KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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HAPPY NEW YEAR

At our meeting in December, I went over some new and interesting news articles relating to prostate cancer. One of these was that some men may harbor the BRCA 1-2 gene that makes them more susceptible to getting either male breast cancer and/or prostate cancer. I mentioned that in 2015, well-known B.C. sportscaster Neil Macrae was diagnosed with male breast cancer. This diagnosis shocked both he and his wife, Laurie Rix. Male breast cancer is quite rare affecting only about 200 Canadian men annually. When the doctors did genetic analysis, it was found that Neil had the BRCA 1-2 mutation. A gene widely known today as 'the breast cancer gene,' it also puts men at a higher risk for getting multiple other cancers like prostate cancer, which Neil later developed. Neil passed away in 2017 at the age of 65. Since then the Rix Family Foundation has generously supported the Personalized Onco-Genomics (POG) Program at the Foundations 2014 *Inspiration Gala* with a gift of $1.5 million, and in 2017 Laurie donated $500,000. In Neil's honour toward the hereditary cancer program. *The above information is an excerpt of information contained in the Fall 2019 issue of Breakthrough a magazine published by BC Cancer.*

I also mentioned that the incidence of Prostate Cancer in older adolescent young men has increased in most countries. The cause of the rise is uncertain, according to a study that was published online September 25 in the *Journal Cancer.* "Men as young as 17 years are experiencing an increasing incidence of carcinoma of the prostate in much of the world," write an international team of authors, led by *Archie Bleyer, MD, Oregon Health and Science University's Knight Cancer Institute in Portland.*

They report that the incidence of prostate cancer has increased in all groups between ages 15 and 40 and increased globally at a steady rate averaging 2% per year since 1990. However, prostate cancer is rare in young men, with the incidence rates not rising above 0.2 cases per 100,000 men until age 35 and being even lower at younger ages, per U.S. data from the last two decades; the rate spikes dramatically between ages 35-39, approaching 1.8 cases. *The above information was obtained form Medscape and was published on Nov. 25, 2109 by Nick Mulcahy.*

Checking PSA is not Stepping onto a Slippery Slope to Inevitable Biopsies -

The following is an article that appeared in the *Vancouver Sun* on Nov. 15, 2019 by *Dr. Larry Goldenberg* -

The PSA has 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 five per cent.

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 their pain.

The PSA has slowed 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 five 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 single decision point.

PSA screening is like a fishing expedition where the goal is to catch the large fish and 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 or 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 only ask 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 about reducing pain and suffering, even if 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 a stethoscope to a cardiologist:

Simply a tool to be considered in 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.

But if his level is high, then he needs to see a specialist to discuss the 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.

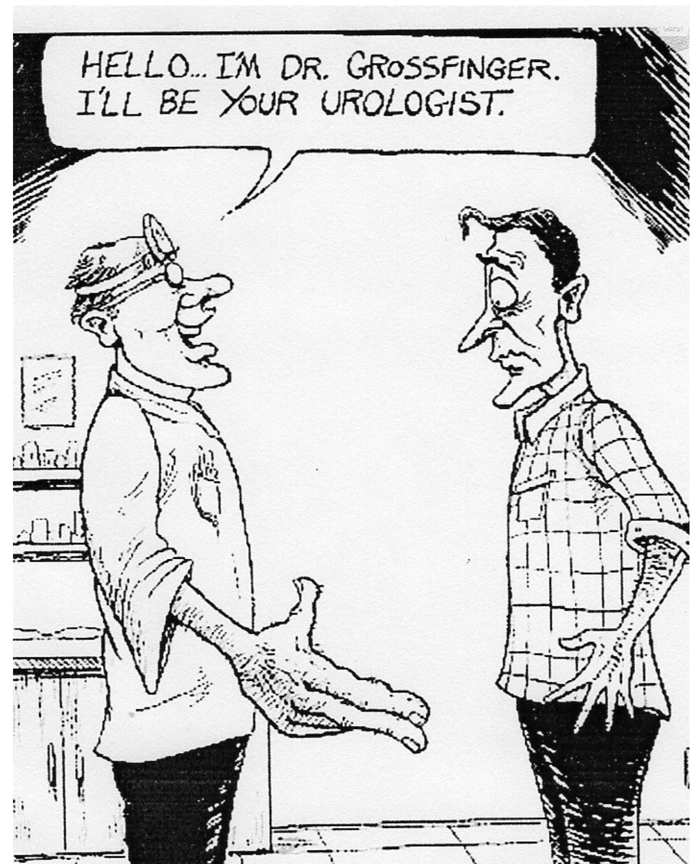
For now, we need the PSA. We need to acknowledge the subtleties of its interpretation and to discuss the implications with the patient and his partner.

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

I am fully biased in favour of 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.

Dr. Larry Goldenberg is professor of Urologic Sciences at UBC, chair of the Canadian Men's Health Foundation and director of supportive care at Vancouver Prostate Centre.

WITT'S WIT (ON THE LIGHTER SIDE) -



More WITT'S WIT -

Confuse your doctor by putting on rubber gloves at the same time he does.

Men Over 40 With BRCA2 Mutations Must Get Prostate Cancer Screening -

The following was written by Victoria Foster a contributor to *Healthcare*

Researchers from the U.K. and the U.S. have called for immediate action to recommend screening for prostate cancer in men with BRCA2 mutations over the age of 40 after presenting the results of a new study in early November 2019 at the *National Cancer Research Institute* annual meeting in Glasgow.

BRCA mutations are most commonly known to greatly increase the risk of breast and ovarian cancer in women with the disease, but also increase the risk of several types of cancer in men, including breast and prostate. Earlier this year, scientists also showed that BRCA2 mutations also likely increase the chance of a type of childhood cancer called non-Hodgkin lymphoma.

The new research looked at almost 3,000 men aged 40-69, with just over half carrying inherited mutations in either BRCA1 or BRCA2 and the others healthy controls. The men were screened with a common test for prostate cancer called the PSA (prostate-specific antigen) test.

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 their educational grants towards our newsletters and our support group.

UP COMING MEETING DATES FOR 2019 -

February 8 - March 14 -

<u>Meeting Location:</u>

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 off the main parking lot and follow the signs upstairs to the Harvest Room. 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 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.*