KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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Welcome to our first newsletter for this fall. Yvonne and I hope that everyone had a good summer and were able to spend time with family and friends.

We are still unsure as to when we will be able to hold in person prostate cancer support group meetings in Kelowna. Because of the high rate of infections and hospitalizations in Kelowna we are under different health advisories than other parts of the province, and with some of the new rules coming out also makes it more difficult to hold in person meetings. However, once everything has been clarified I will be getting in touch with everyone with updates. Also, the local Health Unit had Trinity Church booked for vaccine shots until early September.

This month on behalf of the Kelowna Prostate Cancer Support & Awareness Group I would like to introduce and welcome to Kelowna our newest Urologist ***Dr. Jennifer Locke***. Dr. Locke has joined the Urology team of Drs. Prestage, Carter and Wiesenthal.

Dr. Locke is a Royal College of Physicians and Surgeons of Canada certified Urologist with subspecialty training in reconstructive urology (female urology, male urology, neurogenic bladder, overactive bladder, urinary incontinence, urethral disease).

Dr. Locke grew up in Tsawwassen, B.C. and completed her undergraduate degree in chemistry at UBC. She also completed a Ph.D. in experimental medicine at UBC followed by her MD training at the University of Toronto. Her residency training in urology was completed at UBC followed by her fellowship training in reconstructive urology at the University of Toronto

Subspeciality Areas of Expertise –

Male Urology

- Urinary Incontinence
- Urinary Stricture Disease

Female Urology

- Pelvic Organ Prolapse
- Urinary Incontinence
- Urinary Tract Infections
- Fistulas of the Urinary Tract

Prostate Cancer: Managing the Side Effects of Androgen Deprivation Therapy (ADT)

The following is an excerpt of an article that was published in the ***Family Practice Oncology Network Journal Fall 2014.*** By *Drs. Jennifer Locke,* Dept. of Urological Sciences and *Stacey Elliott*, Clinical Professor, Dept. of Psychiatry (Sexual Medicine) and Urological Sciences, Faculty of Medicine, UBC, and Prostate Cancer Supportive Care Program, Vancouver Prostate Centre. **NOTE:** Since this article was written in 2014 there are several more drugs and treatments available today to treat advanced prostate cancer.

What is ADT?

Approximately half of all men with prostate cancer undergo ADT at some point during their treatment. Androgen Deprivation Therapy (ADT) suppresses the production of the androgen dihydrotestosterone (DHT) which is derived from testosterone and is known to accelerate prostate cancer cell growth.

ADT is commonly administered through luteinizing-hormone-releasing hormone (LHRH) agonists (i.e., Leuprolide (Lupron), Goserelin (Zoladex), Triptorelin (Trelstar) that over stimulate the hypothalamus-adrenal-gonadal axis, stopping production of testosterone via a feedback loop. Alternatively, LHRH antagonists (i.e., Abarelix, & Degarelix) inhibit the activation of the axis in its entirety. Various other hormonal agents such as androgen receptor antagonist (i.e., Casodex, Flutamide). 5-alpha-reductase inhibitors (i.e., Dutasteride, Finasteride) are used as adjuncts to ADT agents. These agents act to block the production of testosterone, the conversion to DHT and the activation of the androgen receptor itself. ADT can be prescribed continuously or intermittently.

ADT has a multitude of systemic effects. In order to manage these sometimes-debilitating effects and to promote maintenance of good quality of life (QOL), both the patients on ADT, and the physicians who care for them, need to be aware of how ADT works and how to manage associated side effects.

Prostate cancer patients (and their partners) are poorly informed about the common side-effects of ADT and strategies for managing them. Furthermore, physicians are ill-informed about the incidence of side effects. In a Canadian wide survey of primary physicians, 50% indicated feeling uncomfortable counseling patients on ADT. Even uro-oncologists show little consistency in how they inform patients about those side effects.

Although there are standards of care to address when it is appropriate to prescribe ADT, there are no clinical guidelines about what patients should be told when beginning this treatment and/or what the primary care physician can expect in terms of frequency and management of these side-effects.

Counseling patients on ADT side-effects

Highly prevalent ADT side-effects include fatigue (33-47%), hot flashes (44-80%), low libido (58-91%), and

erectile dysfunction (73-95%). Exercise is one of the best means to manage fatigue. Evidence supports venlafaxine, transdermal estradiol or medroxyprogesterone as effective treatments for hot flashes. Though erectile dysfunction can be treated, low libido and loss of intimacy are harder to treat and greatly impact men and their partners. Less frequent but important ADT side-effects include emotional liability, depression, and cognitive changes (19-48%). These side-effects significantly reduce the quality of life of both patient and partners.

Serious medical consequences of ADT include and increase risk for cardiovascular disease, metabolic syndrome (55%), and osteoporosis (15%), cardiovascular disease, metabolic syndrome, and osteoporosis are known to be associated with poor clinical outcome and reduced quality of life. Metabolic syndrome is best addressed by a multi-modality approach including metformin and lifestyle changes. The risk of bone fractures secondary to osteoporosis may be attenuated with calcium and Vitamin D supplementation but bone drugs such as bisphosphonates (that halt bone breakdown e.g., Fosamax or Actonel) or other drugs may be required. However, bisphosphonate use has recently fallen out of favour due to severe side-effects.

Why learn more?

Prostate cancer patients often present to primary care physicians with ADT side-effects that may have not surfaced under the care of an Oncologist. For this reason, primary care physicians must be familiar with identifying and managing ADT side-effects.

Editors Note 1 –

When it comes to your own personal health, please contact your urologist or oncologist if you are having any issues with ADT treatment. They know you and what is best for you as an individual.

WITT'S WIT (ON THE LIGHTER SIDE) –

If you think you are smarter than the previous generation…50 years ago the owner's manual of a car showed you how to adjust the valves. Today it warns you not to drink the contents of the battery.

Clarifying Concepts

If we're going to share the decisions, we must share the language.

The following is an excerpt of information that was obtained from the Internet and originated with Jan Manarite, (PAACT 2015) Updated 2021, Cancer ABCs

Every Drug has 2 Names-

From antibiotics to chemotherapy, every drug has a brand name and a generic name. For the patient, this can be confusing, especially when trying to research a treatment, which is essential in developing better questions, and essential in Shared Decision-Making with physicians. If we are going to 'share the decision,' we must share the language and share the information.

Sometimes research is harder than it should be for the patient or caregiver.
Editor's Note: Not all the drugs listed have been approved by Health Canada or by Provincial Health Authorities.

Brand Name	Generic Name
Proscar	Finasteride
Avodart	Dutasteride
Jalyn	Dutasteride+ Tamsulosin
Casodex	Bicalutamide
Nilandron	Nilutamide
Firmagon	Degarelix
Orgovyx	Relugolix
Lupron	Leuprolide acetate (intramuscular injection)
Eligard	Leuprolide acetate (subcutaneous injection)
Trelstar	Triptorelin pamoate
Zoladex	Goserelin acetate
PROVENGE	Sipuleucel-T
Erleada	Apalutamide
Nubequa	darolutamide
Xtandi	Enzalutamide
Zytiga	Abiraterone
Lynparza	Olaparib
Rubraca	Rucaparib
Zofigo	Radium 223
Taxotere	Docetaxal
Jevana	Cabazital
Zometa	Zoledronic Acid
XGEVA	denosumab (larger dose)
Prolia	Denosumab (smaller Dose)

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 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.*