

# **KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER**



**OKANAGAN PROSTATE  
RESOURCE CENTRE  
SOCIETY**

**Okanagan Prostate Resource Centre**

To make an Appointment Call –

250-712-2002

E-mail – [oprc@telus.net](mailto:oprc@telus.net)

[www.okanaganprostate.com](http://www.okanaganprostate.com)

**CCS Cancer Information Line – 1-888-939-3333**

**Publisher/Editor – Bren Witt**

**VOLUME 19 - ISSUE 8 - (NUMBER 222) - APRIL 2017**

**A**t our March meeting several items were discussed, including the new venue for the Annual Father's Day Walk for Prostate Cancer that will be taking place on Sunday June 18th., at Rhapsody Plaza at Waterfront Park.

I also brought up the subject of Androgen Deprivation Therapy (ADT) also commonly known as hormone therapy, and its use in treating prostate cancer. This was a fairly in depth discussion with a number of questions and comments - a number of those men in attendance have either been on ADT in the past and are presently off treatment or are on ADT at the present time. A couple of fellows at the meeting are expecting to be placed on ADT in the near future.

I briefly mentioned the Personalized Onco-Genomics (POG) Program that that is taking place at the BC Cancer Agency. This unique study was recently featured on the show *The Nature of Things*, hosted by David Suzuki on CBC, in a documentary called, *Cracking Cancer*. It followed a few patients through their cancer journey using POG.

## Simple Explanation of the Staging of Prostate Cancer -

The following information is from several Internet web sites. This is a simple explanation of the staging of prostate cancer.

**A** cancer staging system is a standard way for the cancer care team to describe how far a cancer has spread. The most widely used staging system for prostate cancer is the TNM staging system. The TNM system for prostate cancer indicates the progression of the disease in the body and it can range from a T1 - T4 as well as N (nodes) & M (metastases).

The **TNM** system for prostate cancer is based on 5 key pieces of information:

- The extent of the main (primary) **tumour (T category)**
- Whether the cancer has spread to nearby lymph **nodes (N category)**
- Whether the cancer has spread (**metastasized**) to other parts of the body (**M category**)
- The **PSA** level at the time of diagnosis.
- The **Gleason score** based on the prostate biopsy.

As mentioned above, staging of prostate cancer is quite complex as it takes into consideration several factors including - indications from the DRE (what the physician has felt

during the rectal examination), the PSA test results, the Gleason score as indicated from the biopsy as well as other indications from the biopsy including the number of positive samples and the percentage of positive samples, the results of other tests as well as the physicians own expertise. All these items are put together to stage the cancer.

The following information is a brief and simple description of the TNM staging system.

**T1** - *Your Doctor can't feel the tumour or see it with imaging such as transrectal ultrasound*

- **T1a** - Cancer found during another procedure such as a TURP (transurethral resection of the prostate gland); and the amount of cancerous tissue equals 5% or less of removed tissue.

- **T1b** - Cancer found during another procedure such as a TURP; and the amount of cancerous tissue equals more than 5% of removed tissue.

- **T1c** - Cancer detected by an elevated or high PSA level; cannot be felt by a digital rectal exam.

**T2** - *Your doctor can feel a suspicious area with a digital rectal exam (DRE) or see it with imaging such as transrectal ultrasound, but it still appears to be confined to the prostate gland.*

- **T2a** - Cancer confined to half or less of one lobe of the prostate gland. This type of cancer can be felt through a DRE (digital rectal examination).

- **T2b** - Cancer occupies more than half of one lobe of the prostate gland. This is also felt through a DRE.

- **T2C** - Cancer is found in both lobes of the prostate gland, and is detected by the DRE.

**T3** - *The cancer has grown outside the prostate gland an may have grown into the seminal vesicles*

- **T3a** - Cancer is growing outside of one lobe of the prostate gland.

- **T3b** - Cancer growing outside both lobes of the prostate gland.

- **T3C** - Cancer that has spread to one or both seminal vesicles.

- **T4a** - Cancer that has spread to the bladder neck, external sphincter and/or rectum.

- **T4b** - Cancer that has spread to other nearby tissues.

**N**- *categories describe whether the cancer has spread to nearby (regional) lymph nodes.*

- **N1-3** - Cancer that has spread to nearby lymph nodes

**M**- *Categories describe whether the cancer has spread to distant parts of the body. The most common sites of prostate cancer spread are to the bones and to distant lymph nodes, although it can also spread to other organs such as the lungs and liver.*

- **M1** - Cancer that has spread beyond the prostate region to bones, liver, lungs etc.

**NOTE:** prostate cancer remains as prostate cancer even when it spreads to other parts of the body such as bones etc.

---

WITT'S WIT (ON THE LIGHTER SIDE) -

### The Wedding Ceremony

At a wedding ceremony, the pastor asked if anyone had anything to say concerning the union of the bride and groom. It was their time to stand up and talk, or forever hold their peace.

The moment of utter silence was broken by a young, beautiful woman carrying a child.

She started waking toward the pastor slowly.

Everything quickly turned to chaos.

The bride slapped the groom. The groom's mother fainted.

The groomsmen started giving each other looks and wondering how best to help save the situation.

The pastor asked the woman, "Can you tell us why you came forward? What do you have to say?"

The woman replied, "We can't hear in the back."

Simple Explanation of the Gleason Scoring/Grading System -
--

The following information is from several sources including the Canadian Cancer Society -

The most common grading system for prostate cancer is the Gleason classification system. This is named after a U.S. pathologist Dr. Donald Gleason. His technique for was published in the journal *Cancer Chemotherapy Reports* in 1966. The Gleason classification is used only for *Adenocarcinoma*, the most common type of prostate cancer.

The Gleason classification reflects how different the tumour tissue is from normal prostate tissue. It uses a scale from 1 to 5. The doctor gives the cancer a number based on the patterns and growth of the cancer cells. The

lower the number, the more normal the cancer cells look and thus lowers the grade. The higher the number, the less normal the cancer cells look and results in raising the grade. Grades 1 and 2 are not commonly used because the tumour tissue looks and acts like normal tissue. Most prostate tumours are grade 3 or higher.

### **Grade Description**

**3 -** The cancer cells are well differentiated, which means they still form well-defined glands.

The cancer is less aggressive and has a favourable prognosis

**4 -** The cancer cells are between grade 3 and grade 5

**5 -** The cancer cells are poorly differentiated, which means they are very abnormal and don't look and act like normal glands.

The cancer is more aggressive and has a less favourable prognosis.

To assign a Gleason score/grade, the pathologist looks at the biopsy samples that were taken of the prostate gland. Today that number may be between 10 and 12, however, sometimes a few less samples may be taken and in some cases a few more samples may be taken. The pathologist then determines if he can detect cancer cell growth in any of these samples. He will then determine what

the most common cellular growth pattern looks like and assigns a number between 1 and 5 to that pattern. he then looks at the second most common cellular pattern looks like and assigns a number between 1 and 5 to it. The two grades are then added together to get the total Gleason score. For example, the grade given to the most common growth pattern is 3 and the grade given to the second most common growth pattern is 4, the total Gleason score is 7.

The Gleason score is always between 6 and 10. Higher Gleason scores indicate more aggressive tumours. Most prostate cancer tumours are low and intermediate grades (Gleason score 6-7). Gleason scores below 6 are not usually given because it is difficult for the pathologist to determine with certainty that the lowest grade tumours are in fact cancer.

**New Data Nixes the Link Between Vasectomy and Prostate Cancer -**

The following was originally published on March 9, 2017, in the *Journal of Clinical Oncology* -

In this new study a Vasectomy was NOT associated with the risk for prostate cancer, high grade or advanced prostate cancer or death from prostate cancer.

Up until this current study the evidence on the link between vasectomy and prostate cancer have been conflicting.

This current study was a very large study as it involved a total of 84,753 men.

This study also found that men who had a vasectomy were more likely to have PSA testing.

There was a very small increase in the low-intermediate grade prostate cancers in the vasectomy group, but this was possibly due to more health monitoring by those men who had had a vasectomy.

---

**Editor's Note:** I have received some very positive feedback on our new meeting location - I am looking forward to seeing the number of people attending our meetings increasing.

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 2017**

**May 13th & June 10th. - NOTE No Meetings July & August - Next Meeting September 9th**

**Meeting Location:**

**Our regular monthly meetings are held on the second Saturday of each month in the Aberdeen - Pandosy Rooms at the Holiday Inn Express Conference Rooms - 2429 Hwy 97 North, at the Holiday Inn Express Hotel located next to the Canadian Tire Gas Bar. 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**

NAME - \_\_\_\_\_

ADDRESS - \_\_\_\_\_

CITY - \_\_\_\_\_ PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

\$25.    \$50.    \$100.    \$250.    \$500.    \$ Other amount \_\_\_\_\_

Please make your cheque payable to the –

Okanagan Prostate Resource Centre Society,  
c/o #105 – 1405 Guisachan Place,  
Kelowna, B.C.,  
V1Y 9X8



