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

www.okanaganprostate.com

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

Publisher/Editor – Bren Witt

VOLUME 20 - ISSUE 1 - (NUMBER 225) - SEPTEMBER 2017

We are sorry for the confusion in having to change the location of our Prostate Cancer Support Group meetings yet again. The Holiday Inn Express Hotel has had a change in policy and the rent that we were paying was going to be substantially increased and, we would no longer be able to bring in our own coffee and goodies for the meetings. The management also indicated that they may not be able to guarantee us regular space for our monthly meetings, and if we needed to have PowerPoint set up there would be a charge for the technician. Therefore, we were forced to try and locate a new venue for our meetings. I don't know how permanent the location at the Library will be but hopefully, it will work for the next couple of months. I am continuing to look for meeting room space that would be able to hold up to 50 people, and is available on a continual basis.

Guidelines on Brachytherapy for Prostate Cancer -

The following information is an excerpt of information that was obtained from the May 2017 issue of the *Us Too International Hot Sheet.*

The American Society of Clinical Oncology (ASCO) and Cancer Care Ontario have issued a joint clinical practice guideline update on the use of brachytherapy for prostate cancer patients. The new guideline was published online in the *Journal of Clinical Oncology* on March 27th.

Brachytherapy involves the implantation of radioactive seeds into the prostate gland. It is "now the nonsurgical standard of care for the majority of patients with prostate cancer - either by itself or as a part of a combination approach," said *Andrew Loblaw, M.D., FRCPC,* co-chair of the expert panel that developed the guidelines up date, who was representing ASCO.

"Brachytherapy is also more convenient than external-beam radiation (EBRT) and has a much higher chance of curing the disease," said Dr. Loblaw in a statement. "However, not every patient should have brachytherapy, and not all treatment centers are experienced in delivering high-quality brachytherapy.

"For the urologist, who is most often the gatekeeper in terms of first contact with men with prostate cancer, this guideline update provides new information they can incorporate into patient counselling and treatment decision making," said *Joseph Chin, M.D., FRCSC,* co-chair of the expert panel that developed the guideline update and represented Cancer Care Ontario.

"By optimizing treatment selection, which may or may not mean brachytherapy for a particular patient, outcomes should be ultimately be improved," said Dr. Chin in a statement.

The new recommendations update the systematic review and clinical practice guideline on low-dose rate (LDR) Brachytherapy for men with low - or intermediate-risk prostate cancer that Cancer Care Ontario published in 2013. It incorporates evidence from five randomized clinical trials reported since 2013.

The guidelines sought to answer the following clinical questions:

- In men with newly diagnosed prostate cancer, what is the efficacy of Brachytherapy alone for clinical outcomes compared to EBRT alone or radical prostatectomy (RP) alone?

- In men with newly diagnosed prostate cancer what is the efficacy of Brachytherapy combined with EBRT for clinical outcomes compared to Brachytherapy alone, EBRT alone, or RP alone?

- Among the isotopes used for low dose rate Brachytherapy (e.g., iodine-125, palladium-103, and cesium-131 which isotope maximizes clinical outcomes when used in men with newly-diagnosed prostate cancer?

Key Recommendations:

Among all eligible patients with low-risk disease who require or who select to undergo active treatment, low-dose BT alone, EBRT alone, or RP should be offered. All patients should be counseled about all their treatment options in a balanced objective manner, preferably from a multidisciplinary team. this recommendation is unchanged from the previous guidelines, because no new data had a bearing on this clinical question.

The population with intermediate-risk prostate cancer, men who select EBRT, with or without Androgen-deprivation therapy (ADT) [hormone therapy], brachytherapy boost (either low or high-dose) should be offered to all eligible patients. In the low-intermediate risk group (Gleason 7, PSA <10 ng/ml or Gleason 6, PSA 10-20ng/ml), low-dose brachytherapy can be offered as monotherapy. For eligible patients with high-risk disease who are being treated with EBRT and ADT, Brachytherapy boost (LDR or high-dose rate) should be offered.

Some patients in the intermediate - or high-risk groups may be ineligible for Brachytherapy and ADT may be given in neoadjuvant, concurrent, and/or adjuvant settings at physician discretion. Of note, the addition of neoadjuvant ADT could induce cytoreduction of prostate volume to allow BT.

Patients who opt for Brachytherapy should only be treated at centres that follow strict quality-assurance standards, the document emphasizes.

It also notes that there may be increased genitourinary toxicity after Brachytherapy vs. EBRT alone. Also, the authors note that it "cannot be determined whether there is an overall or cause-specific survival advantage for Brachytherapy vs. EBRT alone, because none of the trails were designed to detect a meaningful difference in survival outcomes."

Men should be encouraged to participate in clinical trials evaluating novel or targeted therapies, the authors add.

WITT'S WIT (ON THE LIGHTER SIDE) –

Don't Wash your Hair in the Shower!

(It's so good to finally get a health warning that is useful)

It involves shampoo when it runs down your body when you shower with it …. A warning to us all!!!

I don't know WHY I didn't figure this out sooner!

I use shampoo in the shower! When I wash my hair, the shampoo runs down my whole body, and printed very clearly on the shampoo label is this warning, "FOR EXTRA BODY AND VOLUME."

No wonder I have been gaining weight!

Well, I got rid of that shampoo and I am going to start showering with Dawn dishwashing soap instead. Its label reads,

"DISSOLVES FAT THAT IS OTHERWISE DIFFICULT TO REMOVE."

Problem solved!

If I don't answer the phone I'll be in the shower!

Adding Abiraterone to Standard Treatment Improves Survival in Advanced Prostate Cancer –

The following is an excerpt from information contained in the July issue of the ***Us Too Hot Sheet***

The STAMPEDE clinical trial of nearly 2,000 men shows that adding Abiraterone acetate to a standard initial treatment regimen for high-risk, advanced prostate cancer lowers the relative risk of death by 37%. The three-year survival rate was 76% with standard therapy alone vs. 83% with standard therapy plus Abiraterone acetate as first- line therapy for advanced prostate cancer. The study was presented at the 2017 Annual meeting of the American Society of Clinical oncology (ASCO).

"Abiraterone not only prolonged life, but it also lowered the chance of relapse by 70% and reduced the chance of serious bone complications by 50%," said study author Nicholas James, BSc, MBBS, PhD, Professor of Clinical oncology at Queen Elizabeth Hospital in Birmingham United Kingdom (UK). "Based on the magnitude of clinical benefit, we believe that the upfront care for men newly diagnosed with advanced prostate cancer should change."

STAMPEDE is an ongoing multiarm, multistage randomized clinical trial conducted in the UK and Switzerland. The current analysis compared standard therapy plus Abiraterone acetate in men with high-risk prostate cancer who were starting androgen deprivation therapy ADT).

Men who had locally advanced or metastatic cancer and all commencing long-term ADT for the first time. The standard protocol consisted of ADT for at least two years; men with locally-advanced cancer (48% of all men) could also receive radiation therapy in addition to ADT. A novel approach to the clinical trial design meant this comparison recruited men much more quickly than most academic-led trials, and STAMPEDE will report randomized data from at least 10 comparisons over two-decades.

At a median follow-up of 40 months 262 deaths occurred in the standard therapy and 184 deaths occurred in the ADT plus AA groups.

The three-year overall survival rate was 83% in the ADT plus AA group vs. 76% in the standard therapy group.

Overall, side-effects were similar between the two groups. Severe side effects were more common in the ADT plus Abiraterone acetate group, occurring in 41% of men compared with 29% of men in the standard therapy group.

Main side effects that occurred more frequently with Abiraterone acetate were cardiovascular problems such as high blood pressure; there were also more liver problems with Abiraterone acetate. There were two treatment related deaths in the ADT plus Abiraterone acetate group and one in the standard therapy group.

"This study provides strong evidence to support adding Abiraterone acetate to standard hormone therapy, primarily for men with metastatic prostate cancer. It adds to a growing body of evidence that establishes Abiraterone acetate as a standard of care in this setting," said ASCO expert Sumanta Kumar Pal, MD.

Alberta Startup Company Preparing Launch of Blood Based Biomarker Test for Prostate Cancer –

The following information is a very brief excerpt of information that originated with 360DX news.com

NEW YORK - A blood test being prepared for launch around the end of the year could enable early diagnosis of aggressive prostate cancer and reduce the number of men undergoing painful biopsies and unnecessary surgeries, according to its developers.

The test, developed by researchers at the Alberta Prostate Cancer Research Initiative, uses a panel of four biomarkers that work in tandem – one to identify extracellular vesicles from the prostate that are circulating in the blood, and the other three to calculate the risk associated with the vesicles metastasizing.

Importantly, in a prospective cohort study involving 377 Albertan men with suspected prostate cancer, the biomarker panel, while running on a flow cytometry instrument, demonstrated a sensitivity for aggressive prostate cancer of 95% and a specificity of 56%, said John Lewis, who developed the test with colleagues and leads a prostate cancer research team at the University of Alberta.

With that level of sensitivity, men with aggressive prostate cancer can be accurately identified, and up to 56% of them could avoid a biopsy altogether, Lewis note, adding that in the same cohort, prostate specific antigen (PSA) alone was only 17% specific at 95% sensitivity.

In testing for prostate cancer, the most commonly diagnosed cancer in men, clinicians generally use PSA as a biomarker. About 1 in 8 men in Canada is diagnosed with prostate cancer during his life, and men age 65 or older account for about 60% of this type of cancer. About 1.3 million biopsies are performed in North America each

year. However, prostate cancer frequently turns out to be indolent and doesn't require treatment, just monitoring.

Most importantly, the University of Alberta extracellular vesicle fingerprint, "can differentiate between men who harbor indolent prostate cancer and those who harbor aggressive prostate cancer," said Adrian Fairey, a urologic oncologist and cancer surgery physician at the University of Alberta, who was a co-principal investigator along with Lewis and the University of Calgary`s Bryan Donnelly.

The information from their "diagnostic test can then be used to determine which men should be advised to undergo an immediate biopsy and which men should be advised to defer a biopsy and continue screening," he added.

Many men with non-aggressive cancers can not only avoid biopsies, they, "can go on to live a long healthy life," Lewis said, adding that "for those men who will not need treatment, our position is that they would prefer to not even know that they have cancer."

For several years, the test developers searched for biomarkers associated with the spread of prostate cancer. "We began by looking at things that were circulating in the blood, such as circulating tumor cells," Lewis said, but they found that there are relatively few prostate cancer cells circulating in the blood, especially in the early stages of the disease. The team then began investigating prostate cell fragments floating in the blood. These extracellular vesicles, some of which are around 80 nanometers, are far smaller than micron-size cell-size particles frequently measured with flow cytometry, he said.

Up- Coming Meeting Dates –

October 14th –

Meeting to be held in Classroom 1 upstairs in the Okanagan Regional Library on Ellis Street with free parking on Saturdays in the Library Parkade

The meeting to begin at 10:15 A.M. and last till Noon.

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.

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