



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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We hope that everyone is beginning to enjoy the warm weather we have had in the Okanagan lately, that is in between the rain and cooler than normal weather.

This will be our last newsletter until September, as we take July and August off for some R&R time. We hope that everyone enjoys spending time with family and friends this summer, for some of us because of COVID it has been quite a while.

If you wish to have your name removed from this contact list, please let me know and I will remove you're your contact information.

If you have any questions that I may be able to help with please let me know, knowing full well that I don't diagnose, treat, or tell anyone what they should be doing regarding treatment. However, I may be able to help answer some of your questions or concerns.

Enjoy your summer and we will see you in September.

<h2>Metastatic Prostate Cancer on the Rise Since Decrease in Cancer Screenings –</h2>

The following is an excerpt of information that originated with the University of Southern California – Health Sciences and was published on March 14, 2022.

A new study from *Keck Medicine of the University of Southern California (USC)* finds that the incidence rate of metastatic prostate cancer has significantly increased for men 45 and older and coincides with recommendations against routine prostate cancer screenings.

“This study is the first to document a continued rise in metastatic prostate cancer using the most up-to-date population dataset,” said Mihir M. Desai, MD, MHP, a urologist with Keck Medicine and co-lead author of the study. “The discovery has important ramifications for men because prostate cancer, when caught early, typically through a screening, is very treatable and often curable”.

Routine prostate-specific antigen (PSA) screenings for prostate cancer began in the United States almost three decades ago. PSA screenings measure the amount of PSA in the blood, and elevated levels can indicate cancer.

The introduction of screenings resulted in drops in both metastatic prostate cancer and prostate cancer deaths. However, the benefit of routine screenings was overbalanced by risks of overdiagnosis and overtreatment of low-risk prostate cancer.

In 2008, the United States Preventive Services Task Force (USPSTF), a leading national organization in disease prevention and evidence-based medicine, recommended against routine PSA screening in men older than 75. This was followed by a recommendation against screening for all men in 2012.

Research shows that prostate cancer screenings for men declined after the recommendations changed across all age groups and racial backgrounds.

Keck Medicine researchers wanted to assess metastatic prostate cancer trends before and after the USPSTF recommendations against screenings.

They identified men 45 and older with a diagnosis of invasive prostate cancer from 2004-2018 through the Surveillance, Epidemiology and End Results (SEER) Program cancer incidence database.

From 2004-2018 the last year for which data was available, more than 836,000 prostate cancer patients 45 or older were recorded in the SEER database. Of these 26,642 cases of metastatic prostate cancer were reported in men 45-74, and 20,507 cases in men 75 and older.

Among the 45-74 age group, the incidence rate of metastatic prostate cancer remained stable during the 2004-2010, then increased 41% during 2010-2018. For men 75 and older, the incidence rate decreased in 2004-2011, then increased 43% from 2011-2018. For both age groups, the increases were across all races.

The researchers noted that these increases stand in contrast to the decreasing trends in incidence of metastatic prostate cancer between 2004-2009, before the USPSTF stopped recommending routine PSA screening for men.

The authors also discuss the possibility that other factors besides the change in screening

recommendations in 2008 and 2012 could play a role in the uptick in cancer cases, such as the use of new, cutting-edge diagnostic and staging tools that are better able to detect low-volume (less invasive) metastatic prostate cancer.

However, they conclude that such techniques are not widespread, and typically not used for first-time cancer detection, so are unlikely to be of significance in the findings.

“This data is very important as it indicates the need to constantly reassess the impact of policy decisions,” says Giovanni Cacciamani MD, MSc, co-lead author of the study, an assistant professor of research urology and radiology at the keck School and an associate member of USC Norris. “Otherwise, we may see a continued rise in metastatic prostate cancer.”

The original concerns for stopping the screenings – that they led to overdiagnosis and overtreatment of low-risk prostate cancer – may also be outdated say the authors.

WITT'S WIT (ON THE LIGHTER SIDE) -

It's perfectly OK to talk to yourself and it's perfectly OK to answer yourself. But it's totally sad that you have to repeat what you said because you weren't listening.

Radiation Therapy for Prostate Cancer –

The following is a very brief excerpt of information obtained from the American Cancer Society Website.

There are several forms of radiation therapy that are used today to treat prostate cancer –

- **External beam radiation**
- **Brachytherapy (internal radiation)**
- **Radiopharmaceuticals (medicines containing radiation that are injected into the body)**

External beam radiation therapy (EBRT)

In **EBRT**, beams of radiation are focused on the prostate gland from a machine outside the body. This type of radiation can be used to try to cure earlier stage cancers, or to help relieve symptoms such as bone pain if the cancer has spread to a specific area of bone.

Three-dimensional conformal radiation therapy (3D-CRT)

3D-CRT uses special computers to precisely map the location of your prostate. Radiation beams are then shaped and aimed at the prostate from several directions, which makes it less likely to damage surrounding normal tissues and organs.

Intensity Modulated Radiation Therapy (IMRT)

IMRT, an advanced form of 3D-CRT therapy, is the most common type of external beam radiation therapy for prostate cancer. It uses a computer-driven machine that moves around the

patient as it delivers radiation. Along with shaping the beams and aiming them at the prostate from several angles, the intensity (strength) of the beams can be adjusted to limit the doses of radiation reaching nearby normal tissue. This lets doctors deliver an even higher radiation dose to the cancer.

Stereotactic Body Radiation Therapy (SBRT)

The **SBRT** technique uses advanced guided techniques to deliver large doses of radiation to a precise area, such as the prostate. Because there are large doses of radiation in each dose, the entire course of treatment is given over just a few days.

Brachytherapy (Internal radiation therapy)

Brachytherapy (also called **seed implantation** or **interstitial radiation therapy**) uses small radioactive pellets, or “seeds,” each about the size of a grain of rice. These pellets are placed directly into your prostate. There are two types of Brachytherapy –

Low Dose Rate Brachytherapy (LDR) where small radioactive seeds are placed directly into the prostate gland and are left in place.

High Dose Rate Brachytherapy (HDR) generally uses one very powerful seed that is removed following treatment.

Radiopharmaceuticals that target the bones include Radium 223 (Xofigo)

We are very fortunate to live where we do as our BC Cancer Centre in Kelowna has the newest state of the art Radiation Linear Accelerators and

by early Fall, we will have the very latest generation of Linear Accelerators and it will be the first of its kind in Canada.

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 2022 –

Due to the COVID-19 virus we are still NOT holding monthly Support group Meetings.

NOTE: I will be in touch with everyone whenever it is safe to get back to holding regular meetings.

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.