



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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I believe that Fall is on its way, the trees are beginning to turn colour, and the nights are starting to get a bit cooler.

We welcomed everyone back after a two-month break. I had a couple of items on the agenda. September is Prostate Cancer Awareness Month, and this is the time to make sure that your friends and relatives are getting checked.

I spoke about Dr. Marianne Sadar PhD, a Prostate Cancer Researcher at BC Cancer Vancouver. Dr. Sadar has been working on her research to develop a drug that can be used to treat men with metastatic castration resistant prostate cancer for over 20 years. She has served in leadership roles internationally including being the first Canadian to serve as Chair of the USA Army’s Department of Defence’s Programmatic Panel for Prostate Cancer Research. She was also the President of the Society of Basic Urologic Research (USA) to mention just a couple of her many appointments. Dr. Sadar is also a Professor in the Department of Pathology and laboratory Medicine, University of British Columbia.

ASCO 2024: Prostate cancer spit test better for men with high genetic risk than standard blood test –
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The following is a brief excerpt of information from the Internet and originated with ASCO (American Society of Clinical Oncology) from their annual meeting that was held May 31 - June 4, 2024.

The PSA test detects low-risk cancers

The current PSA test is used to identify men who are at a higher risk of prostate cancer – due to their age or ethnicity – and men presenting with symptoms. Men with a high PSA result will be sent for further tests to detect cancer.

Researchers at the Institute of Cancer Research, (ICR) London, and The Royal Marsden NHS Foundation Trust trialled their new DNA test which looks for genetic variants linked to prostate cancer. For the men with the highest genetic risk, the test falsely identified fewer people with prostate cancer than the PSA test, picked up people with cancer who would have been missed by the PSA test alone, and picked up a higher proportion of the aggressive cancers than the PSA test. The test also accurately identified men with prostate cancer that was missed by an MRI scan.

The researchers are presenting findings from a study at the American Society of Clinical Oncology (ASCO) annual meeting in Chicago.

The study calculated the polygenic risk score (PRS) of 6,142 European men recruited from their GP surgeries, aged 55-69 – an age at which risk of prostate cancer is increased. The score is based on 130 genetic variations in the DNA code that are linked to prostate cancer, and it was developed by studying the DNA of hundreds of thousands of men. Since the study began, an international research team has identified more risk variants for men of Asian and African ancestry.

Following an MRI and prostate biopsy, 187 (40%) of the 558 men with a high PRS were diagnosed with prostate cancer.

Of these 187 men, 147 (77.8%) had a PSA level below 3.0 ng/ml which is considered 'normal' and would indicate that no further screening is required.

The PRS saliva test identified a higher proportion of aggressive cancers – which are fast growing and likely to spread – than the PSA test. In a recent study of the 187 cancers detected 55.1% were aggressive cancers compared with 35.5% identified by a PSA test.

WITT'S WIT (ON THE LIGHTER SIDE)



Prostate Cancer Screening What to Know –

The following is an excerpt of an article from *Cancer Care & Research* by Amanda Torres. The information is from the U.S. and may not fully reflect what is going on here.

Prostate cancer is the most common cancer in men in the United States [and Canada], other than skin cancer, and has an exceptionally good

prognosis if diagnosed early. According to the Prostate Cancer Foundation, the five-year survival rate for early-stage prostate cancer is over 99% in the U.S.

This is why prostate screening is essential, says Dr. Christopher Barbieri, a urologist who specializes in oncology at New York – Presbyterian/Weill Cornell Medical Center. “Early detection is critical to successful treatment,” he says. “Once it has spread, prostate cancer can still be treated, but the survival rate drops dramatically.”

The American Cancer Society estimates that there will be nearly 300,000 new cases of prostate cancer in the U.S. estimates the American Cancer Society. In their lifetime, about one in eight men will be diagnosed with the disease, and around six in 10 cases will occur in those who are 65 or older.

[In the Fall of 2023 the Canadian Cancer Society estimated that there were 25,900 new cases of prostate cancer diagnosed nationally. This year the Canadian Cancer Society is estimating that 27,900 men will be newly diagnosed with prostate cancer.

As a note of interest to those of us in B.C. the Canadian Cancer Society in their 2023 estimates stated that there would be 3,900 new cases of prostate cancer in B.C. and 3,900 new cases of female breast cancer in B.C.]

Prostate-Specific Antigen Blood Test and Rectal Exam –

Screening for prostate cancer starts with a blood test for prostate-specific antigen (PSA). PSA is a protein that’s made by prostate cancer cells, but it’s also made

by the normal prostate. “PSA levels can be elevated for lots of different reasons, which is why it is just the first step is screening – to see if men fall in a concerning area that needs further investigation,” says Dr. Barbieri.

Dr. Christopher Anderson, a urologist at New York Presbyterian/Columbia University Irving Medical Center says that if a patient is at or above three or four, then further testing is recommended. “The lowest threshold is a PSA over three, although we adjust that considering a patient’s age,” he says. “For instance, you may not consider a PSA of three in a 75-year-old man the same way you would for a 45-year-old man. It is important to keep in mind that even though PSA is the best test we have for screening, it is not a perfect test. There are many men who have an abnormal PSA who end up not having cancer.”

A rectal exam may also be part of the evaluation and can offer helpful information, although, Dr. Barbieri acknowledges that patients may feel a little bit of discomfort. “The prostate is right in front of the rectum, and because prostate cancer often begins in the back of the gland, it can sometimes be felt during a rectal exam,” he says.

Imaging –

If more information is needed after the PSA blood test and rectal exam, doctors can order imaging, such as an MRI. MRIs offer a better look at suspicious areas of the prostate and potential areas to target should a biopsy be needed, says Dr. Anderson.

Prostate Biopsy –

The only way to definitively know if a man has prostate cancer is by doing a biopsy of the prostate. A biopsy typically entails a short in [hospital procedure] to remove small samples of prostate tissue. “I tell men that there are three things we can find in the biopsy,” says Dr. Barbieri. “One is nothing, when everything looks fine. The second is low-grade prostate cancer, which is slow growing. We typically do not recommend treating this type, but we do suggest monitoring it through an approach we call active surveillance, which is when we monitor the cancer over time. The third thing is high-grade, more aggressive prostate cancer, which is what we try to take care of and make sure that we do not miss.

The main concern that men have about screening is the side effects of the treatments that some patients require if they are diagnosed, explains Dr. Anderson. “Men are understandably hesitant to talk about screening for a disease for which the treatment may impact their sexual, urinary, or bowel function,” he says. “It’s important to know that getting screened does not mean going down a road of aggressive treatment. Overall, treatments for prostate cancer have improved and our concept of who requires them has also changed over time.

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 2024 – 2025

NOTE: - Oct.19 – Nov. 9 – Dec. 14

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