



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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Yvonne and I hope that many of you that receive this newsletter were able to spend the Thanksgiving Weekend with family or friends. It was a great weekend weather wise, warm, and sunny most of the weekend.

It was great to see so many of our regular attendees as well as some new faces out to our September meeting, and to hear how some are doing following treatment over the summer. Remember our meetings are open to anyone who has been recently diagnosed with going through Prostate Cancer, and maybe looking for some support. As well as those who have had treatment and are also looking for some support. As you know wives or partners are always welcome at our meetings.

NOTE: Please mark on your calendars that our November meeting will take place on Saturday November 18th one week later than normal because our regular meeting day Saturday November 11th is Remembrance Day.

If you wish to have your name removed from this contact list, please let me know and I will remove your contact information.

New AUA/SUO Guideline Issued for Early Detection of Prostate Cancer

The following is an excerpt of an article obtained from the Internet and originated with the *Renal & Urology News*.

The American Urological Association (AUA) and the Society of Urologic Oncology (SUO) recently issued guidelines for early prostate cancer detection that include recommendations related to PSA-based testing, risk calculators, imaging, and initial and repeat biopsy. In *The Journal of Urology*, John T. Wei, MD of the University of Michigan in Ann Arbor, Michigan, and other members of the panel that developed the AUA.SUO guidelines summarized the recommendations.

PSA Screening –

Initiation and continuation of prostate cancer screening depends on shared decision-making. PSA is strongly recommended as the first screening test. Men with a newly elevated PSA should have a repeat PSA test in a few months to confirm an elevation prior to clinicians ordering a secondary biomarker, imaging, or biopsy. PSA normalizes in many cases. Dr. Wei and colleagues noted the variety in benchmarks that constitutes an elevated PSA. Most studies use age-based thresholds of 2.5 ng/mL for men aged 40-49, 3.5 ng/mL for men aged 50-59, 4.5 ng/mL for men aged 60/69 and 6.5 ng/mL for men aged 70/79.

Baseline PSA tests can be offered at age 45-50 years, according to the guideline. Screening should begin earlier at age 40-45 years with men with increased risk of prostate cancer, including those of Black ancestry or with germline mutations or a strong family history of prostate cancer, breast or ovarian cancer.

Digital rectal exam (DRE) is permitted alongside PSA to establish risk of clinically significant prostate cancer. According to Dr. Wei and his peers, clinicians should strongly consider supplementary DRE in men with PSA 2ng/mL or higher.

Initial Biopsy –

Validated risk calculators, such as the Prostate Cancer Prevention Trial Risk Calculator can be used to

inform shared decision making for prostate biopsies.

Repeat Biopsy –

After a negative biopsy it is appropriate to continue screening using shared decision-making.

Clinicians should not rely on a PSA alone to repeat a biopsy. They should use a risk assessment tool that incorporates the protective effect of prior negative biopsy. Biomarker testing is not useful to patients deemed at low risk for harboring clinically significant cancer.

WITT'S WIT (ON THE LIGHTER SIDE) -

A week ago, my Mother-in-law began reading, "The Exorcist". She said it was the most evil she ever read. So evil in fact, she couldn't finish it, took it over to the beach and threw it into the ocean off a fishing pier.

I went and bought another copy, ran the faucet over it and left it in the night table drawer by her bed.

I'm going to Hell.

September is Prostate Cancer Awareness Month: Know the Warning Signs, When to Get Screened –

The following is an excerpt from the American Cancer Society that was published on Aug. 30, 2023. (I had completed my September Newsletter when this article was published it is a month late but still relevant)

Prostate Cancer is the second leading cause of cancer death among men in the United States. According to the latest research from scientists at the American Cancer Society (ACS), more than 288,000 men will be diagnosed with the disease this year, with close to 35,000 deaths. (The Canadian Cancer Society estimated that in 2022, 24,600 Canadian men would be diagnosed with prostate cancer and that 3,600 of those men would be from B.C.) However, when prostate cancer is detected early, the odds of survival are in fact high. In fact, more than 3.5 million men diagnosed with the disease in the U.S. are still alive today.

1- What are the warning signs of prostate cancer?

For some men, prostate cancer may lead to urinary problems such as having difficulty starting urination or urinating frequently, or pain during ejaculation. This is because of the location of the prostate close to the bladder and urethra. These symptoms and signs also occur with non-cancer conditions, so it is important to follow up with a physician to find out what might be causing these symptoms. If a cancer has already grown beyond the prostate, there may be pain in the hips, back, or other areas that does not go away. For most people,

however, there are no signs or symptoms indicating prostate cancer and the cancer is diagnosed with a biopsy following and abnormal blood test.

2 – Who is at risk for prostate cancer?

Anyone with a prostate is at risk of prostate cancer, and it is one of the most common cancers. There are some groups that are at a higher risk of prostate cancer. For example, our latest research shows Black men and those of African ancestry are 60% more likely to be diagnosed with prostate cancer. Also, the risk of prostate cancer gets higher with age. In addition, people with family history of prostate cancer (such as their brother or father) as well as a family history of breast cancer in a sister or mother, are at a higher risk of prostate cancer. Part of the family history is due to inherited genetic factors or gene mutations that we now know about. An important note is that while age, family history, and race/ancestry are not modifiable factors (things you can change), there are other factors such as maintaining a healthy body weight, not smoking, and being physically active that can help to offset this higher risk.

3- Is there a screening test for prostate cancer? Why is it important to catch it early?

Currently, the main screening test for prostate cancer involves taking a blood sample and testing for a marker called prostate-specific antigen (PSA). Higher levels of PSA in the blood can indicate prostate cancer, but also may be higher in benign conditions such as an enlarged prostate, so it is important to follow-up with a doctor to discuss the results and the next steps. There is good evidence showing that regular PSA screening can

reduce prostate cancer mortality, including from randomized trials. However, there is some controversy with screening for prostate cancer since the test can pick up slower-growing cancers that will never lead to harm. An area of active research now is aiming to do more effective screening approaches, targeting the men who are at the highest risk of prostate cancer and then also safely letting people know they can screen less regularly. The ACS launched the “I Love You, Get Screened” campaign to encourage everyone to talk to their loved ones about cancer screening.

4- What age should men be screened for prostate cancer?

The ACS recommends that men at average risk for prostate cancer discuss the benefits and limitations of screening with their healthcare provider at age 50. Men at high risk (which includes Black men in general and any man with a first-degree relative who had prostate cancer before age 65) should have the discussion at age 45. Black men with a family history of breast, ovarian, or prostate cancer, and men with more than one first-degree relative who had prostate cancer at an early age should discuss screening at age 40. Detecting prostate cancer early can lead to more effective treatment and improved outcomes.

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 educational grants that go towards our newsletters and our support group.



UP COMING MEETING DATES FOR 2023 –

NOTE: - November 18, December 9 -

Meeting Location:

Our meetings take place in the Harvest Room at Trinity Church located at the corner of Springfield Road and Spall Road. Please enter through the South Entrance off the main parking lot and follow the signs upstairs to the Harvest Room. Our meetings begin at 9:00 A.M. and the 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. – www.kelownaprostate.com

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