible

A little boy opened the big family Bible. He was fascinated as he fingered through the old pages. Suddenly, something fell out of the Bible. He picked the object up and looked at it. What he saw was an old leaf that had been pressed in between the pages. “Mama, look what I found,” the boy called out. “What have you got there, dear?” With astonishment in the young boy's voice, he answered, “I think it's Adam's underwear!”

Enzalutamide Shown to Slow Progression of Localized Prostate Cancer –

The following is an excerpt of information that was obtained from the Internet and originated with *Renal and Oncology News and OncLive*. The article was written by *Jody A. Charnow*

Among men with low - or intermediate-risk prostate cancer, those treated with enzalutamide (Xtandi) benefit from a significant reduction in the risk for cancer progression compared to those undergoing active surveillance (AS), according to findings from a Phase 2 open-label exploratory study (ENACT)

reported at the AUA 2021 Virtual Experience.

The study is the first to assess the efficacy and safety of a novel androgen receptor antagonist as monotherapy in patients with clinically localized low – or intermediate-risk prostate cancer, said lead investigator Neal D. Shore, MD, Medical Director for the Carolina Urologic Research Center in Myrtle Beach, South Carolina. Enzalutamide was found to be well tolerated and provided significant clinical benefit compared with AS. “Enzalutamide may therefore offer an alternative treatment option in this patient population,” he said.

The trial included 227 patients (53% with low-risk and 47% with intermediate-risk disease, mainly Gleason patterns 3+4) randomly assigned to receive 160 mg/d of enzalutamide (114 patients) or to undergo AS (113 patients). Baseline characteristics were similar between study arms. Of the 227 patients, 165 (85 in the enzalutamide group and 80 in the AS arm) completed 1 year of treatment. Patients had up to 2 years of follow-up.

Enzalutamide-treated patients had a significant 46% reduction in pathologic prostate cancer progression risk and 29% decreased risk for PSA progression compared with those undergoing AS, Dr. Shore Reported. Enzalutamide delayed PSA progression by a median of 6 months compared with AS.

Enzalutamide recipients were 3.5 times more likely than those in the AS group to have a negative prostate biopsy at 1 year. The odds of a negative biopsy at 2 years did not differ significantly between the two groups.

Patients with low-risk cancer had stage T1c to T2a disease, A PSA level less than 10 ng/mL, a Gleason score of 6 or less, and no nodal involvement or metastasis. Patients with intermediate-risk disease had T2b-T2c disease, a PSA of less than 20 ng/mL, or Gleason Score of 7 (3+4 pattern), and no nodal involvement or metastasis.

In an interview, Dr. Shore indicated that the earlier use of enzalutamide would not necessarily present a problem later on in terms of therapeutic choices if the patient develops castration-resistant-disease. “Ideally, active surveillance patients receiving enzalutamide therapy would potentially decrease their risk for developing advanced disease,” he said. He pointed, however, that as androgen receptor pathway inhibitor therapies have been used earlier for castration-sensitive metastatic disease, their subsequent sequencing and combination use with other approved therapies remains an area of ongoing investigation.

Commenting on the findings, Adam S. Feldman, MD, MPH, a urologic oncologist at Massachusetts General hospital in Boston, who was not involved in the research said the study cohort is notable for its relatively high proportion of patients with favorable intermediate-risk disease. As the majority of patient with favorable intermediate-risk disease opt for treatment rather than AS.

Editors Note: Treatment protocols for prostate cancer can be different in the U.S. compared to those in Canada. When it comes to your own personal health, please contact your Urologist or Oncologist as they know

what the best treatment options are for you in your situation and with your diagnosis.

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 2021 –

Due to the COVID-19 virus we are still NOT holding monthly in person Support Group Meetings.

NOTE: I will be in touch with everyone whenever it is safe to get back to holding regular meetings.

NOTE: Many of our past newsletters are available for viewing and printing through our website. - www.kelownaprostate.com

- A big *Thank You to Doris at Affordable Web Design for all her work on our website.*

November is the time to remember all those who have been lost in wars and conflicts for our Country –

Lest We Forget