



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 1 – (NUMBER 275) – SEPTEMBER 2022

It has been a long 2 & ½ years since our last in person Kelowna Prostate Cancer Support & Awareness Group Meeting. Our last in person meeting was held on February 8, 2020. Who would have believed at that time how long COVID-19 would stick around and affect so many people. Undoubtedly, we all know someone who has been diagnosed with this virus. However, we are now able to hold regular monthly meetings again. Masks are recommended at our meetings because cancer patients are more vulnerable to COVID.

I would like to thank Darren Metz and the people at Trinity Church for making all the arrangements that will allow us to be able to continue holding our meetings in this great facility.

For all those who receive this newsletter via email, if you wish to have your name removed from our email contact list, please let me know and I will remove your contact information.

Honorific Donation Propels Prostate Cancer Research

The following information was obtained from the BC Cancer Foundation’s Breakthrough Newsletter Spring 2022.

Dr. Kim Chi can add the *Shrum Chair in Applied Genomics Research for Prostate Cancer* to his list of titles and accomplishments, which includes *Vice President and Chief Medical officer BC Cancer, medical oncologist and senior research scientist*. The chair, made possible by the late *Gordon B. Shrum’s* generous philanthropy, provides \$6 million in research funding across 10 years.

“Mr. Shrum was an inquisitive, accomplished and generous man, so I am pleased to have been appointed to the chair named in his honour and memory,” says Dr. Chi. “The chair will help me continue my work in prostate cancer research and find new ways to treat the disease.”

In addition to giving Dr. Chi protected time to pursue new prostate cancer research, the chair will also help him to foster and grow a skilled team of research-focused medical oncologists and data analysts to fully support each research project.

The funding has helped to establish and continue a biobank and database of patients with advanced prostate cancer across B.C. who provide clinical information, blood samples and prostate cancer specimens.

“With this biobank and database, we are studying and discovering why some cancers are more aggressive than others, and with that data, we can design more personalized treatment strategies.”

This project is just one of many, that Dr. Chi and his teams are pursuing, including a blood-test that can identify whether individuals with metastatic (advanced) prostate cancer have alterations in key genes that repair DNA.

“Having an alteration in one of these genes means that they may have inherited a susceptibility to prostate cancer, and passed that gene onto their children. Right now, the test is available to patients through a program run by AstraZeneca, but we hope to have public funding available in the future.”

The BC Cancer Foundation’s website in April mentioned two other

initiatives taking place involving our BC Cancer Centre in Kelowna that include -

PSMA- PET

Prostate cancer is the most common cancer in men in Canada. It’s the 3rd most common cause of cancer death. The BC cancer Foundation is setting out to help dramatically advance treatment and outcomes through PSMA-PET: an advanced form of imaging for prostate cancer. By bringing PSMA-PET technology to BC Cancer – Victoria and BC Cancer - Kelowna, we can optimize treatment for men with prostate cancer, improve quality of life and save more lives.

Brachytherapy Chair

The Brachytherapy Chair and their program represents the future of cancer care in the Interior and beyond. This initiative will support a new era of excellence in cancer research led by a world-renowned expert in brachytherapy therapy research and treatment. Dr. Juanita Crook will be the head of this new leadership, and with donor support, the enhanced brachytherapy program will generate world-leading knowledge to bring more effective therapies from the lab into the clinic to change cancer outcomes in the Interior and across B.C.

WITT'S WIT (ON THE LIGHTER SIDE) -

Mildred the church gossip and self-appointed monitor of the church's morals, kept sticking her nose into other people's business. Several members did not approve of her extra-curricular activities but feared her enough to maintain their silence.

She made a mistake, however, when she accused Frank, a new member, of being an alcoholic after she saw his old pickup in front of the town's only bar one afternoon. She emphatically told Frank (and several others) that everyone seeing it there would know what he was doing!

Frank, a man of few words, stared at her for a moment and just turned and walked away. He didn't explain, defend, or deny. He said nothing. Later that evening Frank quietly parked his pickup in front of Mildred's house...Walked home...And left it there all night.
You gotta love Frank!

Treatment Overview: Metastatic Hormone Sensitive or Castration-resistant Prostate Cancer –

The following is an excerpt of information obtained from the *Urology Times June 2022*, by Dr. Judd W. Moul M.D.

Metastatic prostate cancer has unfortunately become more common over the last several years – and in addition to being more common, the death rates from advanced prostate cancer are going up.

When a patient presents with metastatic prostate cancer, [which] is called hormone-sensitive or metastatic prostate cancer, the first thing we do is try to risk assess that patient to determine how severe his cancer is. We try to determine if it's a low-volume or a high-volume metastatic prostate cancer, because treatment approaches will vary.

The injections or shots would be a drug such as leuprolide acetate (Lupron) which [has been a] common treatment for advanced prostate cancer [for a] long time. It has a number of different brands and slightly different formulations. Or instead of leuprolide acetate, it could be a drug called degarelix, which is a GnRH [gonadotrophin-releasing hormone] pure antagonist that could be used, and there are advantages and disadvantages [with each approach].

There are other forms of [hormone therapy given in pill form] that could be added to the ADT including – oral enzalutamide, oral apalutamide, abiraterone acetate plus low-dose prednisone, and darolutamide; or docetaxel chemotherapy given every 3 weeks for a course of 6 cycles.

They are all effective whether the patient has low-volume or high-volume disease, so they could be used in any patient. However, the effectiveness of docetaxel chemotherapy has been proven only in high-volume metastatic disease.

So as a urologist, the first thing I look at is whether my patient has low-volume or high-volume metastatic disease.

So far, we've been talking about hormone-sensitive disease metastatic prostate cancer. Eventually, the vast majority of these patients progress to castration-resistant disease, meaning their disease is getting worse despite [the treatments] we just talked about. Sometimes, these [same] oral agents are used in the castrate-resistant setting. Let's say for instance, the patient had previously received docetaxel; next he may go on one of the oral therapies. But if a patient had already received one of the oral therapies, then perhaps we would go on to chemotherapy next, because we've learned that these novel hormones are great as first-line [treatments], but once a patient starts to progress after having been on one of these oral agents for several years, [if you] add the second oral agent, you usually don't get as much bang for the buck.

What we've seen in the last 7 years is that using ADT [alone] or metastatic prostate cancer is not enough. Even though leuprolide acetate and degarelix [have been] game changers, those treatments alone are not sufficient for the typical patient presenting with metastatic prostate cancer. They need to have one of the novel hormonal agents – enzalutamide, apalutamide, abiraterone-acetate, darolutamide, - or docetaxel chemotherapy. We know that adding those definitely makes a difference.

EDITORS NOTE: The above information is U.S. information and is for general information only. The use of some of these drugs and how the

drugs are delivered may differ Province to Province in Canada. Your physicians know you and what the best treatment options are for you.

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 –

Oct. 8th – Nov. 12th – Dec. 10th

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.*