The Walnut

NEWSLETTER OF PROSTATE CANCER CANADA NETWORK OTTAWA
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APRIL, 2015

Active Surveillance Guidelines Coming From Cancer Care Ontario

by Richard Bercuson

In order for prostate cancer patients to undergo proper active surveillance (A.S.), there needs to be a clearer definition of it.

Cancer Care Ontario (C.C.O.) will soon publish its guidelines for A.S. for localized prostate cancer. These will effectively be the recommendations created by The Ottawa Hospital's Dr. Chris Morash who was the lead author of the group responsible for writing them. Dr. Morash spoke about these at the March monthly PCCNO meeting.

"If we are to preserve early detection and early curative treatment for prostate cancer," he said, "we must embrace Active Surveillance."

Dr. Morash heads TOH's Urologic Oncology department and its Prostate Robotics Program. He's also president of the Canadian Academy of Urological Surgeons and a past winner of PCCN Ottawa's Dried Prostate Award.

He pointed out that we're discovering far more about how prostate cancer acts and even how the labeling used some years ago is now different. For instance, what was a Gleason score of 6 ten years back may not have been a "cancer" in the traditional sense. He provided some interesting statistics to show why the Gleason 6 score was certainly not to be considered lethal:

- 14,000 prostate specimens with Gleason 6 had no cases of lymph node invasion
- there were no deaths from those with prostate cancer and Gleason 6
- 1 in 5 men between 60 and 70 years old have Gleason 6
- the lifetime risk of death is 1 in 30
- at 12 years, more than 97% don't die from prostate cancer

See Active Surveillance on page 4

Monthly Meeting — Thursday, Apr. 16

6:00 – 6:30 p.m.
Pre-meeting social time

6:30 – 7:30 p.m.
PCCN Ottawa business and The Sharing Circle

7:30 – 8:30 p.m.
Dr. Stuart Oake, TOH's Head of Urology, will discuss Active Surveillance.

We meet the 3rd Thursday of each month at St. Stephen's Anglican Church, 930 Watson Street, off Pinecrest, north of the Queensway. Parking is at the rear. Please bring a contribution for the St. Stephen's food bank.

Warriors + 1 — Tuesday, Apr. 14

1:00 – 3:00 p.m.
Dan Faber will give a presentation on alternative medicines and cancer therapy. In the second hour, there will be a discussion on history of diagnosis and treatment. Members will be asked to record their own treatment histories.

Warriors + 1 support group meetings are normally the Tuesday BEFORE the regular monthly meeting at the Maplesoft Centre for Cancer Survivorship Care, 1500 Alta Vista Drive.

Cracking Open This Walnut

Things to ponder as spring springs:

He who laughs last thinks slowest.

It was recently discovered that research causes cancer in rats.

And, the things that come to those who wait may be the things left by those who got there first.

PCCN Ottawa

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PCCN OTTAWA is a volunteer organization of prostate cancer survivors and caregivers. Our purpose is to support newly-diagnosed, current, and continuing patients and their caregivers. PCCN Ottawa is a member of the Prostate Cancer Canada Network.

PCCN Ottawa Mission Statement

We provide information on prostate cancer to those in need, gathered from a variety of sources. We participate in events that provide a venue for promoting awareness of prostate cancer through our informed member interaction at public gatherings or as speakers. We collaborate with local organizations such as The Ottawa Hospital, the Ottawa Regional Cancer Foundation, the Canadian Cancer Society, urologists and oncologists for information and support.

Cancer Care Ontario Position Statement on Prostate Cancer Screening using the PSA Test

- Randomized controlled trials of prostate cancer screening using the prostate-specific antigen (PSA) test have shown a small reduction in prostate-cancer mortality; however, harms associated with screening are common.
- Although a United States study1 estimates that the rate of incident metastatic prostate cancer was three times higher in the pre-PSA era a net benefit of screening is yet to be proven.
- Given the potential harms of screening, including over-diagnosis and over-treatment, Cancer Care Ontario (CCO) does not support an organized, population-based screening program for prostate cancer.
- Men who are concerned about their risk of prostate cancer should talk to their primary care provider.
  - Individual decisions to screen should be made as a part of a shared-decision-making process involving a discussion between a man and his primary care provider.
  - Discussions about screening decisions should include:
    - The man's risk for prostate cancer, including family history and race
    - The risks associated with biopsy and subsequent treatment, if indicated
    - The changing landscape of management towards active surveillance for low risk disease
    - The man's general health and life expectancy, and personal preferences
  - CCO has developed patient and provider education materials that can be used to support the patient– provider discussions.
- CCO will continue to monitor emerging evidence on prostate cancer screening. ■

The Walnut Laureate

PERSPECTIVE

by Glenn Kletke

Listen up, it's only cancer.
Not something to get upset about.
Not a broom to sweep you off
your feet. It moves slowly.

You could say it almost drifts
like an iceberg. Mostly submerged.
Rides currents that you will never see.

Cheer up, it's not going to swallow you
today. It's a big project. Takes time.
Meanwhile splash in the shallows.
Stroll at sundown on golden sand.

Get yourself a beer from the fridge.
Some things are certain in this world.
That bottle. Ice-cold in your hand.

Glenn Kletke's poetry has most recently appeared in "Whistle for Jellyfish" published by Booklands Press

Cancer Care Ontario: Prostate Cancer Screening with the (PSA) Test Key Messages for Healthcare Providers

Considerations for men at average risk:

- Avoid prostate-specific antigen (PSA) testing in men with little to gain:
  - Men 70 years of age and older1
  - Men with less than a 10 to 15 year life expectancy
- The Canadian Task Force on Preventive Health Care (CTFPHC) recommends against screening for prostate cancer with the PSA test for men of all ages. However, the greatest benefit from screening appears to be in men aged 55 to 69.

Considerations for men at increased risk:

- At least two groups of men have been shown to have an increased risk for prostate cancer:
  - Men with a family history of prostate cancer due to prostate cancer in multiple generations, or one or more first-degree relatives who were diagnosed with prostate cancer (relative risk, 2.53)
  - Black men (relative risk, 1.63)
- There is insufficient published evidence to inform screening recommendations for men at increased risk.
- Some associations such as the Canadian Urological Association (CUA) and American Urological Association (AUA) recommend discussing the value of screening through a shared decision-making process starting at age 40 for men with an increased risk of prostate cancer.

Considerations for men who have already had a prostate-specific antigen (PSA) test:

- Do not continue prostate-specific antigen PSA testing in men with little to gain.
  - Men with a PSA level < 1 ng/mL at age 601
  - Men with a PSA level < 3 ng/mL at age 702
- A prostate cancer risk calculator may help you decide when to refer men for prostate biopsy.
  - Some providers have found the Prostate Cancer Prevention Trial (PCPT) risk calculator helpful, which is available athttp://deb.uthscsa.edu/URORiskCalc/Pages/uroriskcalc.jsp.
- Decisions to repeat screening should be made as part of a shared decision-making process involving a discussion between a man and his primary care provider (see position statement for key considerations). If, following that discussion, the man wishes to be re-screened, the United States Preventative Services Task Force suggests lengthening the interval (e.g., 2-4 years) between screening tests to reduce harms.

Editor's note: A more complete version of this message can be seen at: https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=330177 ■

The Perfect Husband

Several men are in the locker room of a golf club. A cell phone on a bench rings and a man engages the hands-free speaker function and begins to talk. Everyone in the room stops to listen.

MAN: "Hello"

WOMAN: "Hi Honey, it's me. Are you at the club?"...

MAN: "Yes."

WOMAN: "I'm at the shops now and found this beautiful leather coat.

It's only $2,000; is it OK if I buy it?"

MAN: "Sure, go ahead if you like it that much."

WOMAN: "I also stopped by the Lexus dealership and saw the new models. I saw one I really liked."

MAN: "How much?"

WOMAN: "$90,000.00"

MAN: "OK, but for that price I want it with all the options."

WOMAN: "Great! Oh, and one more thing... I was just talking to Janie and found out that the house I wanted last year is back on the market. They're asking $980,000 for it."

MAN: "Well, then go ahead and make an offer of $900,000. They'll probably take it. If not, we can go the extra eighty-thousand if it's what you really want."

WOMAN: "OK. I'll see you later! I love you so much!"

MAN: "Bye! I love you, too."

The man hangs up. The other men in the locker room are staring at him in astonishment, mouths wide open. He turns and asks, "Anyone know whose phone this is?"

To Gauge Prostate Cancer Risk, Explore More Family Ties

By Jessica Berman
voanews.com

When it comes to prostate cancer, it's not enough for a clinician to ask whether a man's parents or other first-degree relatives had the disease. Broadening the family history and inquiring about uncles, grandparents and great-grandparents can help identify patients at high risk for the disease – and can help determine who should have a blood test for screening.

The so-called PSA or prostate-specific antigen blood test for the disease is controversial because of the high rate of false positives. Prostate enlargement, which frequently occurs with age or an infection, can lead doctors to suspect cancer when it is not there, resulting in painful and unnecessary biopsies.

To find out who might benefit most from testing, researchers at the University of Utah's Huntsman Cancer Institute obtained information on family prostate cancer history from 7.3 million people in the Utah Population Database. Then they developed individualized risk estimates for men based on their first-, second- and third-degree relatives' experiences.

Based on the number of relatives who had the disease, researchers determined that 10 percent of the men had three times the risk of developing the disease and 26 percent had double the risk compared to those with no family history of prostate cancer.

Prostate cancer is the most common form of cancer in men. Approximately 15 percent of men will be diagnosed with prostate cancer, which usually is found among those 50 and older, according to the institute and the National Cancer Institute.

Results of the study– funded by the U.S. Department of Defense, the National Institutes of Health and the Huntsman Cancer Foundation – were published in The Prostate journal. ■

Newly Diagnosed with Prostate Cancer? Maplesoft Centre can help...

PCCN Ottawa feels that, with changes in treatments and expectations, the Maplesoft Centre's Cancer Coaching program may better meet your needs. Its professionally managed program, offering men and their families a comprehensive approach to cancer care, is a good replacement to what we offered "in house."

PCCNO will continue to respond to calls and emails from newly diagnosed men. One-on-one mentoring and support will still be available and the choice for support will always be an individual decision.

Contact PCCN Ottawa at: 613-828-0762 or email us: info@pccnottawa.ca

For information about the Maplesoft Centre's Cancer Coaching program: ottawacancer.ca

Active Surveillance from page 1

- today, 90% of those with a Gleason 6 score without any treatment do not die from prostate cancer 15 years out

With this information, it became important then to have guidelines to assist those with localized prostate cancer. Dr. Morash described how even a biopsy can miss the more dangerous cancers which might reside at the back of the prostate in a region not normally pinpointed during biopsy. And, for now, he said, with no better test than the PSA, we need to deal with what we have.

The A.S. guidelines will be as follows:

Recommendation 1 – A.S. will be the preferred disease management strategy for low risk patients having a Gleason of 6 or less.

Recommendation 2 – Those with intermediate and localized risk, ie. Gleason of 3+4, active treatment (such as surgery) is recommended. A.S. can be considered.

Recommendation 3 – The A.S. protocol (and Dr. Morash indicated no one really knows yet what the best protocol is) will be:

- PSA every 3-6 months
- DRE each year
- a TRUS biopsy with 12-14 core samples within 6-12 months, then every 3-5 years

(Note: Johns Hopkins Hospital does a biopsy every year for 10 years)

- this protocol may include a multiparametric MRI (mpMRI)

Recommendation 4 – Daily alpha reductase inhibitors may have a role

Recommendation 5 – Those in A.S. classified to higher risk category (repeat biopsy showing Gleason >7 and/or increase volume of Gleason 6 tumour, should consider active treatment ■

PROSTATE CANCER Awareness Event

Prostate cancer is the most common cancer affecting men in Canada.

That's why TELUS Ride For Dad and The Ottawa Hospital Foundation are partnering to offer a comprehensive information session led by Dr. Chris Morash. Following this interactive program, there will be the opportunity for participants to receive a free PSA test on-site. PSA stands for Prostate-Specific Antigen and is one of the simplest and quickest ways to help detect prostate cancer in men. The test only takes a few minutes. With early detection, 90 per cent of prostate cancer cases can be treated.

WHEN:

Saturday, May 2, 2015
8:00 a.m. to 10 a.m.

WHERE:

The Ottawa Hospital
General Campus,
501 Smyth Rd.
Critical Care Wing

DON'T FORGET TO BRING:

Your health card and your green hospital card.

PARKING:

Is free! Please park in the Critical Care Wing parking lot.

The clinic is first-come, first-served.

Sponsored by:

The Back Page

Summary of Steering Committee Meeting, March 26, 2015

4th Annual Ride for Dad Prostate Cancer Awareness Event and Free PSA Clinic:

PCCN Ottawa will again assist with the event at the Critical Care Wing of TOH, General Campus, Saturday, May 2, 8-10 am. Members are encouraged to attend and to spread the word. Further details in this newsletter.

Canadian Cancer Society Daffodil Campaign:

PCCN Ottawa volunteers will collect donations in support of the annual daffodil campaign, April 10-12 at the Farm Boy, Trainyards shopping centre.

March Speaker:

At the March 19 meeting, Dr. Chris Morash gave a well-received presentation on the New Cancer Care Ontario Active Surveillance Guidelines for Localized Prostate Cancer. Dr. Morash is an advocate of "screening smarter" and using active surveillance for those who won't immediately benefit from treatment.

April Speaker:

Dr. Stuart Oake, TOH's head of Urology (Urological Surgery), will speak.

Peer Support:

A few new and some returning members attended the March 19 meeting. PCCN Ottawa encourages the newly diagnosed to take advantage of the services offered by the Maplesoft Centre, including Cancer Coaching. New members are always welcome at monthly meetings. We now realize that our forms for new members need revision in order to gather contact details and facilitate follow-ups for peer support.

Warriors + 1 Group Report:

The March 17 meeting was attended by 14 people. Dan Faber reported the meeting was a success and that attendees are looking forward to next month when the subject will be alternative medicine and nutrition.

Communications Coordinator's Report:

David Cook is reviewing the draft outlining PCCNO Outreach & Communications Program. There was discussion on ways to leverage our program speaker presentations to receive more public awareness and recognition. It was noted that permission (and perhaps some limited editorial control) is required by each speaker.

Does Vasectomy Put Men at Risk for Prostate Cancer?

from Scientific American healthafter50.com

A reader asks, "I've heard that men who have had a vasectomy are at increased risk for prostate cancer. Is that true?" Here's what the research suggests.

Past research on the question of whether this common form of contraception increases the risk of prostate cancer has yielded conflicting results. A 2014 study published in the *Journal of Clinical Oncology* provides important clarification.

Researchers looked at health data from nearly 50,000 men, ranging in age from 40 to 75 years, who were enrolled in the Health Professionals Follow-Up Study. At the start of the study, which began in 1986, just over 12,000 of the men had undergone a vasectomy. Over a 24-year follow-up period, about 6,000 of the men developed prostate cancer.

Overall, vasectomy was associated with a small (10 percent) increased risk of prostate cancer compared with no vasectomy. Although vasectomy was not associated with an increased risk of low-grade or localized disease, men who had undergone vasectomy were 22 percent more likely to have high-grade (Gleason score 8 to 10) prostate cancer and were 19 percent more likely to have lethal prostate cancer. Still, the absolute risk of developing lethal prostate cancer was low, affecting 16 of every 1,000 men who'd had a vasectomy.

These new results don't mean that men should rule out vasectomy as a form of birth control; however, the findings bear consideration during the decision-making process.