



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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Merry Christmas

Yvonne and I would like to take this opportunity to wish everyone who receives our newsletter a *Very Merry Christmas and all the best in 2024*. We hope that you will be able to spend time with family and friends over the holidays.

We hope that all those who receive our newsletter finds it interesting and informative, if anyone has suggestions or information that you would like to see in future newsletters, please let me know and I will try my best to include the information in future newsletters. Please remember we are a support group, we don't diagnose, treat, or tell anyone what treatment someone should have; however, we are there to offer support to someone going through prostate cancer.

If you know of anyone who may be interested in receiving our newsletter or in possibly attending our support group in Kelowna, please let me know and I can add their name and contact information into my contact list.

Checking PSA is not stepping onto a slippery slope to inevitable biopsies

The following is an article that was published in 2019 by Dr. Larry Goldenberg, I originally published it in January 2020, however, I thought it was a good time to revisit this article again.

Too much ink and angst have been spilled in debating whether the PSA blood test should be used to screen for prostate cancer.

After 35 years in urology, I do not want to return to the pre-PSA era when men regularly hobbled into my clinic on crutches because prostate cancer had spread to their bones, who required removal of their testicles to give them a few months of relief from pain.

The PSA allowed us to detect cancer at an earlier stage, and it has reduced the number of men with widespread metastasis from 40 per cent to less than 5 per cent.

I do agree that the test is not perfect. It has false-positive and false-negative results and leads to over-diagnosing men with very early-stage cancers that we might be better off not knowing were present.

But simply checking PSA is not stepping onto a slippery slope to inevitable biopsies, surgery radiation and chemotherapy, it is just a decision point.

“I am fully biased in favour of PSA testing because many of my patients would be dead today if they had not had it,” writes Dr. Larry Goldenberg.

PSA screening is like a fishing expedition where the goal is to catch the large fish toss back the small ones, which may grow over time and be caught at a later date. If a prostate cancer is caught early, and its characteristics are such that it is unlikely to grow quickly, we offer *active surveillance* and defer therapy unless it changes over time.

But if we catch an aggressive life-threatening cancer at an early stage (which is common these days), we have a chance to control and even cure it. In this way, we can avoid overtreating cancers and not risk “missing the boat”.

“Experts” who recommend against PSA screening do so

because they look at data and ask only one question: does PSA screening save lives? (Indeed, the most modern and best studies suggest that the answer is: Yes.)

But this misses an important point.

Early detection is not just about preventing death, but also reducing pain and suffering, even if these men don't die of their cancer. This reality is not addressed in the research studies that are the basis of recommendations against screening.

So, let's not throw out the baby with the bathwater.

The PSA to a urologist is like the stethoscope to a cardiologist: Simply a tool to be considered in the context of the whole patient and interpreted with medical expertise.

Scientists continue to search for the “holy grail:” The test that will allow us to separate the good from the ugly without the need of a biopsy.

Until then, any harms of PSA-based screening can be minimized by good clinical practice.

Over the past decade we have learned that a very low PSA test in a man in his 40s means that he is highly unlikely to develop serious cancer during his lifetime. Annual screening is not necessary unless he has other risk factors. [such as a family history of prostate cancer].

But if his level is high, then he needs to see a specialist to discuss his risks of having cancer. We call this “smart screening.”

A rational approach can avoid excess biopsies, and even those that turn out to be negative will have been worth doing for peace of mind.

So, for now, we need the PSA. We need to acknowledge the subtleties of its interpretation and to discuss the implications with the patient and his partner.

So, to the anti-screeners: Stop encouraging men to bury their heads in the sand.

I am fully biased in favour of the PSA testing because many of my patients would be dead today if they had not had it. Unlike many anti-screener academics, I've spent too much of my professional life, giving people bad news when I could have given them hope.

EDITOR'S Note: Please try to make sure that your sons, sons-in-law, brothers, brothers-in-law as well as friends are getting checked. We know that the majority of the fellows in our support group have received their diagnosis because of an elevated PSA reading.

WITT'S WIT (On the Lighter Side) -

“Warning to all Parents”

Immediately!! stop feeding your kids Rice Krispies. It is not

absorbed in your body in a healthy manner. It is stored in your body and the effects become visible when you are older. I used to eat Rice Krispies and now that I am older, I can testify to the effects of this. Every morning when I wake up and get out of bed, everything in my body snaps, crackles, and pops. Pass this message on to everyone, to stop this from happening in their old age.

Why does Breast Cancer get so much more attention than Prostate Cancer?

The following is a brief excerpt by *Robert Price for the Bakersfield Californian*.

The following was a comment by Leonard Zasoski a 10-year survivor of prostate cancer at the annual Zero Bakersfield annual walk run for prostate cancer, “If this were a breast cancer awareness deal here today,” he said, “this place would be packed. As it should be. Breast Cancer gets a lot of attention, and that’s great, but men just don’t want to talk about prostate cancer.”

Prostate Cancer is the most common cancer affecting men in the U.S. not including skin cancer. About 288,300 new cases will be diagnosed in the U.S. in 2023. (*The Canadian Cancer Society estimated that in 2022 24,600 men would be newly diagnosed with prostate cancer and in B.C. that number was 3,600, that is the same number of women in B.C. that were newly diagnosed with*

Breast Cancer. This year, 2023 the estimate is that there will be 25,900 new cases nationally for prostate cancer and 3,900 of those men will be from men in B.C., again the number of women in B.C. who will be newly diagnosed with breast cancer is 3,900 exactly the same as men with prostate cancer.]

Robert Price said, “there’s just simply more discussion out there about breast cancer. I conducted a Google search for “breast cancer” and got 3.5 billion hits; a search for “prostate cancer” got a fifth of that total, 702 million.”

About 1 in 8 men will be diagnosed with prostate cancer in their lifetime, the same as breast cancer diagnoses among women – sobering, terrifying numbers in both cases. But breast cancer awareness, to the credit of its advocates’ marketing efforts, gets most of the attention.

[We are beginning to make progress in Canada with the former Prostate Cancer Foundation B.C. now becoming the Prostate Cancer Foundation Canada providing a great deal of support and awareness.]

Leonard Zasoski said, “I don’t know if it’s a male pride thing, or what. It’s just different.”

Whether because of marketing efforts or differences in the psychological dynamics of women vs. men, women are far more likely to be screened for breast cancer than men for prostate cancer.

We have found that some family doctors do not even suggest that men get an annual PSA blood test beginning at age 50 or earlier if there is a family history of prostate cancer.

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 - and TerSera for their support and educational grants that go towards our newsletters and our support group.



UP COMING MEETING DATES FOR 2023 – 2024

**NOTE: - December 9 - January 13
February 10 - March 9 - April 13**

Meeting Location:

Our meetings take place in the Harvest Room at Trinity Church located at the corner of Springfield Road and Spall Road. Please enter through the South Entrance off the main parking lot and follow the signs upstairs to the Harvest Room. Our meetings begin at 9:00 A.M. and the doors open at 8:30 A.M. There is elevator access if needed.

NOTE: Many of our past newsletters are available for viewing and printing through our website. – www.kelownaprostate.com

- A big Thank You to Doris at Affordable Web Design for all her work on our website.