



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

Contact information – email – sbren@telus.net

Phone – 250-762-0607

www.kelownaprostate.com

Publisher/Editor – Bren Witt

VOLUME 25 – ISSUE 9 – (Number 283) – MAY 2023

WOW! What a great and lively Prostate Cancer Support & Awareness Group meeting we had in April. In attendance was a gentleman who had been recently diagnosed with prostate cancer and was attending his first meeting with his wife. He had a lot of questions for our Group. Therefore, there was a great deal of discussion around Gleason Grading and Scoring the difference between the two and what it means, as well as the different treatment choices there are for prostate cancer including Surgery (Radical Prostatectomy), Low Dose Rate Brachytherapy and High Dose Rate Brachytherapy and the differences between the two types of Brachytherapy. Also in attendance were a couple of other newly diagnosed fellows who are still trying to make their minds up on what type of treatment they are leaning to.

There was a lot of discussion regarding treatments. There was even a bit of humor, and levity that was injected into this meeting and we feel that everyone felt better about their situation after attending the meeting.

Some Physicians are Suggesting That a Gleason 3+3=6 is NOT “Not Cancer”

The following was obtained from the Internet in November 2022, and originated from Johns Hopkins.

Don't worry about a Gleason 3+3=6 (Grade Group 1) It's harmless! We shouldn't even call it cancer. In fact, lets call it IDLE (indolent lesion of epithelial origin)!"

Many patients have heard reassurances like these, and yes, if you have prostate cancer Gleason 6 is the best kind to have.

But wait: **Let's not call it “not cancer,”** says *Johns Hopkins* urologic pathologist Jonathan Epstein, M.D.

“There are some very good reasons to keep the cancer designation Grade Group 1.” Epstein should know; he is the originator of the Grade Group system of prostate cancer grading.

“Under the microscope, he explains, “Grade Group 1 [Gleason 6] cancer has some of the same behaviours as higher-grade cancer.” Even though it is not aggressive, it can still “invade the nerves, go out of the prostate, and rarely, can invade the seminal vesicles. Molecularly, it has many of the hallmarks associated with higher-grade cancer and has certain features that you do not see in benign prostate glands.”

So why are some doctors downplaying Gleason 6 cancer?

The thinking here, Epstein explains, is that “if you remove a cancer label, it could reduce unnecessary treatment of low-grade disease, ease the uncertainty for men on active surveillance living with a cancer diagnosis. For some men, this is very stressful: “In the Johns Hopkins active surveillance program, 8 percent of men undergo definitive therapy – even though they still qualify for active surveillance.” **They just don’t want a cancer diagnosis hanging over their heads.**

Another problem is that approximately 20-35 percent of men who are diagnosed with Gleason 6 cancer who have a prostatectomy actually turn out to have higher-grade cancer in their prostate. **“It was missed during the biopsy.** Each biopsy samples 1/10,000th of the prostate. Even with 14-16 cores, you’re still sampling only a tiny fraction of what’s there,” says

Epstein. “If we had a crystal ball or could look at the prostate with some other imaging or molecular test and see that all a patient had was a pure Gleason 6, I would feel more comfortable saying we should potentially change the name.”

Epstein worries that if men believe that they don’t have cancer, they won’t feel a strong need to get regular follow-up monitoring. “If you tell a man that he doesn’t have cancer, yet you’re telling him you want to see him every year and get a repeat biopsy multiple times, he may think, **“It’s not cancer, so why do I have to keep coming back? I’m fine!”** And then, if he stops regular follow-up monitoring, “potentially, his cancer could progress and that would be missed.” One more thing, Epstein warns: The excellent prognosis of *treated* Grade Group 1 [Gleason 6] cancer is not the same if it is called noncancer and is not treated.”

Finally, a name change may not be that meaningful today, Epstein continues. “Grade Group 1 is more intuitive to patients as lowest-grade cancer. With greater acceptance of active surveillance, patients are understanding that not all cancers are the same, that not everyone needs treatment right away – or ever – and that low grade can be followed carefully and safely.”

Editors Note: The amount of tissue removed in a single biopsy sample is about the thickness of a piece of sewing thread and about a centimeter in length. It is a very small piece of tissue removed from something the size of a walnut.

WITT'S WIT (ON THE LIGHTER SIDE) -

A FEW SHORT SNAPPERS

- I'm at that delusional age where I think everyone my age looks way older than I do.
- I don't mean to interrupt people but I just randomly remember things and get really excited.
- Just once I want a username and password prompt to say CLOSE ENOUGH.
- Now that we have everyone washing their hands correctly...next week...**Turn Signals.** (Unless they were and extra accessory)

Little Things Make a Big Difference

The following is an excerpt of an article featuring Dr. Jennifer Locke that appeared in the winter 2023 issue of the *KGH Foundations Magazine*.

Urology is a medical specialty that addresses diseases and complications that compromise the good-working order of the organs of the male and female urinary tract including the kidneys, ureters bladder and urethra. Urologists are also medical specialists in the male reproductive organs (testes, prostate and penis).

Being able to access advanced care within the speciality is absolutely critical as it can have a significant impact on one's quality of life.

Dr. Locke who also has a subspeciality training in reconstructive urology has been a part of the Urology team at KGH since 2021. Soon after her arrival, Dr. Locke noticed that a critical piece of equipment could make a big difference for her team and their patients.

From sinuses to arteries to urethras, abnormal narrowing or constriction of a body passage is generally not a good thing. The urethra is a tube that carries urine from the bladder so it can be expelled. Narrowing of the urethra restricts this flow and can cause a variety of medical problems in the urinary tract, including inflammation and infection. Narrowing of the male urethra is known as a male urethral stricture and if left untreated, can cause serious problems including bladder and kidney damage and infections caused by the obstruction of urine flow.

When Dr. Lock joined the KGH urology team, patients in the southern interior of BC with symptoms of urethral stricture were referred to the Lower Mainland for diagnosis and treatment.

Dr. Locke reached out to the KGH Foundation seeking funding for several pediatric (referring to the size) cystoscopes – diagnostic tools so small they can be inserted into a six to eight-millimetre tube, the size of the average male urethra. Acquiring these special scopes would allow KGH urologists to diagnose the length and calibre of the

stricture and avoid sending patients to the Lower Mainland.

“The utility of having access to these pediatric cystoscopes is immense,” states Dr. Locke. “I am now equipped to do the appropriate work-up and all types of surgical treatments for men from across the Interior Health region. This absolutely improves patient comfort and urethral repair outcomes.”

Dr. Locke explains, “Two of my patients had been in and out of the hospital with UTIs (urinary tract infections) and sepsis, secondary to urethral strictures. One of them developed endocarditis and the other had life-threatening heart arrhythmias triggered by episodes of sepsis. Because we were able to accurately diagnose the urethral strictures here at KGH, in both cases, we performed urethroplasty (surgery to repair a urethral stricture) and my patients have been infection free since.”

Since acquiring the cystoscopes, Dr. Locke and her team have performed urethroplasty on dozens of patients, many from out of town, not only improving the quality of life for these patients but also allowing them to stay closer to home for treatment and avoiding travel and accommodation costs to receive care at hospitals in Vancouver or Calgary.

“Our patients have told us that they feel like their life has been given back to them after urethroplasty surgery,” shares Dr. Locke. “They are grateful that they don’t have to live with tubes in their bellies or urethras, which makes for a significant quality of life improvement. And I am forever grateful

for this support and look forward to serving my community.”

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 –

– June 10

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.*