Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 289 1,300 copies printed/e-mailed **August 2015**

Diagnostic Evaluations for PCa

A thorough and accurate cancer diagnosis is the first step in developing a prostate cancer treatment plan. Various diagnostic tests, a physical exam by your doctor, and a thorough review of your medical records form the basis of a prostate cancer diagnosis. This information will assist in the formulation of treatment recommendations best suited to you. Several diagnostic tests are described below.

What is a PSA test?

A prostate-specific antigen (PSA) test measures the level of PSA in the blood. The prostate gland produces PSA, a protein that at an elevated level may be a sign of prostate cancer. A high PSA reading also may indicate noncancerous conditions such as inflammation of the prostate (prostatitis) and enlargement of the prostate (benign prostatic hyperplasia).

Men who have symptoms associated with prostate cancer may have a PSA test along with a digital rectum exam (DRE). These symptoms include burning or pain during urination, loss of bladder control, painful ejaculation, and swelling in legs or pelvic area. For the test, a clinician takes a sample of your blood and sends it to a lab for analysis.

PSA levels are measured in nanograms of PSA per milliliter of blood, or ng/mL. Men with a high PSA level are more likely to have prostate cancer than men with low levels, though there are

(Continued on page 2)

Medical Advisors

Paul Daeninck M.D.
Medical Oncologist

Darrel Drachenberg M.D. Urologist

Graham Glezerson M.D. Urologist

Ross MacMahon M.D. Urologist

John Milner M.D. Urologist

Jeff Sisler M.D.
Family Practitioner

Thanks!

Next Meeting: August 20, 2015
Dr. Reece Malone –
Sexologist and Sexuality Educator
Topic: Reclaiming Intimacy and Nurturing Connection after Prostate Cancer
Location: Auditorium
Seven Oaks General Hospital
Leila and McPhillips
Time: 7 – 9 p.m.

SHARING IS CARING SHARING IS CARING

The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians.

MPCSG – active since 1992.

Thought of The Day

A thief who stole a calendar.....got twelve months.

(Continued from page 1)
no normal and abnormal ranges of PSA in the blood.

In the past, a PSA reading of 4 ng/mL and below was considered normal. Men with a reading above 4 ng/mL were considered likely to have prostate cancer and would have a biopsy to confirm the cancer's presence. According to the National Cancer Institute, research has found that men with prostate cancer can have a low PSA level, while men without prostate cancer can have a high level. One in four men with an elevated PSA level actually has prostate cancer. However, an increase in PSA level over time may indicate prostate cancer.

Men with a high PSA level may be monitored under active surveillance, which involves PSA testing at regular intervals.

PSA test for prostate cancer
The PSA test is one of the earliest ways to detect prostate cancer. It is often done along with a DRE so your doctor can feel the prostate for any abnormalities in shape, size and texture. A high PSA level may be a sign of prostate cancer but it also can be due to a urinary tract infection or prostatitis and benign prostatic hyperplasia, both of which are noncancerous conditions.

What is a digital rectal exam?
During a digital rectal exam (DRE), your doctor inserts a gloved finger into the rectum, in order to check to see if the prostate is the proper shape, size and texture. If your doctor feels something suspicious, he or she may order diagnostic tests.

Digital rectal exam for prostate cancer
A DRE is usually the first step in determining prostate health and is often done as part of routine screening, such as an annual physical.

What is a CT scan?
Computed tomography (CT) scan (also known as a computed axial tomography scan, or CAT scan) is one of the most commonly used tools for the screening, diagnosis and treatment of cancer.

A CT scan is an X-ray procedure that uses a computer to produce three-dimensional, cross-sectional images of inside the body. Unlike conventional X-rays, CT scans provide exceptionally detailed images of the bones, organs and tissues. X-rays are taken from many angles and combined to create a cross-sectional image.

During a CT scan, a patient rests on a table and slides into a large tunnel-shaped scanner. Some exams require a contrast dye to be injected into a vein before the procedure. This helps certain areas show up better on the images. The procedure is painless and typically takes a few minutes.

A CT scan may be used to pinpoint the location of a tumor, evaluate the extent of cancer in the body, and assess whether the disease is responding to treatment. In some cases, CT technology is used to accurately guide cancer treatment during a procedure.

CT scan for prostate cancer
A CT scan reveals blood flow and anatomy of tissues in and around the prostate, allowing for the diagnosis and monitoring of tumor growth.

What is an ultrasound?
This versatile imaging technology uses high-frequency sound waves to produce images of organs and tissues within the body. By capturing images in real time, ultrasound exams reveal the structure and movement of the body's internal organs, such as the heart, blood vessels, kidneys and liver.

Ultrasound can also be used to precisely locate the position of a tumor in order to guide a biopsy or aspiration procedure. For example, ultrasound may be used to mark out the boundaries of a tumor prior to its removal. It can also be used to administer cancer treatments.

Depending on the body part being examined, some types of ultrasound include: abdominal, breast, cardiac, pelvic, prostate, renal, testicular and thyroid. Unlike X-rays, ultrasound exams do not use radiation.

Ultrasound for prostate cancer
Ultrasound technology may be used to monitor prostate size, tumor response or activity in other tissues.
In detecting prostate cancer, your doctor might also recommend a transrectal ultrasound. During this exam, a small probe is inserted into the rectum and sound waves provide a picture of the prostate and measure its size. Images will reveal tumors, calcifications and any enlargement of the prostate.

What is a biopsy?
During a biopsy, a doctor removes a sample of tissue or fluid from the body. A pathologist inspects the cells under a microscope to see if they are cancerous. If the cells are found to be cancerous, a biopsy can help determine whether the cancer began at the site of the biopsy, or if it started somewhere else in the body and spread to the biopsy site.

Some biopsies are performed under image guidance, such as ultrasound, computed tomography (CT) or magnetic resonance imaging (MRI). This allows your doctor to collect cells from deeper inside the body. Depending on the type of biopsy performed, you will receive an anesthetic to minimize any pain.

Compared with other diagnostic tests

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for cancer, biopsies often provide a more definitive diagnosis. A biopsy can help determine whether the cancer began at the site of the biopsy sample, or if it started somewhere else in the body and spread to the site of the biopsy sample.

Biopsy for prostate cancer
During a prostate biopsy, your doctor guides a small probe into the rectum and removes a small tissue sample from the prostate for further examination. This tissue allows your doctor to stage the disease and determine an appropriate treatment plan.

What is a bone scan?
A bone scan is an imaging test that can detect cancerous cells, evaluate fractures in the bones, and monitor other bone conditions, such as infections and arthritis. During a bone scan, a small dose of radioactive material is injected into a vein, where it travels through the bloodstream. The material collects in the bones and is detected by a scanner using nuclear imaging to reveal cell activity and function in the bones.

A bone scan can detect cancer that has metastasized to the bone from a different primary site, such as the breast, prostate or lungs. It may also be used to evaluate bone health before treatment.

Bone scan for prostate cancer
Prostate cancer can metastasize to the bones. If you are experiencing bone pain or blood tests reveal elevated calcium levels, your radiation oncologist may perform a bone scan to detect if prostate cancer has spread to the bone.

What is a PET/CT scan?
This advanced nuclear imaging technique combines positron emission tomography (PET) and computed tomography (CT) into once machine. A PET/CT scan reveals information about both the structure and function of cells and tissues in the body during a single imaging session.

During a PET/CT scan, the patient is first injected with a glucose (sugar) solution that contains a very small amount of radioactive material. The substance is absorbed by the particular organs or tissues being examined. The patient rests on a table and slides into a large tunnel-shaped scanner. The PET/CT scanner is then able to "see" damaged or cancerous cells where the glucose is being taken up (cancer cells often use more glucose than normal cells) and the rate at which the tumor is using the glucose (which can help determine the tumor grade). The procedure is painless and varies in length, depending on the part of the body that is being evaluated.

By combining information about the body's anatomy and metabolic function, a PET/CT scan provides a more detailed picture of cancerous tissues than either test does alone. The images are captured in a single scan which provides a high level of accuracy.

PET/CT scan for prostate cancer
A PET/CT is useful for prostate cancer, because scans may reveal cancerous cells before any tumors or structural changes are present. This is important in terms of catching the disease early.

What is an MRI?
Magnetic resonance imaging (MRI) is an imaging tool that creates detailed, cross-sectional pictures of the inside of the body. Using radiofrequency waves, powerful magnets and a computer, MRI systems are able to distinguish between normal and diseased tissue.

MRI plays an important role in cancer diagnosis, staging and treatment planning. With MRI, we can distinguish between normal and diseased tissue to precisely pinpoint cancerous cells within the body. It is also useful for revealing metastases. MRI provides greater contrast within the soft tissues of the body than a CT scan. As a result, it is often used for imaging the brain, spine, muscle, connective tissue and the inside of bones.

During an MRI, a patient rests on a table and slides into a large tunnel-shaped scanner. Some exams require a contrast dye to be injected into a vein before the procedure. This helps certain areas show up better on the images. The procedure is painless and typically takes 30-60 minutes. Unlike X-rays and CT scans, an MRI does not use radiation.

MRI for prostate cancer
When diagnosing prostate cancer, this technology is especially useful for the prostate, due to greater soft tissue contrast.

Source: Cancer Treatment Centers of America

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New Guidelines for Treating Advanced Prostate Cancer

Men newly diagnosed with prostate cancer often turn first to testosterone-depleting therapies, since male hormones help prostate tumors grow. But, those therapies almost always fail over time as the tumor develops resistance, according to oncologists.

Now, experts are issuing updated guidelines to help patients in this situation decide what to do next.

The guidelines, issued jointly by the American Society of Clinical Oncology (ASCO) and Cancer Care Ontario (CCO) in Canada, highlight recent advances in treating this more advanced form of prostate cancer.

"We have seen unprecedented progress against advanced prostate cancer recently, with six new treatments approved in the last couple of years," Dr. Ethan Basch, co-chair of the ASCO/CCO panel of experts that developed the guidelines, said in a news release from the two groups. "There are a lot of nuances about treatment selection in terms of disease stage and what prior therapies the patient received," he said. "We hope this guideline will help doctors and patients make informed treatment decisions."

After a prostate tumor becomes resistant to hormonal treatment, other therapies may come into use. But the ASCO/CCO team said they took men's quality of life into consideration as well when they drew up their guidelines.

"Including quality of life data in the guideline helps people understand how the different treatments will make them feel," Dr. Andrew Loblaw, co-chair of the ASCO/CCO expert panel, said in the news release. "We also have to be conscious of cost, because it can affect access to treatment and quality of life."

The new guidelines for hormone therapy-resistant tumors that have spread (metastasized) include the following recommendations:

- Continue hormone-deprivation therapy indefinitely, either in drug or surgical form;
- Offer patients one of three treatment options - abiraterone/ prednisone, enzalutamide, or radium-223 (if cancer has spread to the bones) - in addition to hormone deprivation, "as all three treatments are associated with improved survival, quality of life, and favorable balance of benefits and harms";
- When considering chemotherapy, docetaxel/prednisone should be an option but side effects must be discussed;
- Offer cabazitaxel to men whose disease worsens even if docetaxel has been tried, but again, discuss side effects;
- Offer sipuleucel-T to men with no symptoms or minimal symptoms of cancer;
- Offer mitoxantrone, but include a discussion of the drug's "limited clinical benefit and side effect risk";
- Offer ketoconazole or the anti-androgen therapies bicalutamide, flutamide or nilutamide but discuss the limited clinical benefit for these three medications;
- Do not offer the drugs bevacizumab (Avastin), estramustine, or sunitinib.

The experts on the panel said the optimum sequence in which various treatment should be given remains unclear, but "ongoing clinical trials are exploring this question, as well as potential benefits of combining various treatments. "The new guidelines are based on a review of 56 randomized clinical trials published since 1979, the panel experts said.

According to the American Cancer Society, prostate cancer remains the leading cancer type for men, other than skin cancer. But most men diagnosed with prostate cancer don't die from it. More than 2.5 million American men diagnosed with the disease are still alive.

Source: Prostate Cancer Foundation (www.pcf.org) Sept. 2014

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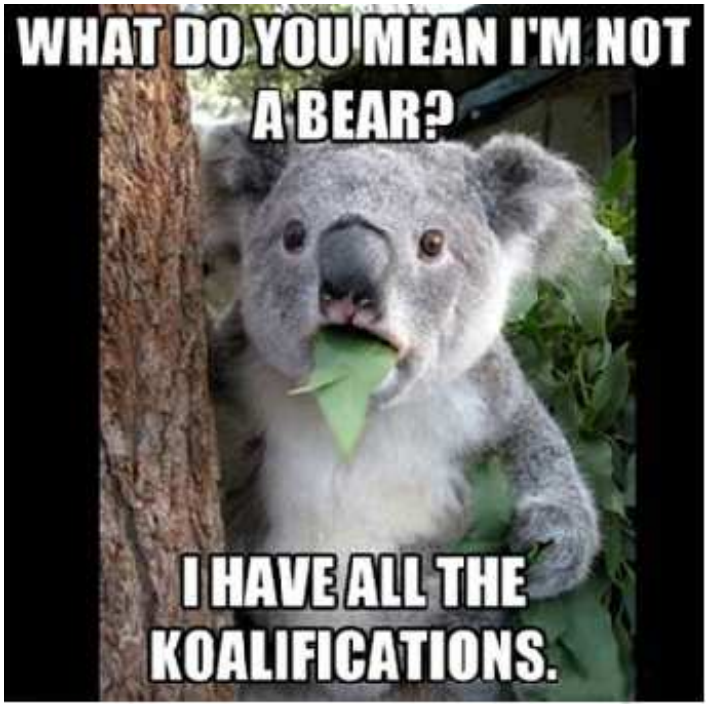

Watch What You Eat … *and How Much*

What we eat and how much we eat contribute to our risk of developing many of the chronic diseases that occur with age, including those that directly affect male health. Diet is linked directly to disorders of glucose and fat metabolism and to inflammation and disorders of the immune system - all of which lead to higher risks of chronic aging diseases such as cardiovascular disease, hypertension, diabetes - and, yes, sexual dysfunction and prostate diseases.

In the West, the death rate from prostate cancer is four to five times higher than in Asian countries. It is almost certain that lifestyle choices, including both food selections and the number of calories consumed, are linked to prostate cancer. In societies where diets feature substantial amounts of whole grains, legumes, a variety of colorful fruits and vegetables and fish, there are much lower rates of common cancers such as breast and prostate cancers and lower rates of other chronic age-related ailments - heart disease and diabetes, for example.

When it comes to maintaining male health, the common American diet is not the smartest choice. Heavy on foods such as French fries, burgers, chips, soda, and other fast-food staples, our diet is calorie dense and provides excessive amounts of sugar, sodium, saturated fat and refined (rather than whole) grains.

It may be that these foods promote the development of chronic disease through metabolic and hormonal changes that favor excess cell growth and reduce normal cell death. It's this uncontrolled cell growth that's a hallmark of cancer. Alterations in nerve pathways, a reduced ability of the immune system to fight cancer, and increased inflammation also compromise male health.

There is no doubt that poor dietary choices can initiate a cascade of metabolic disturbances (obesity, lipid and glucose disorders, hypertension) that can lead to cardiovascular disease. But it is now recognized that these same metabolic disorders also increase a man's risk of prostate disease, urination symptoms, and sexual dysfunction, among other problems. Bottom line. If you're interested in optimal heart and prostate health, consider replacing those supersized meals laden with saturated fat, cholesterol and sugar with a heart-healthy diet that includes antioxidant-rich fruits and vegetables along with fish, avocados, canola oil, olive oil, nuts and other foods containing monounsaturated and omega-3 fats. It may take some discipline at first to change your old habits, but your meals can be varied, satisfying, and delicious, and there is no downside to following a healthier diet.

Source: Scientific American Health after 50 Alerts

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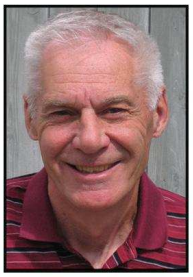
Manitoba Prostate Cancer
SUPPORT GROUP

PROSTATE CANCER
Awareness Evening
Thursday, September 17, 2015 • 7-9pm
Caboto Centre – 1055 Wilkes Avenue

FREE ADMISSION

Dr. Piotr Czaykowski
Medical Oncologist



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How to Talk to Your Doctor

Editor's note: The following article was written by Beth Long, Board member on the Thunder Bay Prostate Cancer Support Group. It is a summary of a presentation recently given by Dr. Jaro Kotalik to the Thunder Bay Support Group. There are a lot of helpful points that we sometimes forget when speaking with our doctor. Thanks to Dr. Kotalik and Beth Long.

Dr. Jaro Kotalik was the guest speaker for the General Meeting on Thursday, April 16, 2015. He gave an enlightening presentation on "How To Talk To Your Doctor", offering sound, practical and helpful advice on how to get the most out of a visit to your doctor. Dr. Kotalik is a retired Radiation Oncologist and former CEO of the Northwestern Ontario Regional Cancer Centre; an active Physician-Bioethicist and founder of the Center for Health Care Ethics at Lakehead University; and a Professor in the Northern Ontario School of Medicine, the Department of Philosophy, Lakehead University and the Department of Medicine, McMaster University. He has been on both sides of the desk in the physician's office: as the physician and as the patient.

Dr. Kotalik began by giving us a view of the physician's role in our health care system. In Canada, physicians are private practitioners even though they are publicly funded. In essence they are entrepreneurs, having to earn a living and to pay for their own benefits. The physician's practice is controlled by many laws, regulations, financial arrangements and practice guidelines, and these parameters determine much of what happens between the patient and physician. Physicians in Canada have a kind of tension in their work. Traditionally physicians were altruistic in their practice, considering the well-being of the patient first. The Code of Ethics of the Canadian Medical Association reiterates this as its primary ethic. However, the publicly funded health care system in Canada puts the physician in the role of gatekeeper of the health care system. In each encounter with the patient, then, the physician is challenged to find a balance between what is best for the patient and what is the best for the health care system in order to keep it economically sustainable. Thus, the demands for health care are constantly being frustrated by the scarcity of resources, such as is the limit on the number of hospital beds and on the funding of some medications

Dr. Kotalik explained how doctors work during a patient visit. The physician takes a history of past illnesses; a history of the present health problem; does a functional inquiry of all other systems; and looks at signs of the current health problem and may do a physical exam. Test results will be reviewed and further investigations may be ordered. The physician will give the patient a list of possible diagnoses, in order of probability. The diagnosis on the top of the list becomes the working diagnosis and further tests, prognosis and treatment are based on this working diagnosis.

It is helpful to both the patient and physician for the patient to prepare for his/her visit to the doctor. It is important to keep in mind the scarcity of time of the physician and to use this time efficiently and effectively. Bring a written health history and any records of your current health problem. Make a list of your objectives for this visit to your doctor and prioritize them. Ask someone to go with you and take notes for you. Consider how you will describe your symptoms. Bring all medications, including herbal and homeopathic medications, or a list of these. Make sure that your appearance (dress and hygiene) shows that you care about your body and yourself.

At the visit to the doctor, the patient should state the purpose of the visit. Be honest and frank about what you think may have caused the problem. Besides the physical problem, mention any serious emotional problem (family, financial issues, etc.) you may be experiencing and make it clear how important this problem is: how concerned you are; what you fear about it. The doctor has to deal with your illness, but also to deal with you as a person. It helps to give the physician a complete picture of you and your health needs. Ask for copies of any test results, consultation notes, etc. Ask the physician to write down any word or term with which you are not familiar.

Upon leaving the doctor's office, make sure that you understand your diagnosis. Do you have the information needed to answer these questions: Is my diagnosis probable or certain? Do I need tests to clarify the diagnosis? Does my condition need treatment? What are the treatment options? What is the next thing that should happen after this visit? Do you have some unvoiced concerns? Are they serious enough to voice them or to get another appointment?

Dr. Kotalik summed up his presentation with some final comments. Build a good relationship with your physician. Strive for good communication. Be assertive short of being aggressive. Consider how much you wish to be involved in making decisions and gradually work towards this level of comfort. In our health care system, you need to be a manager, or at least a co-manager of your health. "You are your own expert."

Dr. Kotalik's presentation was live streamed and is available for viewing on Thunder Bay's website at www.pccnthunderbay.org

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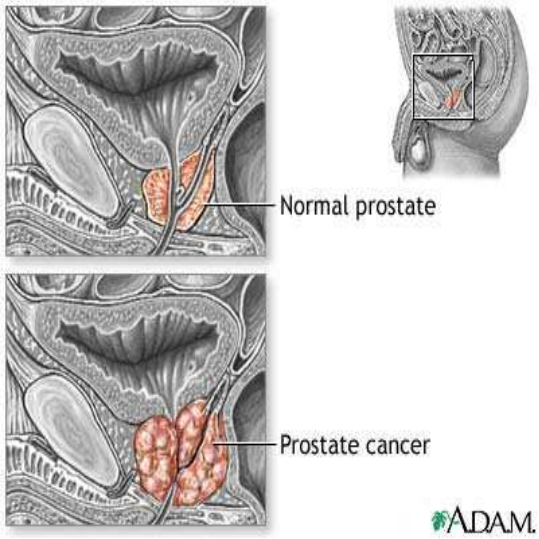
Prostate Cancer Prognosis

Prostate cancer is the most common internal cancer in American men. (For men, skin cancer is the most common cancer and only lung cancer causes more cancer deaths.) The lifetime probability of developing prostate cancer is about 17%.

A survival rate indicates the percentage of patients who live a specific number of years after the cancer is diagnosed. A relative survival rate compares the survival of people with a specific type of cancer to the expected survival of people who do not have cancer. For prostate cancer, the 10-year relative survival rate is about 91% and the 15-year survival rate is about 76%. After 15 years, survival rates stabilize. The odds of survival depend in part on how far advanced the cancer is when a man is first diagnosed. Research indicates that men who are diagnosed with low-grade prostate cancers have a minimal risk of dying from prostate cancer up to 20 years after diagnosis. However, men diagnosed with more severe forms of prostate cancer have a higher risk of dying within 10 years.



Treatment of prostate cancer varies depending on the stage of the cancer and may include surgical removal, radiation, chemotherapy, hormonal manipulation or a combination of these treatments.

Prognosis for Early Stage Disease

Because so many prostate tumors are low-grade and slow growing, survival rates are excellent when prostate cancer is detected in its early stages.

Prognosis in Late Stage Disease

Locally Advanced. If the disease is at the locally-advanced stage, in which it has spread beyond the prostate but only to nearby regions, it is more difficult to cure, but survival rates can be prolonged for years in many men.

Metastasized Cancer. When cancer has metastasized to the pelvic lymph nodes and distant organs, the outlook is worse.

Prognosis after Recurrence

If cancer recurs after initial treatment for early-stage tumors, it is still potentially curable if it is contained within the prostate, although in most cases the cancer has spread. Hormone treatments for such recurring cancers can often prolong survival for years.

Source: www.healthcentral.com

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Scott Savage

Scott has been a Board member for the previous 7 months.

He had a radical prostatectomy at the very early age of 36. His father passed away from prostate cancer at age 47 so the familial connection was evident.

Scott is in the military and is being promoted and transferred “down east”. Even though he has only been with us for a short time, he was a valuable contributor at our meetings. He readily volunteered for several jobs and, in fact, he was responsible for giving us some leads to upcoming speakers. We certainly appreciated his commitment to our Board.

Our loss will be a gain for the next Support Group that he joins. The Board wishes to sincerely thank him and wish him all the best in his new position!

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Thanks to Amgen

The Manitoba Prostate Cancer Support Group would like to acknowledge a recent donation from Amgen. Amgen produces Xgeva (denosumab) that is used in the treatment of prostate cancer bone metastases. We gratefully acknowledge this contribution and their commitment to assist us. This donation, along with those from individual members, makes it possible for us to promote prostate cancer awareness.

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2015 MEETINGS

Jan. 15 Dr. Rashmi Koul, Radiation Oncologist
Topic: Prostate Cancer and Bone Health
Feb. 19 Bill Martin, Gimli Author
Topic: Ripped Out: One Man's Journey Surviving PCa
Mar. 19 Dr. Robert Wightman, Pathologist
Topic: Biopsy Report and its Role in Determining Therapy
Apr. 16 Dr. Sabeer Rehsia, Urologist
Topic: Biochemical Recurrence: What are Your Options?
May 21 Dr. Paul Daeninck, Medical Oncologist
Topic: Medical Marijuana: Is This "Bud" For You?
June 18 Edith Mulhall, Lymphedema Assoc. of Manitoba
Topic: Lymphedema Basics
July No Meeting
Aug. 20 Dr. Reece Malone, Sexuality Educator
Topic: Reclaiming Intimacy and Nurturing Connection after Prostate Cancer.
Sept.17 Prostate Cancer Awareness Evening at Caboto Centre - 1055 Wilkes Ave. 7 – 9 pm
Dr. Rashmi Koul, Radiation Oncologist
Dr. Piotr Czaykowski, Medical Oncologist
Oct. 15 Dr. Kelli Berzuk, Incontinence Physiotherapist
Topic: Living With incontinence: Do I Have To?
Nov. 19 Christmas Pot Luck Party
Dec. No Meeting

All meetings 7 – 9 p.m. at
Seven Oaks General Hospital Auditorium
(*except September*)
Everyone Welcome

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