



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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At our Kelowna Prostate Cancer Support & Awareness Groups June meeting I discussed several items that were featured in articles that were published in both the Vancouver Sun and Province, that were written by *Larry Pynn*, who has been both diagnosed and treated for prostate cancer.

One of the articles in the newspapers had to do with Dr. Marianne Sadar's research with EPI-506 a drug that was designed to combat cancer in those men who have the most advanced forms of prostate cancer. Unfortunately, this drug worked great in lab studies as well as in mouse studies but unfortunately did not work well in the trial study.

Participants in the trial were taking 18 pills a day and the pills were saturated with castor oil, which of course has its own complications - even then the drug wasn't sticking around as the drug EPI-506 was being very rapidly metabolized in the body. When they took the pill orally the researchers measured the amounts of drug in the patient's blood. They found that it goes up quickly but then it quickly comes down. There was nothing left in their blood between dosing.

Dr. Sadar thinks they have an answer to how to fix this problem and the researchers hope to 'tweak' the drug in hopes that it can one day prove to be useful. I will have much more on Dr. Sadar's research in next month's newsletter.

One of the other articles that I discussed had to do with the numbers of men who are being diagnosed with prostate cancer - 1 in 7 Canadian men will be diagnosed with prostate cancer in their lifetime. 21,300 Canadian men were diagnosed with prostate cancer in 2017. It was estimated that 4,100 men died from prostate cancer in 2017.

The B.C. rates of prostate cancer by age in 2015 - **<40 - 0 cases - 40-59 - 351 cases - 60-79 - 1,829 cases - >79 - 495 cases - total in B.C. in 2015 - 2,675.** By Stage Distribution - **Stage I - 665 - Stage II - 2617 - Stage III - 725 - Stage IV - 784 - Unknown 600.**

More High-Risk Prostate Cancer Now in the U.S. Than Before -

The following is an excerpt of information obtained from the *Medscape Medical News Website March 2018*

Epidemiologic evidence indicates that more men are now presenting with higher-grade, more invasive prostate cancer in the wake of the 2012 recommendations from the US Preventive Services Task Force (USPSTF) not to routinely screen asymptomatic patients to detect early disease.

As predicted by urologists in 2012 after recommendations were released, there has been a consistent, stepwise increase in cancers of higher Gleason score, as well as a stepwise increase in the median level of prostate-specific antigen (PSA), in the 4 years after the USPSTF recommendations were released compared to the 4 years before the recommendations were issued.

At the same time, both the surgical volume and the proportion of low-grade cancer have been dropping, as reported by *Thomas Ahlering M.D., University of California, Irvine*, and colleagues during a poster session of the European Association of Urology (EAU) 2018 Congress.

"Treating high-risk disease has its limitations, because you are not going to cure the majority of patients no matter what you do, so the better answer is to diagnose

prostate cancer earlier," Ahlering told *Medscape Medical News*.

"If our data are correct, the most important thing to do is start screening more intensely again," he reaffirmed.

Two Related Studies

In one of two related studies, Ahlering and colleagues carried out a retrospective analysis of nine high-volume referral centres throughout the United States to compare patients who presented with prostate cancer of Gleason 8 or higher and who had seminal vesicle and lymph node involvement before the USPSTF recommendations were issued and with such patients after the recommendations were issued.

A total of 19,602 men were analyzed; 4-year average diagnoses were compared between October 2008 and September 2012, and between October 2012 and September 2016, before and the recommendations had been released.

They noted a median increase in the median PSA level from 5.1 ng/mL prior to the recommendations to a median of 5.8 ng/mL after they had been released.

The mean age at the time of diagnosis also increased, from 60.8 before the recommendations to 62 years after the recommendations.

"Expectedly the proportion of low-grade Gleason 3+3 cancers decreased from 30.2% to 17.1%," the investigators write.

In contrast, the incidence of high-grade Gleason 8+ prostate

cancers increased from 8.4% prior to the recommendations to 13.5% after the recommendations.

"In this Gleason 8+ group, we saw a 24% increase in absolute numbers of prostate cancer diagnosis. One-year biochemical recurrence (BCR) rose from 6.2% to 17.5%," they report.

"For any given age and PSA, propensity matching demonstrates that there is now more aggressive disease in the post-recommendation era," the researchers report.

"These centers dispersed throughout the U.S. have witnessed a tripling of BCR and a quadrupling of nodal metastasis," the team concludes.

Population-Based Cohort

In a separate study, *Linda Huynh, BS*, clinical research assistant, University of California, Irvine, assessed the effect of the 2012 USPSTF recommendation in a population-based cohort.

In total, the researchers analyzed data from 2,380,219 men who had undergone radical prostatectomy in one of the three eras assessed.

The risk of absolute numbers of high-risk prostate tumors of Gleason 8 to 10 increased. "As we get further and further away from the 2012 recommendations, each year we are seeing more high-grade disease, so it does not look like we are plateauing," Huynh explained to *Medscape Medical News*.

High-grade Shift

Asked by *Medscape Medical News* to comment on the high-grade shift in prostate cancer now being seen in the United States, *Hein van Poppel, MD, PhD*, professor of urology, University of Leuven, Belgium, pointed to data from the Scandinavian countries, where more intense PSA screening is performed.

"They have the best data and they have the best outcomes showing that if you are screened for prostate cancer, the likelihood you will die from it is dramatically reduced," van Poppel said.

"Everybody knows that screening decreases prostate cancer mortality," van Poppel reaffirmed. "There is no way around it."

Editor's Note: I wonder how long it will take for the Canadian Task Force to change its recommendations regarding PSA screening? I believe that Canadian Urologists are beginning to see more cases of advanced prostate cancer, because of the recommendations against PSA screening.

WITT'S WIT (ON THE LIGHTER SIDE) -

Little Girls!!

My wife hosted a dinner party for all our friends, some of whom we hadn't seen for ages and everyone was encouraged to bring their children along as well.

All throughout the dinner my wife's best friend's four-year-old daughter stared at me as I sat opposite her.

The girl could hardly eat her food for staring.

I checked my shirt for spots, felt my face for food, and patted my hair in place, but nothing stopped her from staring at me.

Finally, I asked her, "Why are you staring at me?"

Everyone at the table had noticed her behavior, and the table went quiet, waiting for her response.

The little girl said, "***I'm just waiting to see how you drink like a fish.***"

New Indications for Popular Prostate Cancer Drug -

The following is a very brief excerpt of information that was obtained from several Internet websites March 28 & 29, 2018

Taking a standard prostate cancer drug with food boosts impact and lowers the cost.

By taking abiraterone acetate, marketed as Zytiga® with a low-fat meal - instead of on an empty stomach as was previously recommended has been found to prevent digestive issues, and boosts impact according to a new study published in the March 28, 2018 issue of the *Journal of Clinical Oncology*.

Abiraterone acetate is one of the standard treatment drugs for men who have metastatic castration resistant prostate cancer.

The cost of this drug is covered by most provinces in

Canada, however, in the U.S. it is a very expensive drug with a one-month supply of the recommended dose costing between \$8,000 to \$10,000 wholesale. That adds up to a little more than \$100,000 a year for this drug. Many patients are on this drug for up to two or three years. ***NOTE: When it comes to taking any medication including this one please follow the advice of your doctor.***

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 -

October 13th - November 10th - 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. The Harvest Room is located on the second floor and there is elevator access if required.

