

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

Okanagan Prostate Resource Centre

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Publisher/Editor – Bren Witt

VOLUME 19 - ISSUE 2 - (NUMBER 216) - OCTOBER 2016

At our first meeting back following our Summer break we had a really active meeting. I first brought up the concern I have with a number of men who rely on their Family Doctors advice and who tell their patients that they don't believe the PSA is a valuable test. We had some discussion on that topic and then we had a great deal of discussion on Androgen Deprivation Therapy [ADT] (hormone therapy), and the doubling time of the PSA. That is when the PSA doubles over a period of time, whether that be over a short period of time or a much longer period. Those of us present also suggested that everyone get a hard copy of their lab results so they can then track their own PSA and know what is happening. It was also suggested that for those who have a computer, the next time they go for blood work that they sign up for *my ehealth*. This is a free service that uses a secure Internet site to provide you with access to your lab results as soon as they are available. There is more information on *my ehealth* on page 5

Canadian Clinical Trial will Test Use of MRI to Improve Prostate Cancer Diagnosis and Management -

The following is an excerpt of an article from *Eurekalert.org*, June 2016

On June 1, 2016 the Movember Foundation, the Ontario Institute for Cancer Research (OICR) and Prostate Cancer Canada announced \$3 million in funding for a new Phase III clinical trial to evaluate if magnetic resonance imaging (MRI) can replace the current standard of care to diagnose prostate cancer. The primary objective of the multi-centre trial, called PRECISE, is to determine whether MRI imaging can spare some men from undergoing a biopsy and avoid the possible associated side effects.

The trial will be led by *Dr. Laurence Klotz* of the Sunnybrook Research institute in Toronto, a world leader in the field of prostate cancer research and in the global adoption of active surveillance, a standard practice to monitor patients with low-risk prostate cancer.

MRI technology is a precise tool that could better identify which patients should undergo biopsy, and enable targeted biopsy of only areas suspected of malignancy. The PRECISE trial, which is estimated to be completed in three years, will investigate the ability of MRI to improve the diagnosis of clinically important disease and reduce the requirement for prostate biopsies. Currently, prostate cancer is

diagnosed by trans-rectal ultrasound-(TRUS)-guided biopsy of the prostate, in most cases following a prostate specific antigen (PSA) test. TRUS-guided biopsy is associated with potential side effects such as infection and bleeding because it is not targeted, requiring numerous biopsy samples (between 10 and 12) to establish an accurate reading. In addition, this currently standard of care is not sensitive enough to be able to discriminate between high-risk and very low-risk changes in prostate tissue, resulting in the over-diagnosis and over-treatment of many men, exacerbating the risk for side effects.

"If positive, this trial would support a change in practice from relying on biopsies for all men with suspected prostate cancer to providing MRI first with selective targeted biopsy." explained Klotz. "this would allow 250,000 men per year in the U.S. and Canada to avoid unnecessary biopsies and the associated complications including hospitalization, without compromising our ability to identify clinically significant cancers."

Research Reveals Prostate Cancer Radiation Treatment can be Shortened -

The following originated with *Medical News Today*

A shorter 4-week radiation regime is non-inferior to the standard 8-week regime when it comes to prostate cancer treatment, an Ontario-led study has found.

The Prostate Fractionated Irradiation Trial (PROFIT) was conducted by Hamilton's Ontario Clinical Oncology Group (OCOG) and according to Dr. Mark Levine, OCOG director, the study is, "A game changer."

OCOG located in the Escarpment Cancer Research Institute, a joint initiative of Hamilton Health Sciences and McMaster University worked with a network of investigators in 3 continents to carry out this research.

Investigators presented their findings at the American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago. ASCO is the world's leading professional organization for cancer care. Themed, Collective Wisdom: The future of Patient Centered Care and Research, this year's meeting attracted 30,000 specialists from around the world.

The paper which was selected as one of the Best of ASCO, was presented on Monday June 6, by Dr. Charles Catton the principal investigator who is a radiation oncologist at the Princess Margaret Hospital. "The PROFIT trial has shown that with modern radiotherapy techniques we can treat patients with a common form of prostate cancer more safely and efficiently than in the past with fewer treatments" said Dr. Catton.

The results of PROFIT are expected to have an impact on treatment worldwide. "The fewer number of treatments will not only be more convenient for patients, but by shortening the treatment more patients can be treated with the same amount of resources" said co-principal investigator

Dr. Himu Lukka, a radiation oncologist at the Juravinski Cancer Centre.

Prostate cancer commonly presents localized to the prostate gland and is classified into low, intermediate and high-risk of prostate cancer recurrence. Radiation is a commonly used treatment for men with intermediate risk prostate cancer.

Investigators set out to determine whether shorter radiation treatment regimen was non inferior to the standard 8-week radiation regimen. In this case, non-inferior means "no worse in terms of preventing recurrence of the prostate cancer." and "with no increased toxicity." The trial compared the current standard treatment of 7,800 cGy administered in 39 fractions over 8 weeks to 6,000 cGy in 20 fractions. over 4 weeks.

The trial enrolled 1,206 patients in 26 centres in Canada, Australia and France between 2006 and 2011. With an average follow-up of six years, 166 subjects have experienced a study outcome event in the shorter treatment group compared to 170 in the longer treatment group. About 80% of patients in each group remain free of a treatment failure event. There was no increased long term bowel or bladder toxicity with the shorter treatment. In fact, there was a tend to less toxicity with the shorter treatment.

Speaking to PROFIT's collaborative approach, Dr. Levine says, "This was an amazing team effort."

WITT'S WIT (ON THE LIGHTER SIDE) -

New High School Teacher

After retiring, a former Gunnery Sergeant in the Canadian Army took on a new job as a high school teacher

Just before the school year started, he injured his back. He was required to wear a light plaster cast around the upper part of his body. Fortunately, the cast fit under his shirt and wasn't noticeable when he wore his suit coat.

On the first day of class, he found himself assigned to the toughest students in the school. The smart-ass punks, having already heard the new teacher was a former soldier, were leery of him and he knew they would be testing his discipline in the classroom.

Walking confidently into the rowdy classroom, the new teacher opened the window wide and sat down at his desk. With a strong breeze blowing it made his tie flap.

He picked up a stapler and stapled the tie onto his chest.

There was Dead silence in the room.

The rest of the year went smoothly.

Bicalutamide (Casodex®)

How Bicalutamide works -

The following information was obtained from the June 1016 issue of the *Manitoba Support Group Newsletter*, and originated with *Prostate Cancer News Today*.

Prostate Cancer occurs when there is an uncontrolled growth of cells in the prostate, a gland found in men's reproductive system. The prostate is located below the bladder, near the rectum and around the urethra, and its main function is to produce fluid that combines with sperm and makes semen more liquid.

Given the location of the gland, prostate cancer affects both the reproductive and urinary systems. The disease causes symptoms such as urinary problems like a slow or weak urinary stream or the need to urinate more often, especially at night, blood in the urine, erectile dysfunction, pain in the hips, back or chest, or other areas from cancer spread to bones, and weakness or numbness in the legs or feet, or even loss of bladder or bowel control from cancer pressing on the spinal cord.

Bicalutamide is one of the drug options included in a type of treatment for prostate cancer known as hormone therapy. Bicalutamide binds to androgen receptors in target tissues, thereby inhibiting the receptor binding of androgens. This agent does not bind to most mutated forms of androgen receptors. The anti androgen drug Bicalutamide is used in combination with other agents like Goserelin (Zoladex) Leuprolide (Lupron) for the treatment of metastatic prostate cancer.

It is classified as nonsteroidal anti androgen, since it works by blocking the normal effect of the male hormone androgen. The main types of androgen produced by the body are testosterone and dihydrotestosterone (DHT). These are formed in testicles, adrenal glands and tumors themselves, and they stimulate the growth of prostate cancer cells. Bicalutamide blocks this ability in order to stop the growth and spread of cancer.

The U.S. Food and Drug Administration (FDA) approved the use of Bicalutamide in 2009, and it is particularly indicated for patients whose cancer has spread too far to be cured by surgery or radiation, whose cancer remains or comes back after treatment, along with radiation therapy as initial treatment, or before radiation to try to shrink the cancer and improve treatment's effectiveness. Bicalutamide is commercialized under the brand name Casodex® by the pharmaceutical Company AstraZeneca.

BC Support Groups Conference -

Recently myself, Jack & Fran and Murray attended the BC Support Groups Conference in Vancouver. This was an excellent well attended conference that brought together not only prostate cancer support groups from B.C. but also from other parts in Canada. The conference started at noon on Friday and wrapped up at noon on Sunday.

Saturday was an extremely busy day. It started off with a very early breakfast and then we all headed off to an auditorium at VGH to listen and take part in the 16th Annual Pacific NW Prostate Cancer Conference that this year originated in Vancouver. This is a video conference with participants from not only Vancouver, but it also included two speakers broadcasting from Oregon and one speaker originating from Seattle Wash. The day was extremely interesting and educational.

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

- November 12th - December 10th

Meeting Location:

Our regular monthly meetings are held on the second Saturday of each month from September to June 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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