



# KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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**G**ood morning, after a couple of months off for some R&R time it is great to be back with the September issue of our Kelowna Prostate Cancer Support Group's Newsletter. We hope that everyone had a great summer and were able to visit with family and friends.

September is Prostate Cancer Awareness Month in Canada; this is the time to make sure your family and friends are aware of prostate cancer and encourage them to get their annual PSA blood tests. I know in B.C. we have to pay for the PSA blood test when it is used as a screening test. (one of only two provinces in Canada that you have to pay for the PSA when used as a screening test). In our Kelowna area it costs \$25.00 which works out to a Toonie a month for 12 months and a Loonie on your birthday, I think we can all afford that. I know some doctors don't recommend the PSA but please insist on it, it is your body and your right to get the test.

## **New Cutting-Edge Prostate Cancer Diagnostics and Treatments for Prostate Cancer Coming to BC Cancer Kelowna**

The following information had been obtained from BC Cancer and other Internet sources and contains information from my June newsletter.

**M**en in the Interior of B.C. who have been diagnosed with prostate cancer are now benefitting from improved diagnostics as well as a new form of treatment for metastatic castration resistant prostate cancer that is expected to launch this Fall at BC Cancer Kelowna.

I mentioned in my June Newsletter that prostate-specific membrane antigen (PSMA) positron emission tomography (PET) scans are now available in Kelowna. The PSMA PET scan is more effective than conventional medical imaging at finding prostate cancer – even if it has spread to other parts of the body – giving physicians the accurate and detailed information they need to guide treatment decisions and help patients experience the best-possible outcomes.

The PSMA PET scan is a newer, very highly sensitive imaging scan, that has been under a limited clinical trial study at BC Cancer – Vancouver since 2017, however, it has been difficult for some of those in the Interior to get access to this study. I know of a couple fellows in our area who have gone to California and paid for a PSMA PET scan. As well as some men in our group have gone to a private facility in Burnaby INITIO and paid for their PSMA PET scans. The PSMA PET scan can detect prostate cancer metastases much earlier, when they are much smaller. It is approved for two types of patients: 1) patients with suspected prostate cancer metastasis who are potentially curable by surgery or radiation therapy (for example, patients newly diagnosed with high-risk prostate cancer), and 2) patients who were previously treated for prostate cancer and now have a suspected recurrence, based on elevated PSA levels.

How does it work? PSMA is a protein found on the surface of prostate cancer cells. The “imaging agent” consists of a chemical that binds to PSMA, homing in on prostate cancer cells wherever they are in the body. Attached to this binding chemical is a radioactive “reporter.” Patients are given a one-time injection of this combination molecule into the bloodstream, “tagging” prostate cancer cells. Following the administration of the radioactive molecule the patient waits for approximately one-hour before getting the scan with an imaging camera that “lights up” areas where the molecule has accumulated – i.e., sites of prostate cancer. The scan itself takes approximately 20 minutes,

The device that produces the radioactive agent used in a PSMA PET scan is a Gallium Generator and it produces Gallium-68, which is a positron emitting radioisotope used in medical imaging.

There are four publicly funded PET/CT scanners in B.C.: Two are at BC Cancer - Vancouver, one at BC Cancer - Victoria and one at BC Cancer – Kelowna.

PET/CT is a combination of positron emission tomography (PET) and computed Tomography (CT). It evaluates a body’s organs and tissues at a molecular level, can abnormalities in cells and can show whether a tumor has grown, shrunk or returned.

The **NEW** treatment that is expected to roll out later this Fall at BC Cancer Kelowna is **Pluvicto** and is designed for those men with metastatic castration resistant prostate cancer. The radiopharmaceutical treatment finds and binds to cancer cells, targeting them with high-energy radiation and delivering more effective treatment with less damage to surrounding healthy tissues.

Pluvicto (lutetium-177) is a targeted radioligand therapy (RLT) used to treat prostate cancer that has spread and no longer responds to hormone therapy. Pluvicto works by targeting prostate cancer cells that express prostate-specific membrane antigen (PSMA) a protein on the surface of these cells.

BC Cancer estimates that between 250 and 300 patients in B.C. annually will be eligible for treatment with

Pluvicto, which typically requires up to six doses.

Pluvicto is the first of its kind treatment to be approved for treating advanced prostate cancer.

#### **Here's a more detailed breakdown:**

##### **What it is:**

Pluvicto is a targeted radioligand therapy that uses a radioactive isotope (lutetium-177) to target and destroy cancer cells.

##### **How it works:**

The therapy uses a targeting compound (ligand) that binds to prostate-specific antigen (PSMA) on cancer cells. The radioactive isotope is then delivered to these cells, causing radiation to be emitted and damaging them

##### **Eligibility:**

Pluvicto is indicated for adult patients with prostate-specific membrane antigen-positive metastatic castration-resistant prostate cancer who have received at least one androgen receptor pathway inhibitor and other treatments for their cancer.

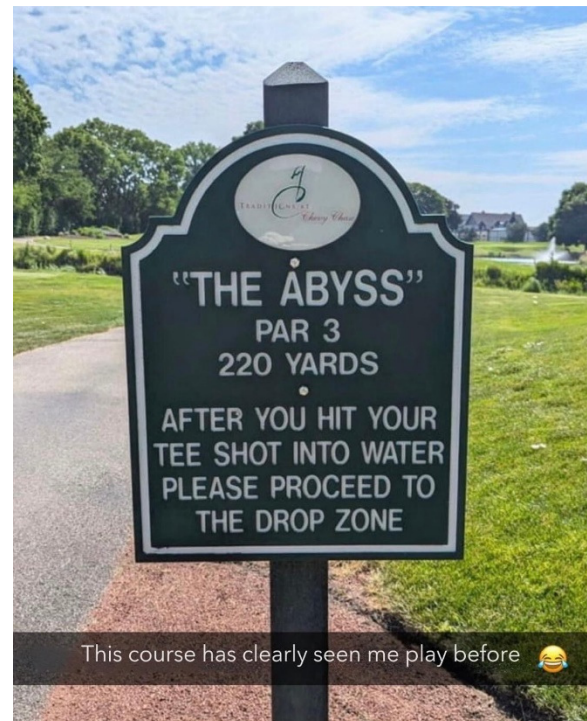
##### **Provincial coverage:**

Pluvicto is funded as a standard treatment option for eligible patients in B.C.

##### **Impact:**

Pluvicto offers a new hope for patients with advanced prostate cancer who have exhausted other treatment options. It's a precision cancer treatment that targets specific cells, potentially leading to better outcomes.

WITT'S WIT (ON THE LIGHTER SIDE) -



#### **Stacy Loeb, MD, MSc, PhD (Hon), discusses the nuances of prostate cancer screening –**

The following is an excerpt of information that was obtained from *The Urology Times* June 11, 2025

In a recent interview Stacey Loeb MD, MSc, PhD (Hon), a professor in the departments of urology and population health at NYU Grossman School of Medicine and Perlmutter Cancer Center in New York, New York, discussed the complexities of surrounding prostate-specific antigen (PSA) screening guidelines for older men, using President Joseph R. Biden's case to illustrate potential limitations of current protocols. She explains that although guidelines recommend stopping routine PSA screening around

70 or 75 years due to the increased risk of harm over benefit at a population level, individual cases like Biden's raise important concerns. Stopping screening at 72 may have delayed the detection of an aggressive prostate cancer. However, she emphasizes that continued screening is not without risks, such as false positives, complications, and overtreatment.

Loeb stressed the importance of individualized decision-making based on life expectancy and overall health rather than age alone. She noted that some individuals in their 70s are remarkably healthy and active, with life expectancies that justify continued screening. She underscored the vast variability in aging and the need for personalized assessments. Moreover, she emphasized that patient preferences play a crucial role in screening decisions. Physicians should engage in shared decision-making, discussing the risks and benefits of screening and considering the patients values and concerns.

In summary, Loeb advocated for a more nuanced approach to PSA screening in older adults rather than applying age cut-offs rigidly, clinicians should consider individual health status, life expectancy, and personal preferences to guide decisions about prostate cancer screening.

## More Witt's Wit

I'll never be OK with donut shops first cutting a hole in my donut, then charging me separately for the same hole they robbed me of.

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 - 2025 – 2026

**October 18<sup>th</sup>. (note: 3<sup>rd</sup> week because of Thanksgiving) Nov. 8<sup>th</sup>., December 13<sup>th</sup>.**

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

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