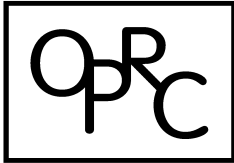


KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

Okanagan Prostate Resource Centre
Suite 210A – 3001 Tutt Street,
Kelowna, B.C., V1Y 2H4
Phone – (250) 712-2002
Fax – (250) 712-2004
E-mail – oprc@telus.net



**CANADIAN PROSTATE
CANCER NETWORK**

P.O. Box 1253
Lakefield, Ontario,
K0L 2H0
Phone – (705) 652-9200
Fax – (705) 652-0663
1-866-810-2726
<http://www.cpcn.org>

CCS Cancer Information Line – 1-888-939-3333

Publisher/Editor– Bren Witt

**Newsletter available on line at – www.cpcn.org
and at www.procansupport.com**

VOLUME 12 – ISSUE 10 – (NUMBER 142) – May 2009

The guest speaker at the April meeting of the Kelowna Prostate Cancer Support and Awareness was **Dr. David Kim**, a Radiation Oncologist at the BC Cancer Agency Centre for the Southern Interior in Kelowna. Dr. Kim started his presentation by going over some of the five year data that was recently released by the BC Cancer Agency regarding the effectiveness of treating prostate cancer using brachytherapy. He indicated to those present that he felt five-year data was too short to really make brachytherapy treatment for prostate cancer the gold standard for treating this disease. Dr. Kim went on to discuss all the changes that are presently taking place at the Cancer treatment centre in Kelowna. At the present time a new Linear Accelerator has been installed and is undergoing extensive testing prior to this new machine going on line to treat patients. It is expected to be on line and operating by sometime in June. He went on to talk about other changes taking place at the centre including the new Brachytherapy treatment suite that will have two recovery beds. He finished by mentioning that **Dr. Juanita Crook** will be coming to the Centre for the Southern Interior in May and it is expected that she will begin to take on new patients in June.

Screening For Prostate Cancer – The Controversy That Refuses to die

The following information was obtained from several Internet sources. Including The New England Journal of Medicine, the Massachusetts Medical Society and Urotoday.

Recently *The New England Journal of Medicine* reported on the preliminary results of two clinical trial studies involving prostate-specific antigen (PSA) testing and the digital rectal exam (DRE) and to evaluate the effects of screening and the death rates from prostate cancer.

The trial studies included the European study known as the *European Randomized Study of Screening for Prostate Cancer (ERSPC)*, and a U.S. study known as the *Prostate, Lung, Colon and Ovarian (PLCO) Cancer Screening Trial*. The European study found that PSA-based screening reduced the rate of death from prostate cancer by 20% but was associated with a high risk of over diagnosis. After 7 to 10 years of follow-up the rate of death from prostate cancer was very low and did not differ significantly between the screened group and the control group.

The U.S. trial study report claimed to find no benefit due to screening. However, this study was flawed because about 50% of those men who were in the control group, which was supposed to be the unscreened group, had actually been screened. So in actual fact they

were comparing a screened group with a partially screened group. Also hidden inside the report was the following surprising statement:

“...the cumulative death rate from prostate cancer at 10 years in the two groups combined (screened and partially screened) was 25% lower in those who had undergone two or more PSA tests at baseline than those who had not been tested.” This has not been reported and it sounds very much like the confirmation of the 20% reduction in mortality found in the European Study.

In the United States, most men over the age of 50 years have had a prostate-specific antigen (PSA) test, despite the absence of evidence from large, randomized trials of a net benefit. Moreover, about 95% of male urologists and 78% of primary care physicians who are 50 years of age or older report that they have had a PSA test themselves, a finding that suggests they are practicing what they preach. And indeed, U.S. death rates from prostate cancer have fallen about 4% per year since 1992, five years after the introduction of PSA testing.

The following is the Canadian Prostate Cancer Networks (CPCN) response to the PSA controversy. This article is reprinted from an article that appeared in *The Digital Examiner* the Prostaidd Calgary Prostate Cancer Newsletter.

CPCN states that in the end both studies raise more questions than they answer. All that can be concluded is

that the studies will stimulate vigorous debate within the medical profession and the prostate health advocacy community.

Indeed this debate is already raging. The Canadian Prostate Cancer Network (CPCN), an organization that speaks for men with prostate cancer and their families from across this nation, has reviewed the current research on PSA testing thoroughly. Its policy on early detection using the PSA remains the same:

CPCN advises men in their forties to start a yearly regimen of PSA testing and digital rectal exams.

Within the framework of the recent debate, CPCN takes the following positions:

- A man has the right to know whether he might be at risk from prostate cancer, a disease that kills an estimated 4,300 Canadian men annually.
- The PSA test is safe, no more risky than any other blood test. So PSA testing is not harmful in and of itself.
- Currently the PSA test is one of the best methods of early detection available. Refinements of the simple PSA test, such as measurements of PSA

velocity, PSA doubling time, and percentage of free to total PSA, have improved the use we are able to make of its results. So getting a higher than normal PSA reading need not necessarily lead to follow-up procedures or treatments that pose risk but should spark a serious discussion between a man and his doctor.

- “Overdiagnosis” is a term that is potentially confusing; one either has prostate cancer or one does not. The question should be how best to respond to individual men who are diagnosed with prostate cancer rather than whether or not men should have access to information that might lead to a diagnosis.
- The question of whether to offer asymptomatic men the PSA test should be divorced from the issue of the over treatment of prostate cancer. Not all prostate cancers need treatment. But we should use what tools we have to discover prostate cancer early, so it can be treated if necessary.

PSA tests are used consistently in nomograms designed to help physicians and patients decide which prostate cancer therapies will result in the greatest benefit. Although we need new and more accurate ways to distinguish between aggressive prostate cancer and more indolent forms of the disease, today, PSA levels are used to help make this determination. A baseline PSA reading at age 40 can prove useful to men as they age.

EDITORS NOTE: I am one of the many men locally and in our support group whose change in the PSA lead to a biopsy and the subsequent diagnosis of prostate cancer was made. Therefore, I am a great proponent of PSA testing.

WITT'S WIT (ON THE LIGHTER SIDE) -

Jokes That Can Be Told In Church

Attending a wedding for the first time, a little girl whispered to her mother, "Why is the bride dressed in white?"

The mother replied, "Because white is the colour of happiness and today is the happiest day of her life."

The child thought about this for a moment then said, "So why is the groom wearing black?"

A police recruit was asked during the exam, "What would you do, if

you had to arrest your mother?"
He answered, "Call for backup..."

Three boys are in the schoolyard bragging about their fathers. The first boy says, "My Dad scribbles a few words on a piece of paper, he calls it a poem and they give him \$50.00."

The second boy says, "That's nothing. My Dad scribbles a few words on a piece of paper and calls it a song, they give him \$100.00."

The third boy says, "I got you both beat. My Dad scribbles a few words on a piece of paper, he calls it a sermon, and it takes eight people to collect all the money!"

Because our meeting is taking place the day before Mother's Day we would like to take this opportunity to wish all our Wives and mother's a very

**Happy
Mother's
Day**

More on the PSA controversy

The following is an excerpt of a Joint Statement from America's Prostate Advocacy, Education and Support Organizations including – *Men's Health Network, National Alliance of State Prostate Cancer Coalitions, Prostate Cancer Foundation, US TOO, ZERO*, and several others.

These organizations came together to make two clear statements regarding the U.S. trial study and the European study.

- Above all we thank the patients, the investigators, and the national authorities that funded these two trials for their efforts. The development and implementation of these trials over the past 16 years has been an enormous commitment by all concerned.
- We enthusiastically support the continued follow-up of patients in the prostate cancer arm of the PLCO study for at least a further 5 years, through 2014, as originally envisaged.

In addition, in the long-term interests of the health of every man in the USA, and with health reform recognized as a national priority, we wish to state the following.

- Every man regardless of his age, has the right to know whether he is at risk from prostate cancer, a disease that kills over 28,600 American men every year, and many more around the world. We encourage all men to be proactive, and to seek out

information and support in regard to their health. (The Canadian numbers are 24,700 new cases annually and 4,300 deaths.)

- We shall continue to encourage every man to discuss his individual risk for prostate cancer with his doctors, and to request the appropriate use of PSA and DRE tests until better options are available. Further clinical action based on results of these tests is also a matter for serious discussion between each patient and his physicians.
- We call upon the Federal Government to emphasize the need for more research into early detection technologies and methods that will lead to better and more accurate diagnosis of prostate cancer.
- We call upon Congress to increase funding for the Prostate Cancer Research Program at the Department of Defense.
- We call upon the National Institutes of Health to increase funding for prostate cancer research through the National Cancer Institute.

We call upon the medical research community to place greater emphasis on the development of new clinical tests that can differentiate between those men at greatest need for aggressive prostate cancer treatment and those with indolent forms of the disease who can be well managed without invasive treatment.

The Kelowna Prostate Cancer Support and Awareness Group does not recommend treatment modalities; however, all information is fully shared and confidential. The information contained in this newsletter is not intended to replace the services of your health care professionals. You are advised to consult with your health professional regarding matters of your personal health.

UP COMING MEETING DATES-

June 13th – July 11th – August – No meeting – September 12th -

Please Note Change of Meeting Location:

Our regular monthly meetings are held on the second Saturday of each month in the meeting rooms of the Rutland Senior Citizens Centre – 765 Dodd Road. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.

I would like to thank both AstraZeneca manufacturer of Zoladex® and Casodex® and Sanofi Aventis manufacturer of Eligard® and Taxotere® for their support in producing this newsletter.

Thank you for helping us "Win the War Against Prostate Cancer."

The Okanagan Prostate Resource Centre operates on donations. We would like to thank the Companies, Service Clubs, Organizations and Individuals that have made donations in order to help us operate this very valuable center. If you wish to make a donation please feel free to fill out the form below. Your support is gratefully appreciated. Our official Registered Charitable Number is - 89269 1718 RR0001

NAME - _____

ADDRESS - _____

CITY - _____ PROV. _____ POSTAL CODE _____

\$25. \$50. \$100. \$250. \$500. \$ Other amount _____

Please make your cheque payable to the –

Okanagan Prostate Resource Centre Society,
Ste. 210A – 3001 Tutt Street,
Kelowna, B.C.,
V1Y 2H4

An official charitable receipt will be issued and mailed out to you.

Canada Revenue Agency: <http://www.cra.gc.ca>