



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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Our Guest speaker in October was Angela Pomeroy, M.Ed. the Coordinator of the Prostate Cancer Supportive Care (PCSC) Program in Kelowna. The following is a short excerpt of the information she presented at our meeting.

The PCSC Program began in 2013 at the Vancouver Prostate Centre through a joint endeavor between patients, their loved ones, Drs. Goldenberg and Higano (and other disciplines) to address the areas of greatest need of prostate patients in obtaining information and support; acknowledging that there isn't enough time within an office visit.

Rationale - Supportive Care Needs Begin at Diagnosis -

The treatment for early stage prostate cancer includes active surveillance, surgery or radiation therapy. Patients are often confused by these options and need further guidance. Our program helps patients navigate the options, tailored to the patient and the couple's needs and priorities.

This **Mission** of this program is to build prostate cancer survivorship capacity in BC and enable specialists and multidisciplinary teams to learn from and teach each other as they work with a shared purpose and plan.

In March of 2017 the BC Ministry of Health provided funding for the program to expand across B.C., Module 1 started at BC Cancer Kelowna in May 2017.

PCSC Program at BC Cancer - Kelowna

1. Introduction to Prostate Cancer & Primary Treatment Options - **2.** Managing the impact of Prostate Cancer Treatments on Sexual Function and Intimacy (offered monthly via telehealth with BC Cancer - Victoria) - **3.** Lifestyle management including Nutrition and Exercise - **4.** Recognition & Management of Treatment Related Side Effects of ADT - **5.** Pelvic Floor Physiotherapy for Bladder Issues (Coming Soon) **6.** Counselling Services & Group Therapy Workshops **7.** Advanced Disease Management Coming shortly via telehealth with BC Cancer Victoria.

The Controversy Over the PSA Test is Failing Men with Aggressive Prostate Cancers -

The following is an excerpt from the article by *Larry Pynn* that appeared in the Vancouver Sun on May 24, 2018

One typically thinks of men 50 and older getting a PSA blood test to help smoke out prostate cancer.

But B.C. politician Rick Glumac took the test at age 46, a life-changing decision that he encourages others to pursue.

"I noticed some subtle changes that were easy to ignore - and I did for over a year," says the NDP MLA for Port Moody-Coquitlam. "It started to worry me more and more. Turns out he had an elevated PSA score of 4.9. A follow-up biopsy confirmed in December that he had prostate cancer, and Dr. Larry Goldenberg performed robotic-assisted surgery soon thereafter.

Glumac fully supports early detection through the PSA test - it's not definitive, but an important clue that can help men uncover a potentially deadly cancer early on.

The PSA measures the amount of prostate-specific antigen, a type of protein, in a man's blood. When a man has an elevated PSA, it may be caused by prostate cancer, but it could also be caused by other conditions such as an enlarged or inflamed prostate.

"The test itself is fairly harmless, a blood test," explained Ryan Woods, scientific director of

the B.C. Cancer Registry. But without the PSA test, men with aggressive cancers might not be diagnosed - at least, not until it is too late.

"For that person, it's really important," Woods continued. "To me, in public health it's one of the hardest things, trying to come up with a balance of harm and good."

A troubling chart on Wood's computer screen reflects the controversy.

It shows a spike in the rate of prostate cancer among B.C. men in the late 1980s through early 90s. That coincided with the PSA test becoming more common, and more men learning that they silently carried the disease.

The troubling part is the sharp decline in detections in recent years, which could be caused by the uncertainty and controversy over the PSA causing fewer family physicians to order the blood test for patients.

And that could mean more men with undetected aggressive cancers.

"We saw a dramatic rise in prostate cancer rates, pretty much consistent in all the developed world, due to a lot more cases being discovered," Woods said.

The rate of prostate cancer detections was 226 for every 100,000 men in 1993. By 2015, it fell to 103 cases per 100,000, or about the same rate as 1978.

"Are we now missing some of the ones that really are going to

become clinically apparent?" Woods said. "Are we going to catch those ones later on? That's where we need to monitor data to assess that."

A Question of Treatment, Not Diagnosis

Urology surgeons associated with the Vancouver Prostate Centre fully support the PSA test.

"It's a continuous variable - the higher your PSA the poorer your outcome," says the executive-director Dr. Martin Gleave. "What's the best way to diagnose prostate cancer? It's by far PSA. By far. Is there controversy? Yes, but a lot of that controversy is through misunderstanding.

"The argument was that PSA was catching too many small fish. But across Canada we've led the world over the past 20 years in establishing active surveillance as the way to reduce your risk of PSA-detected morbidity.

At what PSA level should family doctors refer their patients to a urologist?

As a guideline, Gleave says men in their 40s should have a PSA score under 2.5; in their 50s under 3.5; in their 60s under 4.5 and in their 70s under 6.5 - rates should be followed over time to ensure they don't increase too quickly. Modest rises over time are considered acceptable.

Dr. Kim Chi, a medical oncologist with BC Cancer, also emphasizes the importance of early diagnosis. "We know we can diagnose men earlier in the disease,

at a point when a cure is achievable," he said.

"We identify low risk cancers by the way the biopsy looks under the microscope, the PSA level, and how much cancer is in the prostate. A lot of research is being performed to try to better refine the risk categorization of prostate cancer."

Dr. Mira Keyes, BC Cancer's head of brachytherapy in Vancouver, said that as a result of the PSA controversy she's "seeing more patients with more higher-risk prostate cancer, more aggressive disease, requiring multi-disciplinary treatments."

While the goal is not for every man to receive a PSA test annually, she said that a baseline test before the age of 50 could be valuable in tracking the disease over time. "It puts the patients into low or high risks of developing prostate cancer."

An estimated 620 men died of prostate cancer in B.C. last year.

"All die from metastatic disease," Chi continued. "most were diagnosed with metastases at the outset or had locally advanced disease which subsequently metastasized. This emphasizes the need for early detection.

Glumac's surgeon, Goldenberg estimates that about 50 percent of men who take the surveillance option will require treatment after three to five years - surgery or radiation - but during that time have avoided the complications of treatment.

"It's a wrong decision not to want to know," said Goldenberg, who encourages men to pursue the PSA test and rectal exam. You might be the guy with the aggressive cancer that will kill you - and 40,000 to 50,000 men in North America are dying every year from prostate cancer.

"A lot more men are living with it, but you don't know which category you're in until you look for it. So be brave and make that decision to be checked."

Goldenberg fears that the Canadian task force recommendations are robbing men of the chance for early detection and treatment.

"There's a good expression - every case of metastatic cancer was once localized curable cancer.

There is already evidence that the Canadian task force recommendations are swaying family doctors.

WITT'S WIT (ON THE LIGHTER SIDE) -

A Game Called Bridge

A house keeping supervisor applies for a new position at a club.

A few hours into the job, she faints. On recovering, she is questioned as to what happened. She says:

"This is the most ridiculous place I ever worked.' They play a card game called BRIDGE, and last night a lot of folks were there. As I was about to bring refreshments, I heard a man say, 'Lay down and let's see what you

got.' Another man said, I got strength, but not much length.' And then another man said to a lady, 'Take your hand off my trick.' I pretty near dropped dead just when a lady answered, 'You forced me. You jumped me twice when you didn't have the strength for one good raise.'

Another lady was talking about protecting her honour.

And, two ladies were talking, and one said, 'Now it's my turn to play with your husband while you play with mine.' Well, I just got my hat and coat and as I was leaving I hope to die if one of them didn't say, 'Well, I guess we can go home, this is our last rubber!'

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 2018 -

December 8th -

Meeting Location:

Our meetings take place in the Harvest Room at the Trinity Baptist Church located at the corner of Springfield Rd. and Spall Rd. enter through the South Entrance. The meeting begins at 9:00 A.M. Doors open at 8:30 A.M.

