

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

Okanagan Prostate Resource Centre

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Dr. Francois Bachand was the speaker at the February meeting of our support group. He gave everyone present a very informative presentation on the randomized trial studies taking place at our local Cancer Centre for the Southern Interior in Kelowna, comparing Low Dose Rate Brachytherapy with HDR (high dose rate) Brachytherapy as a monotherapy (single) treatment for treating prostate cancer. As a part of this trial study an MRI scan is included as a part of the study.

Low dose rate brachytherapy involves the placement of between 80-120 seeds directly into the prostate gland and the radiation lasts upwards of 6 months. The HDR brachytherapy procedure takes approximately two hours total for the procedure, however, the delivery of the radiation source takes only about 10 minutes and following the procedure the patient is not left with any residual radiation. The Cancer Centre for the Southern Interior in Kelowna has been offering the HDR Brachytherapy procedure for its patients for approximately 5 years, and was started by Drs. Crook and Bachand.

Incidence of Metastatic Prostate Cancer at diagnosis Rises in US -

The following is from an interview with Dr. Jim Hu MD, MHP Professor of Urology at Weill Cornell Medicine by MedicalResearch.com

MedicalResearch.com: What is the background for this study? What are the main findings?

Response: The most significant finding from our population based study is that after years of decline following the introduction of PSA screening, we see a rise in the incidence of metastatic prostate cancer at diagnosis among men aged 75 years and older. This is concerning in light of recent criticisms and guidelines against PSA testing. For instance, in 2008, the US Preventative Services Task Force recommended against PSA testing in this age group, and in our study, we see the incidence of metastasis at diagnosis rising in 2012 and 2013.

This is significant because there is no cure for men with metastatic prostate cancer of their disease. The traditional argument against PSA screening is that it leads to over-diagnosis and over-treatment of prostate cancer. However, we currently do not have a better test for diagnosing prostate cancers before it has spread beyond the prostate and metastasized. Remarkably, when Ben Stiller shared his personal use of PSA testing in his mid to late 40's and how this led to a detection of intermediate risk prostate cancer that led him to

surgery and cure, others criticized him for sharing his story.

MedicalResearch.com: What should readers take away from your report?

Response: We in the US are doing a better job of educating and informing men that not all prostate cancers need to be treated. Several studies earlier this year demonstrated that use of active surveillance, or just monitoring, has increased to roughly 50% of diagnosed prostate cancers. Therefore the argument that a diagnosis of cancers compels men to be treated is no longer universally the case. Men with more aggressive cancers seek treatment in hopes of preventing metastases.

Although PSA is not a perfect test, I believe like any test, the most important take away is what course and decision results from the test. For a man with an elevated PSA, the answer is no longer going straight to biopsy. Many tests based on improved imaging and precision medicine allow men to gain individualized risks for the likelihood of aggressive cancer before deciding to move forth with biopsy. Similarly, precision medicine tests allow men to better assess their risks of prostate cancer spread and death from prostate cancer before deciding whether to seek surgery or radiation, which have side effects.

MedicalResearch.com: What recommendations do you have for future research as a result of this study?

Response: Therefore these medical advances as well as the improved understanding by men and physicians alike regarding the non-uniform behaviour of prostate cancer has significantly shifted away from the traditional criticisms of PSA testing. However, questions remain regarding when to start using PSA testing, how frequently to undergo screening and ultimately when to stop. These individualized decisions that men must come to grips with in contrast to the wide-sweeping, broad unconditional recommendations against PSA screening, which was made in men 75 years and older in 2008 and against PSA testing for all men in 2012.

Finally these recommendations by the USPSTF was made with a flawed understanding of the randomized trial, PLCO, which had significant limitations that did not come to light when it was published in 2009 that use of PSA testing did not reduce deaths from prostate cancers in the US. In contrast, a large European found the opposite, that PSA screening was associated with a lower risk of dying from prostate cancer.

Editors Note: I am wondering if we will be seeing more cases of advanced metastatic prostate cancers in Canada resulting from the 2014 *Canadian Task Force on Preventative Health Care* that also recommended against PSA testing.

Prostate Cancer Advance -

The following information was obtained from the *Castanet.net website*, and originated with *The Canadian Press - Jan 9, 2017*

Canadian researchers have identified a genetic fingerprint that explains why up to almost a third of men with potentially curable localized prostate cancer develop aggressive disease that spreads following initial treatment.

Co-principal investigator Dr. Robert Bristow of Toronto's Princess Margaret Cancer Centre says the discovery could help doctors personalize more effective, targeted therapies from the moment a man is diagnosed with prostate cancer.

The study published online Monday in the journal *Nature* analyzed the tumours of 500 Canadian men in the general population with localized, non-inherited prostate cancer.

Researchers used DNA sequencing techniques to understand how prostate tumours differed from one man to another, giving them clues as to what kind of treatments would improve chances of a cure.

And in a related study published Monday, Bristow and collaborators report on how they cracked the genetic code to show why prostate cancer caused

by the inherited BRCA2 gene mutation often turns lethal.

Bristow says the next step will be to translate the findings into a diagnostic tool that can be used in the clinic.

"We will be testing 500 more men over the next two to three years to accomplish that," he said. "We will soon be able to identify in the clinic the exact genetic state of a man's cancer and react on a patient-to-patient basis to cure more men worldwide."

Prostate cancer is the most common malignancy among Canadian men and the third leading cause of cancer deaths in males, after lung and colorectal cancers. An estimated 21,600 men were diagnosed with prostate cancer in 2016, and about 4,000 died from the disease.

WITT'S WIT (ON THE LIGHTER SIDE) -

Murder Case from and Irishman's Perspective -

The judge says to a double-homicide defendant, "You're charged with beating your wife to death with a hammer. A voice in the back of the courtroom yells out, "You Son of a Gun."

The judge says, "You're also charged with beating your mother-

in-law to death with a hammer." The voice in the back of the courtroom yells out, "You rotten SOB."

The judge stops and says to Paddy in the back of the courtroom, "Sir, I can understand your anger and frustration at these crimes, but no more outbursts from you, or I'll charge you with contempt. Is that understood?"

Paddy stands up and says, "I'm sorry, Your Honour, but for fifteen years I've lived next door to that guy, and every time I asked to borrow a hammer, he said he didn't have one!!!"

Mayo Clinic Information on Prostate Cancer -
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The following is some information obtained from the Internet, that originated with the Mayo Clinic in the U.S., I have also added some local and Canadian information and Statistics -

Upon being diagnosed with prostate cancer, various treatment plans are available to specialists - including something as simple as active surveillance for ailments caught very early. This option is typically selected by Mayo if there are no active symptoms, its expected to grow very slowly or it's confined to a small area. This may also be deemed the best treatment option for elderly or those with other significant health problems.

Other treatment options available to treat prostate cancer in B.C. include: surgery to remove the prostate gland, radiation therapy, hormone therapy and chemotherapy. The treatment options for prostate cancer available locally in Kelowna include Radical Retropubic Prostatectomy (surgery to remove the prostate gland), Radiation Therapy - including external beam radiation (EBRT). Brachytherapy - two types Low Dose Rate (LDR) Brachytherapy - that involves the implantation of radioactive seeds directly into the prostate gland and High Dose Rate (HDR) Brachytherapy that uses only one single seed. Hormone therapy as well as the use of some newer drugs to treat advanced prostate cancer and chemotherapy.

It remains unclear what causes prostate cancer, but symptoms can include trouble urinating, and erectile dysfunction, among other things. It's one of the most common forms of cancer among men, but it typically comes in two forms - one that spreads slowly and requires minimal treatment and a second that's aggressive and spreads quickly.

The American Cancer Society has predicted that more than 161,000 Americans will be diagnosed with prostate cancer in 2017 and that more than 26,000 men will die from the disease.

The Canadian Cancer Society had predicted that 21,600 Canadian men would be diagnosed with prostate cancer in 2016 and 3,300 of these men would be from B.C.

Actual data from 2010 indicated that 22,400 men were diagnosed with prostate cancer nationally that year. The Canadian Cancer Society also estimated that 4,00 Canadian men lost their battle with prostate cancer last year.

There are currently 2.9 million men living with prostate cancer in the U.S. and survival rates are high. According the American Cancer Society, the 5-year relative survival rate is nearly 100 percent. that number drops to just 98 percent at 10 years and 95 percent at 15 years.

"When you receive a diagnosis of prostate cancer, you may experience a range of feelings - including disbelief, fear, anger, anxiety and depression," The Mayo Clinic says on their website. "With time, each man finds his own way of coping with a prostate cancer 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 - manufacturer of Zytiga® - Abiraterone for their support in producing this newsletter.



UP COMING MEETING DATES FOR 2017

April 8th. - May 13th & June 10th.

Meeting Information: PLEASE NOTE THE LOCATION OF OUR MEETINGS HAS CHANGED

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

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