

# **KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER**



**OKANAGAN PROSTATE  
RESOURCE CENTRE  
SOCIETY**

**Okanagan Prostate Resource Centre**

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At the September meeting of the Kelowna Prostate Cancer Support & Awareness Group we had two new attendees as well as some fellows whom we haven't seen for a while. We had some discussion regarding what those in attendance want from the group. I explained how difficult it was to get guest speakers. There was quite a bit of discussion, several people mentioned that they like listening to the interaction between people at the meetings. We have found it extremely difficult to find a good location for our meetings but we believe that we have found a great meeting location beginning in November.

Because Remembrance Day is on November 11th our November meeting will take place on the **third Saturday of the month – November 18**. Beginning in November we have a new meeting location for our monthly meetings. All future meetings until at least June of next year will be taking place at the Trinity Baptist Church on Springfield Rd. – Enter through the South door and we will direct you to our new meeting room. This room is on the second floor but there is elevator access for those who need it. I think that this will be a great location with fantastic parking for our meetings.

## Understanding Benign Prostatic Hyperplasia (BPH) –

The following is an excerpt of information that was contained in the Fall/Winter issue of *The Wellness Connection* – A Costco publication – I know that our primary focus is prostate cancer, however, the following information may be of interest to many who read this newsletter.

It is common to notice some health changes as we get older. One such age-related health concern, common among men, is called benign prostatic hyperplasia (BPH), also known as an enlarged prostate. In fact, it is so common that approximately 40% of men in their 50s will have it. Here is more information on how to recognize BPH and help treat its uncomfortable symptoms.

### Understanding the prostate gland and BPH –

The prostate gland is a part of the male reproductive system. This walnut-sized organ sits around the urethra, the tube that carries urine and semen through the penis. The main function of the prostate is to add nutrients and fluid to sperm to create semen as it flows through the tube.

It is common for the prostate to grow as men age, particularly for men over the age of 40.

In some instances, this growth may not lead to any symptoms. However, in some men this may cause the prostate to press on the

urinary tract and the bladder, resulting in some uncomfortable urinary symptoms. Approximately 50% of men with BPH experience some or all of these unpleasant symptoms.

- Difficulty passing urine/trouble starting to urinate.
- Frequent and/or uncontrollable need to urinate (especially at night).
- Weak, slow or interrupted urinary stream or straining to urinate.
- Inability to empty bladder completely
- Dribbling of urine

While the exact cause of BPH is not completely understood, it appears to be related to changes in testosterone hormone production that comes with aging.

### What to expect at a doctor's appointment

To check if you have BPH, your doctor will likely start by asking detailed questions about your symptoms and request some tests and physical exams. If you have a higher risk for prostate cancer, your doctor may order an additional test called a prostate-specific antigen (PSA) blood test. PSA is a substance produced in your prostate which increases when you have an enlarged prostate or when cancer is present. It is important to note that the PSA tests aren't foolproof, and it's possible to have a high PSA level when cancer isn't present [also in some cases it's possible to have a

very low PSA and find cancer.] Talk to your doctor about whether a PSA is the right test for you.

### **What options do I have to treat BPH**

You don't have to suffer through unpleasant and uncomfortable BPH symptoms. Fortunately, there are several options available to you. Your doctor will suggest the best treatment for you based on the size of the prostate, age, overall health, and the level of discomfort caused by your symptoms.

### **There are two general approaches to BPH management.**

**1** – Watchful waiting and lifestyle adjustments. See your doctor for regular follow-ups and update him or her about your symptoms. Although BPH may get worse with time, many men will never require treatment and can manage mild symptoms through lifestyle adjustments such as:

- Restricting fluid intake several hours before going to bed
- Avoiding caffeinated drinks, smoking and spicy foods
- Urinating on a schedule, even without the urge.

**2** – In addition to lifestyle adjustments, medication options are available and can be very effective in managing symptoms. The two most common classes of drugs used to treat BPH are:

- **Alpha-adrenergic blockers:** Work by relaxing the muscle fibres in the prostate so that urine can flow more smoothly. The effectiveness of this class is

not influenced by the size of the prostate. The most common side effect may include lightheadedness and dizziness.

- **5-alpha reductase inhibitors:** Work by shrinking the prostate. They are most effective in men with large prostates. [This class of drug does not work overnight it may take several months for the prostate gland to shrink in size. – sometimes a combination of both drugs may be used to treat BPH.]

There are also a couple of surgical options to treat BPH, one of the most common treatments uses the acronym **TURP** standing for **Trans-Urethral Resection of the Prostate gland**. In this case the patient is generally given a general anesthesia to put the patient to sleep and a small instrument about the diameter of a catheter called a resectoscope is inserted into the tip of the penis and extended through your urethra and into the prostate area thus allowing the surgeon the ability to remove some of the tissues within the middle of the prostate gland. This instrument contains a lighted camera and valves that control irrigating fluid. It also contains an electrical wire loop that cuts tissue and seals blood vessels. The wire loop is guided by the surgeon to remove the tissue blocking the urethra one small piece at a time. As small pieces of tissue are cut from inside your prostate gland, irrigating fluid carries them into your bladder, where they are removed at the end of the operation. Once this tissue has been removed it opens a wider channel for urine to pass through the prostate. Another surgical option that

is reserved for extremely large prostates is a surgical procedure known as an open prostatectomy.

### **Are herbal remedies a good option?**

One herbal option often marketed to manage BPH is a supplement called saw palmetto. Saw palmetto is made from the ripe berries of a native plant in America. However, most studies have shown that taking saw palmetto doesn't help with BPH symptoms. Stay safe and talk to your pharmacist before starting any herbal therapy, as some of your current medical conditions or the medications you take can be affected by herbal remedies. If your PSA is also being followed saw palmetto may mask your actual PSA number. Your doctors should also be informed about all medications you are taking including prescription and over-the-counter or herbal.

### **WITT'S WIT (ON THE LIGHTER SIDE) -**

A doctor that had been seeing an 80-year-old woman for most of her life finally retired. At her next checkup, the new doctor told her to bring a list of all the medications that had been prescribed for her. As the doctor was looking through these his eyes grew wide as he realized Grandma had a prescription for birth control pills. "Mrs. Smith, do you realize these are birth control pills?" "Yes, they help me to sleep

at night." "Mrs. Smith, I assure you there is absolutely nothing in these that could possibly help you sleep!" She reached out and patted the young doctor's knee and said, "Yes, dear, I know that. But every morning, I grind one up and mix it in the glass of orange juice that my 16-year-old Granddaughter drinks. And believe me it definitely helps me sleep and night." *You gotta love Grandmas!*

### **PSA Screening Decreases Risk of Dying from Prostate Cancer, Says New Studies –**

The following information was obtained from the Internet and was posted on Sept. 12, 2017. This information was provided by *Dr. David Samadi, Chairman of Urology and chief of robotic surgery at Lenox Hill Hospital.*

After years of conflicting advice, two new studies may finally put the debate to rest over whether PSA screening for prostate cancer saves lives or not? A new review says PSA can reduce a man's risk of dying from prostate cancer. The analysis of two major randomized trials found that prostate specific antigen or PSA, used as a screening tool to detect early prostate cancer, lowers a man's risk of prostate cancer death by 25% to 32%.

"This is exactly what I have always supported for years that men, starting at age 40, need to have regular PSA tests done to find any prostate cancer at the earliest stage possible," explained Dr. David Samadi. "This news is huge, and the timing of the

release of this study could not have been better as it coincidentally coincided with September being Prostate Cancer Awareness Month. I believe these screening studies will help clear the confusion during a time of ongoing debate over PSA screening.”

The results found came from new research of revisiting the ERSPC (European Randomized Study of Screening for Prostate Cancer trial) and the PLCO (Prostate, Lung, Colorectal, and Ovarian Cancer Screening trial) that had originally been done in 2009. At that time, the two trials led to confusion since they came to conflicting results. The European trial found that a 20% reduced risk of death in men who underwent the screening while the PLCO study found no benefit from PSA screening.

“Because of the fact the two studies came up with different results, the U.S. Preventive Service Task Force (USPSTF) made the controversial decision in 2012 recommending against PSA testing altogether,” said Dr. Samadi.

However, each study was designed very differently. The PLCO trial, conducted in the U.S. had no “control” group in which no men received PSA screening. What the researchers of that study at that time did instead was to compare the results of random versus routine screening of men.

“That is why the researchers decided to take another look at the two studies to get a more comparable view between the two of them,” explained Dr. Samadi. “To adjust for this, some mathematical adjustments were made to account for the differences in how each study was implemented and for the practice settings. After making these adjustments, surprisingly the two trials ended up being

quite similar. The ERSCP trial showed a 25% to 31% reduced risk while the PLCO or U.S. trial showed a 27% to 32% lower risk of prostate cancer death thanks to PSA screening.

The ERSPC trial included 72,473 men in a screening arm of the trial and 88,911 men in the control arm, with the ages of the men ranging from 55 to 69. There were 38,340 men in the screening arm of the PCLO trial and 38,343 men in a control arm with their ages ranging from 55 to 74.

“I’m hopeful that because of the results from this fresh look at these two trials, the USPSTF will reconsider its stance against PSA screening,” stated Dr. Samadi. “The message I want men to hear is that after the age of 50 a man’s risk for prostate cancer greatly increases. But men as young as 40 can and do get prostate cancer which is often more aggressive. My goal is to have all men starting at age 40, be screened annually for prostate cancer by having a PSA test. This not only helps to detect early prostate cancer but also provides a baseline level for comparison with future PSA tests. The earlier prostate cancer can be diagnosed and treated, the greater the likelihood of becoming cancer free. And I want as many men as possible to be saved from this disease.”

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.

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