



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

Contact information – email – sbren@telus.net

Phone – 250-762-0607

www.kelownaprostate.com

Publisher/Editor – Bren Witt

VOLUME 27 – ISSUE 1 – (NUMBER 295) – SEPTEMBER 2024

Welcome back, we hope that everyone had a great summer and were able to spend time with family and friends. We were very lucky this year in the Kelowna area with no significant forest fires.

We are continuing to hold our monthly meeting in the Harvest Room at Trinity Church. Everyone is welcome to attend our meetings, and we would encourage people to invite friends and neighbours who may be battling prostate cancer to come out to our meetings. The more the merrier. We are not doctors and we don't diagnose or treat prostate cancer, however, we are there to offer support and awareness about prostate cancer. Personal information is confidential among the group.

If anyone receiving this newsletter and has any information that they would like to see in the newsletter, please let me know and I will try to include it in future newsletters.

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

Some Cancer Patients Can Find it hard to Tell Family & Friends

The following is an excerpt of information obtained from the Internet and the Associated Press (AP) and was written by Kenya Hunter on March 28/24

Ever since Anthony Bridges found out he had prostate cancer six years ago, he hasn't stopped talking about it. He told his Facebook friends immediately.

Now, the 68-year-old man from Georgia spends time working with others to encourage other men to talk to their doctors about getting screened.

Not everyone is eager to share, for cultural or privacy reasons – or because they just don't want to talk about it. Defense Secretary Lloyd Austin kept his prostate cancer quiet, including from President Joe Biden. And more recently Kate, Princess of Wales waited weeks before publicly disclosing her cancer.

Austin described his diagnosis as a “gut punch” and his instinct was to keep it private. In a video statement Kate said it was a “huge shock” and that she and her husband, Prince William, had been trying to “manage this privately for the sake of our young family.”

Their reactions hardly surprised experts. Dr. Otis Brawley says he's encountered men who don't even want to talk about their prostate cancer with their own doctors.

Brawley, a professor of oncology and epidemiology at Johns Hopkins University, recalled a time decades ago when cancer simply wasn't spoken of, called the “Big C” instead.

Public conversations around prostate cancer changed, he said, when former Sen. Bob Dole announced his diagnosis and publicly spoke of erectile dysfunction, a side effect of treatment.

For breast cancer, it was first lady Betty Ford, who spoke about her surgery and treatment.

“That opened the floodgates, it was OK to talk about cancer,” Brawley said.

Elaine Smith, who counsels patient at City of Hope Cancer Center in Atlanta, said a patient's openness often depends on personality. Some don't want to be identified solely as a cancer patient.

“So many of my patients say people talk to them with a different tone of voice,” smith said. “They lean into me differently; they look at me with their eyes differently.”

Sometimes people worry about how their coworkers will react when they have to miss work for appointment and treatments.

“In many cases, we may not acknowledge it, but.... that can sometimes have a role in how they are judged in their work performance,” said Dr. Brady Carthon, of Emory University's Winship Cancer Institute.

Patients usually share with their family, experts said, but even that can be difficult.

Princess Kate noted it had taken time to explain “everything to George, Charlotte and Louis in a way that is appropriate for them and to reassure them that I'm going to be OK.”

“She has the added challenges of having young children,” said Dr. Christina Annunziata, a cancer doctor at the Inova Schar Cancer Institute in Fairfax, Virginia. “As hard as it is to

explain to friends and family, or even coworkers. It's even harder to explain to young children."

The downside of keeping it private is that "you're dealing with this all alone, Carthon said.

Dr. Paul Monk, who treats cancer patients at Ohio State University Wexner Medical Center, said it's important for patients to bring along a family member or other support to appointments.

"I don't think they hear everything I say," he said. "And so, when you bring someone else to your doctor's visit, that's another set of ears and I think that's critically important."

Anthony Bridges' wife, Phillis, served in that role for him when he started treatment for advanced prostate cancer in 2018. He said he had no symptoms and had only gone for a checkup at her insistence.

"We have to change the mindset," said Bridges. "We have to dispel the fear."

Prostate Cancer Cases Expected to Double by 2040 -

The following is a very brief excerpt of information that was obtained from several sources including the *Lancet*.

Global prostate cancer cases worldwide are projected to rise from 1.4 million in 2020 to 2.9 million in 2040, according to *The Lancet Commission on prostate cancer*.

The number of annual prostate cancer deaths worldwide is predicted to increase by 85% over the 20-year period, from 375,000 deaths in 2020 to almost 700,000 deaths by 2040. The true numbers will likely be much higher than the recorded figures due to under-diagnosis and missed opportunities for data collection in low - and middle - income countries (LMICs).

In high income countries (HICs), screening for prostate cancer often involves the PSA test, a blood test that measures levels of a protein called prostate-specific antigen (PSA). However, PSA tests often detect prostate cancer which may never cause symptoms and needs no treatment. The current approach to prostate cancer diagnosis in the UK and many other HICs relies on 'informed choice' PSA testing – when men aged 50 or over with no disease symptoms can request a PSA test from their doctor after a discussion of the risks and benefits.

With prostate cancer we cannot wait for people to feel ill and seek help – we must encourage testing in those who feel well but who have a high risk of the disease in order to catch lethal prostate cancer early.

The Commission also calls for urgent implementation of programmes to raise awareness of prostate cancer and for improvements in early diagnosis and treatment in low- and middle-income countries.

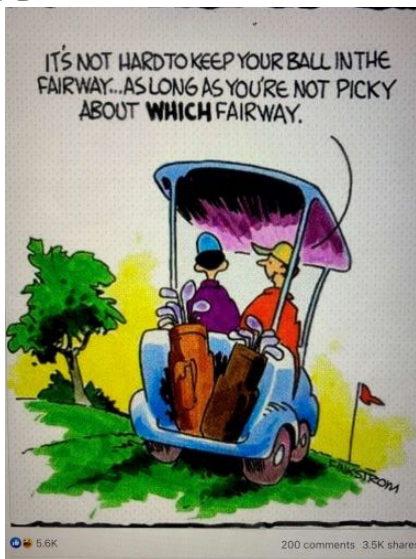
A major barrier to improved prostate cancer care in LMICs is a lack of trained staff and specialist facilities.

Aging populations and increasing life expectancy will lead to higher

numbers of older men in coming years. As the main risk factors for prostate cancer – such as being aged over 50 or older and having a family history of the disease – are unavoidable, it will not be possible to prevent the upcoming surge in cases through lifestyle changes or public health interventions.

There is a need to raise awareness of the dangers and symptoms of metastatic prostate cancer among men and their families in low – and middle - income countries. Public awareness of the key features of advanced prostate cancer – such as bone pain, caused by metastatic disease – is poor in many LMICs. Similarly, there is generally low public awareness that treatments which can prolong survival and decrease suffering – including hormone therapy. For men with metastatic disease, earlier diagnosis and starting hormone therapy earlier will reduce deaths and prevent serious complications like painful spinal cord compression and urinary retention, which can lead to infection and kidney damage.

WITT'S WIT (ON THE LIGHTER SIDE -



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*