



# KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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**O**ur Special guest presenter at our January meeting was *David Greenshields*, one of the Social Workers and the Regional Professional Practice Leader at BC Cancer in Kelowna. David helps with Mindfulness Based Stress Reduction, he is also part of the Prostate Cancer Supportive Care Program at BC Cancer Kelowna.

David started out by giving everyone present some background on himself as well as the programs available at Patient and Family Counselling in Kelowna. Including one of the programs he is very involved with is an eight-week program involving Mindfulness and Stress Reduction this is an eight-week program that as part of the program includes meditation.

The Social Workers are there to help people cope with the diagnosis and treatment and helping them come to terms with their cancer. They are also available to support not only patients but are also there for partners and family members.

David mentioned that there is a weekly relaxation group to help relieve some of the stress. He mentioned that many people today will look at 'Dr. Google' for help and answers, however, many of the items have not been researched and there is no clinical evidence and they would like to caution people not to be looking at non-reputable sources of information. You are much better off looking for information on reputable medical websites. David also spoke on sleep issues that people may suffer from, this includes getting up the same time every day, having no stimulation prior to sleeping, a dark room, and no caffeinated beverages prior to going to bed.

This was a very relaxing meeting with David giving those present a brief presentation then taking questions from those in the audience, no PowerPoint just a very relaxing presentation. I have received several very positive comments on this type of meeting, with the presenter going over their expertise and what they do in their profession and then taking questions from the audience.

## Long-term Outcomes of Active Surveillance for Prostate Cancer -

The following information is information that was obtained from *UroToday.com* and originated with *The Memorial Sloan Kettering Cancer Center* -

**T**he Memorial Sloan Kettering Cancer Center found that most patients with low-risk prostate cancer end up getting treatment, however, the rate of active-surveillance in the US over the last years has increased significantly to almost 50% of low-risk patients. Interestingly, the rate of active surveillance in Sweden is extremely high for low-risk patients (~80%) and for intermediate risk patients as well (~20%).

Many patients on active surveillance seek to "get rid of" or "cure" cancer. The increased use of active surveillance is essential to reduce the burden of overtreatment. What is still needed is the estimates of long-term oncologic outcomes from large-scale contemporary cohorts of active surveillance.

In Memorial Sloan Kettering Cancer Center there were 2,907 patients with low/intermediate risk prostate cancer who were treated with active surveillance, between 2000-2017. In this cohort, 92% of patients had Gleason 6 disease. The majority of patients had the non-palpable disease (89%). The active surveillance protocol at Memorial Sloan Kettering Cancer Center includes PSA and digital rectal examination every 6 months,

prostate MRI every 18 months, and a prostate biopsy every 36 months.

Long-term follow-up has shown that 25% of men with Gleason 6 on active surveillance were at risk of an upgrade at five years, 36% at 10 Years, and 41% at 15 years.

The probability for remaining on active surveillance was high for low-risk patients (78% at 5 years, 64% at 10 years, and 57% at 15 years). In total, 2.3 of men who went on to treatment underwent radical prostatectomy. The main reason for the switch to treatment was grade progression. The incidence of metastases was very low among men with low-risk prostate cancer who were managed with active surveillance (0% at five years, 1% at 10 years, and 5% at 15 years). Out of the 2,664 low-risk patients on active surveillance, one man dies of prostate cancer. The overall survival of these patients was very high, with 99% at five years, 94% at 10 years, and 78% at 15 years).

This long-term experience from Memorial Sloan Kettering Cancer Center confirms prior reports that active surveillance is an oncology safe management strategy. However, it is important to keep in mind that this needs to be done in tertiary cancer centers, with appropriately selected patients, following well-defined management strategy.

The above article was presented by Sigrd Carlsson MD, Ph.D., MPH, Assistant Attending Epidemiologist, Memorial Sloan Kettering Cancer Center.

The article was written by Hanan Goldberg MD, Urologic Oncologic Fellow, SUO, University of Toronto, Princess Margaret Cancer Centre, and was presented at the 19th Annual Meeting of the Society of Urologic Oncology (SUO), November 2018, in Phoenix Arizona.

### New Technology in Calgary Will Better Detect Prostate Cancer -

The following is an excerpt of an article obtained from the Internet and was written by *Bindu Suri*, a Global News Anchor.

A patient in Calgary suspected that he may have prostate cancer, his PSA results continued to be high, but after two negative biopsies, he still didn't know if he had cancer.

Abdominal Radiologist, *Dr. Summit Sawhney*, said detecting prostate cancer has never been a very precise process.

"The challenge that we are faced with doing the prostate biopsies...What we see on the MRI we can't actually, most of the time, see on the ultrasound," Sawhney said.

However, that is now changing for patients in Calgary with the *UroNav Fusion Biopsy System*, helping doctors better detect prostate cancer.

The UroNave Fusion technology costs \$420,000.00 and there are 350 being used across the U.S. A partnership between EFW Radiology and the Prostate Centre brought it to Calgary. "A lot of this machinery is paid for out of pocket. It's very challenging to get public funding for this," Sawhney said.

Pam Heard, the executive director with the prostate Centre, didn't hesitate to help.

The patient mentioned earlier in the article who had had two previous negative biopsies was the first patient to undergo a biopsy using the new software. It was his third biopsy and confirmed what doctors suspected. He was diagnosed with prostate cancer.

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### WITT'S WIT (ON THE LIGHTER SIDE) -

A 5-year old boy went to visit his Grandmother one day. Playing with his toys in her bedroom while Grandma was dusting, he looked up and said, "Grandma, how come you don't have a boyfriend now that Grandpa went to heaven?"

Grandma replied, "Honey, my TV is my boyfriend. I can sit in my bedroom and watch it all day long. The religious programs make me feel good and the comedies make me laugh. I'm happy with my TV as my boyfriend."

Grandma turned on the TV, and the reception was terrible. She started adjusting the knobs, trying to get the picture in focus. Frustrated, she started hitting the backside of the TV hoping to fix the problem.

The little boy heard the doorbell ring, so he hurried to open the door and there stood Grandma's minister... The minister said, "hello son, is your Grandma home?"

The little boy replied, "Yeah, she's in the bedroom bangin' her boyfriend..."

The minister fainted

**Pfizer Xtandi Succeeds in Late-Stage Prostate Cancer Study -**

The following information was obtained off the Internet and originated with *Zacks Equity Research*

**P**fizer and its Japanese partner Astellas Pharma announced that a phase III study - ARCHES - evaluating prostate cancer drug, Xtandi (enzalutamide), met its primary endpoint. The study was evaluating the drug in combination with androgen deprivation therapy (ADT) as a treatment for metastatic hormone-sensitive prostate cancer (mHSPC)

Data showed that the Xtandi combination therapy significantly improved radiographic progression-free survival (rPFS), the primary endpoint, in the expanded patient population compared to ADT therapy alone. The safety profile of the drug was consistent with previously observed profiles in clinical studies evaluating it in castration-resistant prostate cancer (CRPC). A detailed data will be presented at an upcoming medical congress.

Notably, Xtandi is already approved as a treatment for metastatic and non-metastatic CRPC in the United States. A potential approval based on the above-mentioned data in mHSPC patients

will expand the patient population to include men with prostate cancer that has progressed outside the prostate gland but still responds to treatment to lower testosterone.

Pfizer's efforts to expand the label of the drug in new cancer patient population are commendable. Currently, the company is evaluating Xtandi in another late-stage study - EMBARK - in hormone-sensitive prostate cancer as well as mid-stage studies for advanced breast cancer and hepatocellular carcinoma.

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 2019 -**

**March 9, April 13, May 11, June 8.**

**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. There is elevator access if needed

**NOTE:** Many of our past newsletters are available on our website, [www.kelownaprostate.com](http://www.kelownaprostate.com).



