KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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I began our meeting in April by reading a poem written by Vickey Lund in memory and in tribute to the Humboldt Broncos Hockey team. -

"You wonder why we've called you here," Said Gordie to the team, "It's time to be the stars on ice, - Which you have always dreamed. Your calling was much higher - Than Saskatchewan could hold, - And you were chosen by our scouts - To wear our wings of gold. - Now when your friends and family - Hear the thunder roar, - They will know that Bieber yelled, - The Humboldt Broncos Scored!"

We opened this meeting up to general questions from the floor. We had a couple of new attendees at this meeting and it was great to have them participate in the meeting by coming forward with questions, concerning such things as incontinence, rectal bleeding following radiation therapy and several other questions involving diagnosis and treatment.

I mentioned that many people talk about the American medical system being superior to our Canadian system. Yes, maybe we don't have 3 or 4 MRIs, and 2 PET scanners in every hospital but when you look at what is covered in Canada we are not doing too bad. For example, the cost of a very common drug that is being used to treat castration resistant metastatic prostate cancer known as Abiraterone (Zytiga®) is covered in most provinces in Canada, however, in the U.S. the cost of this drug is exorbitant running an average of $8,000.00 to $10,000.00 per month wholesale. That averages $100,000.00 per year for Abiraterone and men can be on this particular drug for up to two to three years. How many of us have an extra $200,000.00 to $300,000.00?

The Canadian Urological Association Recommendations on Prostate Cancer Screening and Early Diagnosis.

The following is a very brief excerpt of some of the highlighted items in the recommendations and guidelines on prostate cancer screening published by the Canadian Urological Association (CUA) in October 2017. For more information PLEASE contact your doctor.

Introduction –

Prostate cancer remains the most common diagnosed malignancy among Canadian men and is the third leading cause of cancer-related death. In 2016, an estimated 21,600 men were diagnosed with prostate cancer and 4,000 men died from the disease.

Identifying and treating men with clinically significant prostate cancer while avoiding the over-diagnosis and over-treatment of indolent disease remains a significant challenge. Several professional associations have developed guidelines on prostate cancer screening and early diagnosis, but there are conflicting recommendations on how best to approach these issues. With recent updates from several large, randomized, prospective trials as well as the emergence of several new diagnostic tests, the Canadian Urological Association (CUA) has developed these evidence-based recommendations to guide clinicians on prostate cancer screening and early diagnosis for Canadian men. The aim of these recommendations is to provide guidance on the current best prostate cancer screening and early diagnosis practices and to provide information on new and emerging diagnostic modalities.

PSA screening –

1) – The CUA suggests offering PSA screening to men with a life expectancy greater than 10 years. The decision of whether or not to pursue PSA screening should be based on shared decision-making after the potential benefits and harms associated with screening have been discussed.

Best screening practices –

When prostate cancer screening is performed, the overarching goal should be the early detection of clinically significant prostate cancer in healthy men while minimizing the detection and treatment of low-risk disease.

2) – For men electing to undergo PSA screening, we suggest get starting PSA testing at age 50 in most men and at age 45 in men with an increased risk of prostate cancer.

3) – For men electing to undergo PSA screening we suggest that the intervals between testing should be individualized based on previous PSA levels.

a. For men with PSA, <1ng/ml, repeat PSA testing every four years.

b. For men with PSA 1-3 ng/ml, repeat PSA testing every two years.

c. For men with PSA >3ng/ml, consider more frequent PSA testing intervals or adjunctive testing strategies.

4) – For men electing to undergo PSA screening, we suggest that the age at which to discontinue PSA screening should be based on current PSA level and life expectancy.

a. For men aged 60 with a PSA <1 ng/ml, consider discontinuing PSA screening.

b. For all other men, discontinue PSA screening at age 70.

c. For men with a life expectancy less than 10 years, discontinue PSA testing.

Adjunctive strategies for improving prostate early diagnosis

The past two decades have seen the development or evaluation of several potential adjunctive measures that may increase the benefits or reduce the harms associated with screening in addition to PSA. Specifically, PSA kinetics, PSA density, percent free PSA, biomarker panels, and prostate risk calculators may help select patients at higher or lower risk of significant cancer. The refinement of prostate multi-parametric magnetic resonance imaging (mpMRI) may also benefit selected individuals.

Recently, Cancer Care Ontario (CCO) published recommendations in the use of mpMRI in the initial diagnosis of prostate cancer based on a systematic review of literature. The CUA endorses the guidelines.

5a. In patients with an elevated risk of clinically significant prostate cancer (according to PSA levels and/or nomograms) who are biopsy-naïve, mpMRI followed by targeted biopsy (biopsy directed at cancer suspicious foci detected with mpMRI) should not be considered the standard of care.

5b. In men who had a prior negative TRUS-guided systematic biopsy who demonstrate an increasing risk of having clinically significant prostate cancer since prior biopsy (e.g. continued rise in PSA and/or change in findings from digital rectal examination [DRE], mpMRI followed by targeted biopsy may be considered to help in detecting more clinically significant prostate cancer patients compared with repeated TRUS-guided systematic biopsy.

PSA kinetics

Annual PSA velocity (PSAV) or PSA doubling time (PSADT) can be established from serial measurements of PSA over time.

The CUA does not recommend using PSAV alone for clinical decision-making in men undergoing routine screening; however, PSAV can provide additional information about a patient's risk of prostate cancer.

PSA density

PSA density (PSAD) is the serum PSA divided by prostate volume.

Due to the lack of empirical validation, the use of PSAD alone for clinical decision-making is discouraged; however, use of PSAD can be considered adjunctively in men with known prostate volumes.

Percent free PSA

The measurement of percent-free PSA has been studied as a risk-stratifying tool aimed at distinguishing men at high risk from

prostate cancer vs. those with elevations in PSA from benign causes.

The use of percent free PSA alone for clinical decision-making is not recommended; however, percent free PSA can be useful in estimating the risk of underlying disease in men with elevations in PSA.

Prostate biopsy decision making

Determining the threshold for performing a prostate biopsy should be an individualized process. Although various single PSA thresholds, as well as age, and race specific, PSA thresholds have been proposed for biopsy decision-making, no uniform cutoff for PSA can be recommended for all men.

Men undergoing screening should be involved in the decision-making regarding prostate biopsy. The decision to pursue biopsy should be based upon a discussion of the evidence for estimating the risk for aggressive prostate cancer.

WITT'S WIT (ON THE LIGHTER SIDE) -

Facebook

For those of my generation who do not, and cannot, comprehend why Facebook exists:

I am trying to make friends, outside of Facebook, when applying the same principles.

Therefore, every day I walk down the street and tell passersby what I have eaten, how I feel at the moment, what I have done the night before, what I will do later and with whom; I give them pictures of my family, my dog, and of me gardening, taking things apart in the garage, watering the lawn, standing in front of landmarks, driving around town, having lunch, and doing what anybody and everybody does every day. I also listen to their conversations, giving them the "thumbs up" and tell them I like them

And it works just like Facebook.

I already have four people following me: two police officers, a private investigator, and a psychiatrist.

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 Suppo*rt & Awareness Group would like to thank Janssen - manufacturer of Zytiga® - Abiraterone for their support in producing this newsletter.

janssen

UP COMING MEETING DATES FOR 2018 – June 9th - Off July & August

Meeting Location:

Our meetings will be taking place in the Harvest Room at the Trinity Baptist Church, located at the corner of Springfield Rd. & Spall Rd., enter through the South Entrance. Follow the signs. the meeting begins at 9:00A.M. -There is elevator access if needed.