PCCN Markham

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NOTE!!

NOVEMBER 13, 2018 MEETING CANCELLED

Our next Peer to Peer meeting will be

Tuesday, December 11, 2018 7:30pm

IN THIS ISSUE …

The November Cooking Class is sold out!

If you have signed up you will be notified of the details. Thanks everyone!

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Newsletter

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Prostate cancer: radiotherapy could extend thousands of lives, study finds

Use alongside traditional treatment in advanced cases 'could benefit 3,000 men in UK'

Source: **Theguardian** October 22, 2018 4:57 pm

Radiotherapy could increase the chances of survival for thousands of men with prostate cancer that has already spread by the time they are diagnosed, new research suggests.

Prostate cancer is the most common cancer to affect men in the UK. About 47,000 are diagnosed every year and around 11,500 die. Significant numbers of men are not diagnosed until cancer has spread, which reduces their chances of survival.

The standard treatment for advanced or metastatic prostate cancer is hormone therapy drugs. "Until now, it was thought that there was no point in treating the prostate itself if cancer had already spread because it would be like shutting the stable door after the horse has bolted," said the lead researcher of the study, Dr Chris Parker of the Royal Marsden hospital in Surrey.

The trial, called Stampede and based at the Medical Research Council's clinical trials unit at University College London, investigated what would happen among about 2,000 men with advanced cancer if they were given radiotherapy as well as drugs. Half were given standard treatment and half the standard treatment plus radiotherapy to the prostate.

Not everyone benefited. The radiotherapy did not help those whose cancers had spread more widely, but it did make a difference for those whose cancers had spread only locally into the nearby lymph nodes or bones. Of those men, 81% survived for three years, compared with 73% who did not get radiotherapy. The results were announced at the European Society for Medical Oncology conference in Munich and **published online by the Lancet medical journal.** The improvement in survival may not seem large, but experts say it could benefit around 3,000 men in England and very many more worldwide. Radiotherapy also has the advantage of being a low-cost addition to their treatment.

"Our results show a powerful effect for certain men with advanced prostate cancer. These findings could and should change the standard of care worldwide," Parker said. "Unlike many new drugs for cancer, radiotherapy is a simple, relatively **cheap** treatment that is readily available in most parts of the world."

Prof Charles Swanton, the chief clinician of **Cancer** Research UK, which funded the trial, said: "This is a monumental finding that could help thousands of men worldwide. Stampede is making great strides in finding new ways to treat prostate cancer with previous results from the trial already changing clinical practice. Data released previously has led to docetaxel chemotherapy now being part of the standard of care for many men with prostate cancer.

"Adding radiotherapy to current treatment shows a clear benefit for this subgroup of men with prostate cancer. We now need to investigate whether this could also work for other types of cancer. If we can understand exactly why these men benefit from the additional radiotherapy treatment, we could hopefully use this approach to benefit even more patients."

www.adomonline.com/ghana-news/prostate-cancer-radiotherapy-could-extend-thousands-of-lives-study-finds/

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Radiation therapy outcomes better for African-American than Caucasian prostate cancer patients

October 22, 2018, American Society for Radiation Oncology

While popular beliefs and population data suggest that African-American men are at higher risk of dying from prostate cancer than Caucasian men, a new analysis of genetic data from a large prospective registry and clinical data from several randomized trials indicates that African-American patients may have comparatively higher cure rates when treated with radiation therapy. The study, which is the first report demonstrating improved prostate cancer outcomes for African-American men, will be presented today at the 60th Annual Meeting of the American Society for Radiation Oncology (ASTRO).

"Our findings suggest that African-American race is not independently associated with worse prostate cancer outcomes," said lead author Daniel Spratt, MD, an associate professor and Chief of the Genitourinary Radiotherapy Program at the University of Michigan Rogel Cancer Center. "When we started this project, we had the commonly-held assumption that African-American men harbor more aggressive disease that leads to lower survival rates. We were surprised, however, that they appear to be more responsive than Caucasian men to radiation therapy and have improved outcomes following this treatment."

Cancer registries have reported that African-American men appear to be at higher risk of dying from aggressive prostate cancer, with an incidence rate almost 60 percent higher and a mortality rate two-to-three times greater than Caucasian men. What remains unclear, however, are how socioeconomic versus biological factors contribute to these disparities.

The two-part study from Dr. Spratt's team examined biological factors that drive responses to prostate cancer treatment and may explain the disparity in outcomes. The team first investigated differences in how specific genes were expressed in tumor samples from 17,003 men (1,953 or 11.5 percent African-American) with prostate cancer, focusing on androgen receptor activity—a key driver of prostate cancer—and sensitivity to radiation, as well as outcomes following radiation therapy.

Tumors with low androgen receptor activity were significantly more likely to develop distant metastases within ten years (37 percent vs. 17 percent, $p=0.008$), and tumors from African-American men were significantly more likely to have low androgen receptor activity ($p<0.001$). Low androgen receptor activity was an independent predictor of distant metastasis even after adjusting for Gleason grade, T-stage, PSA level, margin status after surgery, and lymph node invasion ($p=0.03$).

Tumors from African-American men also were more likely, however, to have indicators of increased sensitivity to radiation therapy: decreased expression of the double-strand DNA repair pathway ($p<0.001$), increased expression of immune pathways ($p<0.001$), and increased radiosensitivity as predicted by a 24-gene prostate cancer radiation sensitivity score developed by the research team. Increased radiotherapeutic sensitivity suggests that African-American patients have improved outcomes when treated with radiation.

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"Differences in gene expression between African-American and Caucasian patients revealed that African-American patients had lower DNA repair and more immunogenic tumors, both of which have been shown to predict better responses to radiation therapy," said Dr. Spratt.

Next, researchers examined outcomes from 5,854 patients (19.3 percent African-American) in four large NRG Oncology/RTOG randomized prostate cancer trials (NRG-RTOG 9202, 9408, 9413 and 9910). This meta-analysis showed that African-American men treated with radiation therapy, compared to Caucasian men, were less likely to see their cancer return or spread.

Specifically, African-American patients in these trials had lower rates of biochemical cancer recurrence (hazard ratio (HR) 0.82, 95% CI 0.74, 0.92; p=0.0005) and distant metastasis (HR 0.70, 95%CI 0.57, 0.86; p=0.0008), even after controlling for age, performance status, PSA, Gleason grade, T-stage, N-stage and hormone therapy use.

Dr. Spratt, who also co-chairs the radiobiology and radiotherapy working group for the Prostate Cancer Foundation, said the team's findings, coupled with other recent analyses, confirm that the seeming racial disparities for prostate cancer are rooted more in societal causes than biology.

"Our results directly question previously held beliefs from population-based registry data that African-American men independently have worse prostate cancer outcomes than Caucasian men," he explained. "These findings strengthen the notion that most of the observed disparity found in population datasets regarding stage-for-stage outcomes between African-American and Caucasian men are reflective of social constructs and not rooted in biology."

"Not only did both groups generally have similar prognoses, but African-American men treated with radiation therapy actually had higher rates of cure and excellent outcomes. Patients should be treated irrespective of race," he added.

Explore further: **Black patients show stronger response to hormone therapy for prostate cancer**

More information: The abstract, "Androgen receptor activity and radiotherapeutic sensitivity in African-American men with prostate cancer: A large scale gene expression analysis and meta-analysis of RTOG trials," will be presented in detail during a news briefing and the plenary session at ASTRO's 60th Annual Meeting in San Antonio.

Provided by: American Society for Radiation Oncology

https://medicalxpress.com/news/2018-10-therapy-outcomes-african-american-caucasian-prostate.html

Molecular Therapies in Bone Metastases

San Francisco, CA (UroToday.com)

The current role of molecular radiotherapy for prostate cancer bone metastasis exists in the castrate resistant space. Data supports improved overall survival with low toxicity and strategies exist to improve efficacy. There is a future potential role in hormone naïve patients as well. Targeting bone metastasis is essential in metastatic castrate resistant prostate cancer as 90% of these patients have bone metastasis and it is the main cause of death in these patients. Additionally, symptomatic skeletal events have a major impact on quality of

life.

Prostate cancer phenotype facilitates both imaging and therapy. Specifically, prostate cancer bone metastatic sites are thicker and disorganized, and therefore detectable with ^{99m}Tc MDP studies. Delivery of a radioactive load to metastatic sites is possible with molecular radiotherapy. Both alpha and beta emitters exist, but differing molecular profiles affects their therapeutics. Since alpha emitters are large in size, they can only travel short distances within tissue and require less hits to kill the target cell. Multiple randomized control trials exist examining single agent beta emitting radionucleotides however in summary: the studies are small, have pain response rates of ~40-60%, there is dose limiting toxicity and no survival benefit has been demonstrated. Radium 223 is a targeted alpha therapy that attacks both osteoclasts and osteoblasts.

The phase 3 ALSYMPCA trial published in the New England Journal of Medicine randomized patients with metastatic castrate resistant prostate cancer to radium 223 + best standard of care compared to placebo + best standard of care. Primary and secondary outcomes included overall survival and time to first skeletal related event, amongst others. The median overall survival was 14.9 months for radium-223 compared to 11.3 months for placebo (HR 0.70, 95%CI 0.58-0.83, p<0.001). Additionally, time to first skeletal related event was 15.6 months for radium-223 compared to 9.8 months for placebo (HR 0.66, 95%CI 0.52-0.83, p<0.001). Radium-223 also had an acceptable toxicity profile compared to placebo.

To improve the therapeutic ratio of Radium-223, future studies need to be performed investigating an increased number of cycles or therapeutic dose. Additional inquiries into combination therapy with Abiraterone, Enzalutamide, Docetaxel or Immunotherapies are potential options. Hypothesis generating data from an international, single arm phase 3b trial showed improved survival for co-treatment with Abiraterone or Enzalutamide and with Denosumab.

The ERA-223 trials compared Abiraterone + steroids + Xofigo to Abiraterone + steroids + Placebo. Data is currently being analyzed, however the timing of Abiraterone may be important in its concomitant use with Radium-223.

Finally, in metastatic hormone naïve prostate cancer patients, the ADRRAD trial is a Phase 1/2 evaluating T1-4N0-1M1b patients treated with Docetaxel x 6 cycles with ADT followed by 74 Gy XRT to the prostate and nodes with Radium 223. Toxicity and quality of life are primary endpoints with secondary endpoints focusing on WBMRI response, PSA/ALP, and CTCs. Initial response seems intriguing.

In summary, the bone remains the most significant metastatic cite in castrate resistant prostate cancer. Radium-223 has an overall survival benefit with low toxicity profile. Questions remain regarding bone targeted treatment with molecular radiotherapy including the value/safety of combination therapy, the timing of treatment in castrate resistant prostate cancer, response assessment, and to better understand the interaction between Radium-223 and the bone microenvironment.

Presented by: Joe M. O'Sullivan, MD, FRCR, Queen's University Belfast

https://www.urotoday.com/conference-highlights/asco-gu-2018/asco-gu-2018-prostate-cancer/101770-asco-gu-2018-molecular-therapies-in-bone-metastases.html?utm_source=newsletter_5249&utm_medium=email&utm_campaign=emerging-diagnostics-and-therapies-in-advanced-prostate-cancer-asco-gu-2018&acm=_5249

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Distinguishing fatal prostate cancer from 'manageable' cancer now possible

Date: October 18, 2018 **Source:**University of York

Summary:

Scientists have found a way of distinguishing between fatal prostate cancer and manageable cancer, which could reduce unnecessary surgeries and radiotherapy.

A recent study showed that more than 25 men were being unnecessarily treated with surgery or radiotherapy, for every single life saved. It is believed that success rates could be hindered as a result of treating all prostate cancers in the same way.

A team at the University of York and the University of British Columbia, Canada, however, have designed a test that can pick out life-threatening prostate cancers, with up to 92% accuracy.

Professor Norman Maitland, from the University of York's Department of Biology, said: "Unnecessary prostate treatment has both physical consequences for patients and their families, but is also a substantial financial burden on the NHS, where each operation will cost around £10,000.

"Cancers that are contained in the prostate, however, have the potential to be 'actively monitored' which is not only cheaper, but has far fewer negative side-effects in patients with non-life threatening cancer."

It is now understood that to find the different levels of cancer, scientists have to identify genes that have been altered in different cancer types. The team analysed more than 500 cancer tissue samples and compared them with non-cancer tissue to search for patterns of a chemical group that is added to part of the DNA molecule, altering gene expression.

A person's age, what they eat and how they sleep, for example, impacts on chemical alterations to genes and which ones are turned on and off. This is part of the normal functioning of the human body and can tell individuals apart, but the process can sometimes go wrong, resulting in various diseases.

Professor Maitland said: "In some diseases, such as cancer, genes can be switched to an opposite state, causing major health issues and threat to life.

"The challenge in prostate cancer is how to look at all of these patterns within a cell, but hone in on the gene activity that suggests cancer, and not only this, what type of cancer -- dangerous or manageable?

"To put it another way: how to do we distinguish the tiger cancer cells from the pussycat cancer cells, when there are millions of patterns of chemical alterations going on, many of which will be perfectly healthy?"

The team needed to eliminate the 'noise' of the genetic patterns that make individuals unique, to leave them with the patterns that indicate cancer. They were able to do this using a computer algorithm, which left the team with 17 possible genetic markers for prostate cancer.

Dr Davide Pellacani, who began these studies in York, before moving to the University of British Columbia, said: "Using this computer analysis, not only could we see which tissue samples had cancer and which didn't, but also which cancers were dangerous and which ones less so.

"Out of almost a million markers studied, we were able to use our new tools to single out differences in cancer potency."

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To take this method out of the laboratory, the team are now investigating a further trial with new cancer samples, and hope to involve a commercial partner to allow this to be used for patients being treated in the NHS.

Journal Reference:

Davide Pellacani, Alastair P. Droop, Fiona M. Frame, Matthew S. Simms, Vincent M. Mann, Anne T. Collins, Connie J. Eaves, Norman J. Maitland. **Phenotype-independent DNA methylation changes in prostate cancer**. *British Journal of Cancer*, 2018; DOI: 10.1038/s41416-018-0236-1

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A new study finds that eating organic foods has major benefit in cancer prevention

Shopping the organic aisles may reduce your risk of cancer up to 25 percent

BY **BAILEY KING** *PhillyVoice Staff*

PIXABAY/PEXELS

Shopping exclusively organic may reduce your risk of getting cancer by 25 percent, a new study suggests.

Good news for all of you organic shoppers out there, a new study suggests that eating foods grown without the use of pesticides and synthetic fertilizers can offer protection from cancer. Now that might just make the higher price tag worth it, don't you think?

A study published in JAMA on Monday found that people who frequently eat organic foods have a much lower risk of developing cancer — specifically non-Hodgkin lymphoma and post-menopausal breast cancer – compared to those who rarely or never ate organic foods.

The study, led by Julia Baudry, an epidemiologist at Institut National de la Sante et de la Recherche Medicale in France, examined the diets of nearly 69,000 French adults — mostly women in their mid-40s on average. Researchers grouped individuals based on how often they reported eating 16 organic products including: fruits, vegetables, meats, fish, ready-to-eat meals, supplements, condiments, oils and other products.

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Participants in the study were followed for about five years, during which 1,340 cancer cases were reported. The most prevalent cancers reported were: 459 cases of breast cancer, 180 cases of prostate cancer, 135 cases of skin cancer, 99 cases of colorectal cancer, 47 cases of non-Hodgkin lymphomas.

With this information, Baudry and her team were able to calculate cancer risks, or lack thereof. The participants who ate the most organic foods were 25 percent less likely to develop a cancer — more specifically, 73 percent less likely to develop non-Hodgkin lymphoma and 21 percent less likely to develop postmenopausal breast cancer, CNN reports.

According to CNN, the authors believe a "possible explanation" for the relationship between organic food and a lower cancer risk could be a result of the "significant" reduction of contamination that occurs when conventional foods are replaced by organic foods.

The study cites some pretty off-putting statistics regarding produce contamination:

In the general population, low-level pesticide exposure is widespread, and the primary route of exposure is diet, especially intake of conventionally grown fruits and vegetables. In the United States, more than 90 percent of the population have detectable pesticides in their urine and blood.

Conversely, the study cites that "organic foods are produced without synthetic pesticides and are less likely to contain pesticide residues than conventionally produced, nonorganic foods."

If you're still weary of the whole organic food thing, a great way to start would be following the "Clean 15" and "Dirty Dozen" shopping lists — which outline the 15 produce items that typically contain the least amount of contamination and the 12 that you should always buy organic due to high pesticide contamination.

https://www.phillyvoice.com/organic-foods-prevent-cancer-study-pesticides/

Seafood rich in omega-3 may promote healthy aging

Published Thursday 18 October 2018

By Ana Sandoiu Fact checked by Paula Field

In our increasingly aging society, it is worth asking: what can we do to ensure that we don't just live longer lives, but also healthier ones? New research suggests one possible answer — eat more seafood!

Seafood contains fatty acids that may help people age healthily.

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A new study, led by Heidi Lai from the Friedman School of Nutrition Science and Policy at Tufts University in Boston, MA, investigates the link between high consumption of omega-3-rich seafood and healthy aging. Lai and colleagues define "healthy aging" as "meaningful lifespan without chronic diseases and with intact physical and mental function."

As the researchers explain in their paper, the problem of healthy aging is increasingly important. Populations are aging rapidly across the globe and the rates of chronic disease along with them.

So, more and more research is looking into what constitutes healthy aging and what we can do to achieve it. In this regard, the studies on the link between omega-3 fatty acids and age-related chronic disease have been somewhat inconsistent.

For instance, some studies referenced by Lai and colleagues have found an inverse relation between omega-3 consumption and cardiovascular disease. However, others have found that omega-3 intake correlates with a higher incidence of prostate cancer.

Other studies have yielded "mixed or inconclusive" results when it comes to omega-3s and "cancer, diabetes, lung disease, severe chronic kidney disease, and cognitive and physical dysfunction."

So, the researchers set out to clarify this potentially significant role that dietary omega-3 fatty acids play in the aging process. The scientists published their findings in the journal *The BMJ*.

Studying omega-3s and healthy aging

The team examined the circulating blood levels of omega-3 fatty acids of 2,622 adults who were enrolled in the United States Cardiovascular Health Study.

At the beginning of this study in 1992, the participants were 74 years old, on average. Their blood levels of omega-3s were measured then, 6 years later, and 13 years later.

The types of omega-3s considered in the study were eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA), docosapentaenoic acid (DPA), and alpha-linolenic acid (ALA).

The primary food source for the first three types of omega-3s is fish — such as salmon, mackerel, tuna, herring, and sardines — and other seafood, while nuts, seeds, and plant oils contain ALA.

Lai and colleagues divided the participants into fifths, or quintiles, based on their blood levels of omega-3s.

Risk of unhealthy aging 24 percent lower

Overall, by the end of the study period in 2015, 89 percent of the participants had experienced age-related chronic diseases or mental or physical dysfunction, whereas 11 percent aged healthily.

The analysis revealed that people in the highest seafood-derived DPA consumption quintile were 24 percent less likely to age unhealthily than those who consumed the least.

Moreover, participants in the top three DPA-consuming quintiles were 18-21 percent less likely to experience unhealthy aging.

Finally, seafood-derived DHA and ALA obtained from plants did not correlate with healthy aging. Lai and colleagues point out that the study is observational and cannot explain the mechanisms responsible for these associations.

However, they believe that omega-3s may help keep blood pressure and heart rate in check, as well as reduce inflammation. Lai and colleagues conclude:

"These findings encourage the need for further investigations into plausible biological mechanisms and interventions related to [omega-3 fatty acids] for maintenance of healthy aging, and support guidelines for increased dietary consumption of fish among older adults."

In an editorial that accompanies the article, professor Yeyi Zhu of the Kaiser Permanente Northern California Division of Research in Oakland, CA, and her colleagues say that the new research makes "a valuable contribution" in the study of omega-3 fatty acids and aging.

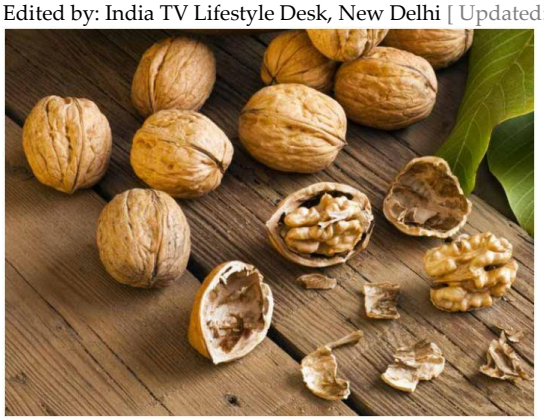
However, they warn, "Epidemiologic associations cannot infer causality." Therefore, write Prof. Zhu and her colleagues, "we caution against using these findings to inform public health policy or nutritional guidelines."

https://www.medicalnewstoday.com/articles/323375.php

Walnuts lower the risk of breast and prostate cancer, keeps many lifestyle diseases at bay

Regular consumption of walnuts has helped in reducing risk of breast, colon and prostate cancer as per recent studies.

Edited by: India TV Lifestyle Desk, New Delhi [Updated: October 22, 2018 16:28 IST]



Walnuts lower the risk of breast and prostate cancer, keeps many lifestyle diseases at bay

Walnuts can help in keeping many lifestyle diseases at bay, including obesity, diabetes and cardiovascular problems which are on the rise in India, according to studies. “According to different studies and human trials done in 11 countries by nearly 60 universities, incorporating walnuts into meals can ensure adequate protein intake, especially among vegetarians, as it contains numerous vitamins and minerals including protein, unsaturated fat, magnesium, phosphorus and alpha-linolenic acid (ALA) – the plant-based form of Omega-3, necessary for overall wellness,” California Walnut Commission Health Research Director Carol Berg Sloan told PTI.

According to a research at Beth Israel Deaconess Medical Center and Harvard Medical School, one ounce of walnuts provides four grams of protein and two grams of fibre. This fibre, found solely in plant foods, helps

make one feel full, control overeating and can assist in lowering cholesterol and regulating blood glucose levels, the study said. According to government data, India is home to 29.8 million obese men and women, mostly in urban areas, with other lifestyle diseases like diabetes and cardiovascular related problems rapidly increasing, Sloan said.

"We hope to conduct human trials in India in 2020, addressing issues that are ailing the the country. We will tie-up with universities or research institutes for conducting independent trials in the country. For this we expect to send proposals next year," she added. She said India, home to a huge vegetarian population, will benefit most from regular walnut diet as it contains plant-based form of Omega-3, also known as 'brain food'.

A study from Yale University found that including walnuts in a habitual diet, with or without dietary counselling to adjust calorie intake, significantly improved diet quality in adult men and women at high risk for diabetes.Several studies have also found that regular consumption of walnuts has helped improve male fertility and helped in reducing risk of breast, colon and prostate cancer.

According to studies, walnuts also have properties that help in protecting against the detrimental effects of aging. "We will continue with research programs to find out and understand more health benefits of walnuts," she added.

https://www.indiatvnews.com/lifestyle/food-walnuts-lower-the-risk-of-breast-and-prostate-cancer-keeps-many-lifestyle-diseases-at-bay-474676

NOTABLE

Early PSA Test for Prostate Cancer Recommended for African-American Men

African-American men are more likely to be diagnosed with prostate cancer, and are more likely to die from it.

African-American men are more likely to die of prostate cancer than any other ethnic group in the United States.

Recent research states that early testing could change that.

According to the American Cancer Society, prostate cancer develops mainly in men over the age of 45. About 60 percent of cases are diagnosed in men aged 65 years or older. It's rare in men younger than 40.

The organization also reports that African-American men are almost twice as likely to develop the disease in their early 50s, and are more likely to be diagnosed with an aggressive form of the disease.

"We simply don't know exactly why prostate cancer seems to affect African-Americans in greater numbers," Dr. Michael J. Curran, chief executive officer of Greater Boston Urology LLC, told Healthline.

"All we know from clinical experience is that when we diagnose African-American men with prostate cancer, they're diagnosed at younger ages, with more aggressive disease, and in a more advanced stage of the cancer at the time of diagnosis," he added.

PSA tests and prostate cancer risk

Next to skin cancer, prostate cancer is the most common cancer in men in the United States.

About 10 percent of U.S. men will be diagnosed with this disease in their lifetime.

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The new study by Moffitt Cancer Center researchers has concluded that a baseline prostate-specific antigen (PSA) level obtained from African-American men between the ages of 40 and 60 could strongly predict future development of prostate cancer and its most aggressive forms for years after testing.

The PSA test measures a protein made exclusively by the prostate gland. Proponents say this makes the exam a good way to determine prostate health.

The investigators used both data and blood samples from participants in the Southern Community Cohort Study (SCCS). The study was composed of 86,000 men and women recruited through community health centers in 12 southern states to increase understanding of the causes of cancer and other major diseases.

They chose African-American men within the SCCS cohort who were between 40- and 64-years old, and free of cancer at the time of enrollment.

The results showed that the risk of prostate cancer rose along with rising PSA levels, regardless of age.

"Midlife PSA predicts subsequent development of aggressive prostate cancer better than either family history or race," said Travis Gerke, ScD, a Moffitt epidemiologist and co-first author of the study, in a press release.

The study also noted that for African-American men aged 40 to 54, even PSA levels within a normal range still showed an increased risk for prostate cancer.

The PSA test controversy

Since the PSA test was introduced in the late 1980s, it's been lauded as the most effective way to detect prostate cancer in its earliest (and most curable) stage.

So, why are many now stepping back or even discouraging the use of widespread PSA screening?

For example, the U.S. Preventive Services Task Force (USPSTF) now only recommends PSA testing for men 55- to 69-years old depending on their individual circumstances as discussed with a healthcare provider.

Curran says the controversy about PSA testing is due to other conditions of the prostate, such as benign growth of the prostate gland, infection, or inflammation that can also cause the PSA level to rise and trigger a false-positive result.

"But PSA is still the best, most available, and economical screening test we have for prostate cancer," said Curran.

According to the USPSTF, false-positive results risk an unnecessary prostate biopsy, a treatment that can have severe complications, such as incontinence and erectile dysfunction.

"Admittedly, when we do prostate biopsies to make the actual diagnosis, many men are biopsied who do not have cancer," said Curran.

However, he noted that "with advances in technology, like genetic screening and improved MRI capabilities, we have been able to reduce the number of negative biopsies that we perform, which benefits everybody."

African-American screenings

Johns Hopkins Medicine in Maryland reports that African-American men may have the highest rate of prostate cancer incidence in the world.

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"The death rates from 2011 to 2015 are double for African-Americans as opposed to the next highest group, which would be Native Americans. Although men of Asian descent seem to have the lowest risk," said Curran.

"Therefore, it's very important for African-American men to not only get screened for prostate cancer, but be screened at an earlier age, and have that first PSA at age 40," he emphasized.

Curran hopes the Moffitt study will help raise awareness in the African-American community that "This is a cancer that's costing us many lives, but early diagnosis and treatment can save many of them."

The bottom line

African-American men develop prostate cancer more often and younger than any other ethnic group.

Recent research shows that a baseline PSA level obtained from African-American men between the ages of 40 and 60 could predict the development of prostate cancer for years after testing.

Although controversial, proponents say the PSA test is still the best way to determine prostate cancer risk.

https://www.healthline.com/health-news/early-psa-test-for-prostate-cancer-recommended-for-african-american-men

QUOTABLE

"Each morning we are born again. What we do today is what matters most." – Buddha

"Life is what we make it, always has been, always will be." – Grandma Moses

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Prostate Cancer Support Group

Meets the 2nd Tuesday
Every month
September – June
St. Andrew's Presbyterian Church
143 Main St Markham

The Markham PCCN Prostate Support Group is generously supported by Dr John DiCostanzo, Astellas Pharma. PCCN, St. Andrews Presbyterian Church, and the Canadian Cancer Society.

The group is open to all; survivors, wives, partners, relatives and those in our community who are interested in knowing about prostate health. Drop by St Andrews Presbyterian Church 143 Main Street Markham at 7:30PM, the 2nd Tuesday every month from September to June. The information and opinions expressed in this publication are not endorsements or recommendations for any medical treatment, product, service or course of action by PCCN Markham its officers, advisors or editors of this newsletter.

Treatment should not be done in the place of standard, accepted treatment without the knowledge of the treating physician.

The majority of information in this newsletter was taken from various web sites with minimum editing. We have recognized the web sites and authors where possible.

PCCN Markham does not recommend treatment, modalities, medications or physicians. All information is, however, freely shared.

Email *markhampccn@gmail.com*

We look forward to your feedback and thoughts. Please email suggestions to markhampccn@gmail.com

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