



# KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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**W**E are glad to see the sun shining and the snow disappearing from our yards, we hope that Spring is on its way. We are still not sure, but we may have some good news regarding in-person Kelowna Prostate Cancer Support & Awareness Group Meetings in the next few weeks. Our support group meeting location, Trinity Church has been used as the Vaccine Centre for Kelowna, and because they were using the facility seven days a week there was no room for us. Once we begin holding meetings everyone attending will have to show that they are fully vaccinated, and masks will be mandatory.

We hope that everyone receiving this newsletter is keeping safe and that no one has been affected by COVID-19

If anyone wishes to have their name removed from this contact list, please let me know and I will remove your contact information.

## Prostate-Specific Antigen-Based Screening Ushers in an Era of Change

The following is a short excerpt of an article written by *William J. Catalona MD*, that appeared in the January 6, 2022, issue of the *Urology Times* – which is celebrating its 50<sup>th</sup> Anniversary this year.

### **How did PSA testing revolutionize how prostate cancer is detected and diagnosed?**

From the 1930s to the 1990s, the prostate cancer death rate in the United States increased steadily, as fewer, and fewer men died of cardiovascular and more lived long enough to become victims of prostate cancer. Up until the late 1980s, the only way [to diagnose] prostate cancer was via a digital rectal examination (DRE) of the prostate. Men were reluctant to undergo these examinations, so [many] of the prostate cancer cases were advanced and incurable at the time of diagnosis.

The PSA blood test was first approved by the FDA as a test to aid the management of patients diagnosed with prostate cancer, but it was not believed

to be useful as a first-line tool for early detection, largely because of false-positive and false-negative results.

In 1968, the National Cancer Institute (NCI) held a meeting with the goal of improving the early detection of prostate cancer by the year 2000, which seemed long into the future [at that time]. The 3 candidate methods discussed were then accepted DREs, the then newly introduced prostate transrectal ultrasound scan, and the PSA blood test. I had been collecting data from my patients with each of these methods for several years before the meeting. During the meeting [in my head], I calculated rough estimates of the sensitivity, specificity, and positive and negative predictive value of each. It became apparent to me that the PSA test was the best of the 3 by far. When I stated this to the attendees, I was howled down because, as the attendees agreed, "We all know PSA cannot be a screening test because it can be elevated in men who have benign enlargement of the prostate and those who have inflammation of the prostate." They were looking for something like a pregnancy test that, when it was positive, there would always be cancer, and when it was negative, there would never be cancer. However, considering the statistics, it became apparent to me that using certain cut-offs, PSA testing could improve early detection over DRE.

After that meeting, I approached Hybritech, Inc. [which] then owned the patent for the best PSA test available at that time, and

[I] told them I believed PSA could be used as a first-line screening test for prostate cancer. I requested funding for a screening study to test this hypothesis. They invited me to San Diego, but when I arrived, I found them unconvinced. I presented my data to their lawyers, their marketing group, and their scientists. They remained skeptical but finally agreed to provide funds for me to run a study of [approximately] 1,000 patients using PSA as a screening test.

The early results were promising and after the first 1600 patients, my research group published a paper in the *New England Journal of Medicine (NEJM)* in April 1991, showing that the PSA test used as a first line [screening test] provided a better method of detecting prostate cancer than the gold standard DRE. The fact that it was a simple blood test and was objective and non-invasive, except for having blood drawn, made it very attractive. The *NEJM* enjoys great credibility, so my paper received widespread media publicity in Newspapers, Television etc. I believe this study launched the PSA screening era, as PSA screening was more or less widely adopted throughout the U.S. and later throughout the world. There followed soon afterward, the launching of 2 large prospective, randomized clinical trials of PSA screening in the U.S. – called the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial, or PLCO, and in Europe – called the European Randomized study of Screening for Prostate Cancer, or

ERSPC – to quantify the long-term benefits for patients.

To gain FDA approval for PSA as an early detection test, I led a large multi-institutional study that achieved FDA approval in 1994. Subsequently, I led similar large-scale studies of the free PSA test (FDA approved in 2007) and the Prostate Health Index test (FDA approved in 2012) as improvements on the accuracy of the PSA test for early detection.

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

The Following appeared in Church Bulletins

"Ladies don't forget the rummage sale. It's a chance to get rid of those things not worth keeping around the house. Bring your husbands."

"Don't let worry kill you off - let the Church help."

"Potluck supper Sunday 5pm - prayer and medication to follow."

**Prostate Cancer: It's the most commonly diagnosed cancer – so why don't we know more about it?**

The following is an excerpt of information that was obtained from *The Irish News* on Dec. 16, 2021 and was written by *Lisa Salmon and Ella Walker*.

**P**rostate cancer is widely diagnosed but most men do not know the symptoms **IT** turns out most men do not know any of the symptoms of prostate cancer. According to a survey for YouGov, of the men polled, most were generally unable to identify any of the signs or symptoms of the disease –

despite the fact it's the most commonly diagnosed cancer in the UK. Diagnoses overtook those for breast cancer in 2020.

The poll of 1,456 men found 68 percent weren't aware of any of the symptoms and even amongst older men – who are most at risk – knowledge was fairly low.

### Where The Prostate Is

According to Prostate Cancer UK (PCUK), prostate cancer starts in the prostate gland, which is at the base of the bladder and is about the size of a walnut.

The prostate gland gets bigger as you age, and its main job is to make the thick white fluid that creates semen when mixed with sperm produced by the testicles.

### Initially There Don't Tend To Be Symptoms

Localized prostate cancer (contained inside the prostate) doesn't usually trigger any symptoms. Signs don't normally appear until the prostate is big enough to affect the urethra (the tube that carries urine from the bladder out of the penis).

### If Symptoms Do Kick In, They'll Likely Affect You When Urinating

If the prostate does become enlarged, it may lead to an increased need to urinate, straining while you urinate, a weak flow, dribbling urine after you finish, and a feeling that your bladder hasn't fully emptied.

PCUK says that while some men might have urinary problems, "these can be mild and happen over many years and may be a sign of a benign prostate problem, rather than prostate cancer." This can be a non-cancerous enlarged prostate which is very common. Anyone

with any symptoms should get them checked by a GP.

### **Further Symptoms Include...**

Other symptoms of prostate cancer can include lower back pain or rectal pain or discomfort, as well as difficulties relating to sex, such as blood in the semen, pain when ejaculating or erectile dysfunction. Signs of more advanced prostate cancer include bone and back pain, a loss of appetite, testicular pain, and unintentional weight loss.

### **How Is It Diagnosed**

Men with symptoms may have a Prostate Specific Antigen (PSA) blood test, as those with prostate cancer may have a raised PSA level.

However, Cancer Research UK (CRUK) says PSA levels can also be raised in benign prostate conditions, or if you have an infection, so a diagnose of prostate cancer isn't usually made on a PSA test result alone.

Men may also have an examination of the rectum, which involves a doctor feeling inside the rectum using their gloved lubricated finger. There may be scans and a biopsy too.

### **Not Everyone Needs Treatment**

Some prostate cancers grow too slowly to cause any problems or affect how long you live, and because of this, many men with prostate cancer will never need any treatment. However, some prostate cancers grow quickly and are more likely to so spread, so do need treatment.

### **The Risk Factors and Who Gets It**

You're more at risk of prostate cancer if you're over 50, if a close relative (father

or brother) has had prostate cancer, or if you're black.

### **What Can You Do to Decrease Your Risk?**

CRUK says there's evidence that being active might help to lower the risk of developing prostate cancer. Plus being overweight or obese increases your risk of advance prostate cancer. Sticking to recommended alcohol limits, eating a healthy balanced diet, and not smoking are all thought to be potentially beneficial too.

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 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](http://www.kelownaprostate.com)

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