PCCN Markham

Prostate Cancer Canada Network

Newsletter

Volume 20 Issue 9 **May, 2019**

NEXT MEETING

Tuesday, May 14, 2019 - 7:30PM

St. Andrews Presbyterian Church – Main St Markham

Rose Room - Downstairs

(Free Parking & Room access off George Street)

SMALL GROUP DISCUSSION/ROUND TABLE

Have a question? Looking for case similar to yours?

Survivors/Partners discuss issues, share concerns

Group is moderated by your peers

Everyone Welcome

IN THIS ISSUE …

NOTE:

The June meeting is always a casual get together at the Duchess of Markham.

Also, there are no meetings July and August

More info will be provided in next month's newsletter

PCCN Markham

Newsletter

Volume 20 Issue 9 **May, 2019**

Why Knowing Your Inherited Risk of Prostate Cancer Is Important

Your family history and genetics may heighten your risk

April 17, 2019 / Men's Health

Your father had prostate cancer, and so did his father before him. There's also a history of breast cancer among the female members of your family.

It's important to understand your family's entire cancer background, including that of both your male and female relatives. Having a family history of prostate cancer (especially aggressive prostate cancer), along with breast cancer and other malignancies, may increase your odds of developing prostate cancer yourself.

You and your physician can consider your family history, along with other factors, to gauge your overall risk of prostate cancer and guide you about decisions regarding prostate cancer screening and treatment, as well as any need for genetic testing and counseling.

"It's helpful to ask which of your relatives has had cancer, what type of cancer they were diagnosed with, and what ages those relatives were when they were diagnosed with cancer," says certified genetic counselor Sara Carroll, MS, CGC.

If you have a family history of prostate cancer or breast, ovarian, pancreatic or colorectal cancer, I would encourage you to discuss this information with your healthcare provider to see if genetic counseling and testing are appropriate so you can determine what your options are for cancer screening for you and other members of your family.

When prostate cancer risk is all in the family

Your familial risk of prostate cancer is greatest if you have a first-degree relative (father or brother) who had the disease, especially if they were diagnosed at a relatively young age. Having multiple first degree relatives with prostate cancer also increases risk. Having multiple second-degree relatives (such as a grandfather, uncle, or half-brother) and third-degree relatives (like a great-grandfather or cousin) adds to the risk, Carroll explains. "It's more concerning when we see all cancers on one side of the family, in one blood line," she adds.

In one study, researchers found that men with a brother who had prostate cancer were more than twice as likely as men in the general population to be diagnosed with the disease themselves, and they faced nearly twice the risk of developing aggressive prostate cancer by age 75. Also, men with both a father and brother who had prostate cancer faced about a threefold greater risk of prostate cancer and developing aggressive disease by age 75 compared with the general population.

PCCN Markham

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Newsletter

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Inheriting prostate cancer

Inherited genetic mutations and syndromes cause between 5 and 10 percent of prostate cancers, according to the American Cancer Society. One of them, Lynch syndrome, triggers mutations in DNA repair genes that increase the risk of early-onset colorectal cancer and, potentially, prostate cancer. Similarly, a rare mutation in a gene (HOXB13) that plays a key role in the development of the prostate gland has been linked to early-onset and hereditary prostate cancer. Changes in other genes are being studied for their role in prostate cancer development.

Inherited prostate cancer arises not only from the men in your family, but also from your female relatives. For instance, in some families, breast or ovarian cancers result from hereditary ovarian and breast cancer syndrome (HBOC), characterized by mutations in the BRCA1 and BRCA2 genes. Found in about 1 in 400 people, BRCA mutations also increase the risk of male breast cancer, pancreatic cancer, and melanoma. Notably, these HBOC mutations, especially BRCA2, are responsible for the majority of hereditary prostate cancers. "It's important to know about BRCA2 because BRCA2-associated prostate cancers are some of the most aggressive," explains Eric A. Klein, MD, Chairman of the Glickman Urological & Kidney Institute. "It's important to know about your family history and know how many affected people you have in your family."

Factors to consider

Understand that having one of these genetic mutations or syndromes doesn't guarantee you'll develop prostate cancer, nor does having a family history of prostate cancer necessarily confirm the presence of a genetic mutation or syndrome, Carroll explains. Rather, your family history can be used as a screening tool to help identify whether you have a genetic predisposition for prostate cancer and whether you should be referred to a genetic counselor.

Along with your family history, your doctor will consider other factors to assess your risk of prostate cancer. Age is one of them, as your likelihood of developing the disease increases as you get older. Race is another: African-American men are at heightened risk of prostate cancer and death from the disease. Considering these risk factors, most experts recommend that discussions about screening with prostate-specific antigen (PSA) and other tests begin at ages 50 or 55 for those at average risk but earlier for higher-risk groups, such as African-Americans.

Guidelines created by members of an international panel of experts recommend that men with BRCA2 or HOXB13 mutations begin PSA screening at age 40 or 10 years before the youngest age at which prostate cancer was diagnosed in the family. Those men should be screened yearly or at an interval based on the baseline PSA test. The guidelines also recommend that screening begin at age 45 for men with BRCA1 mutations.

When to consider genetic counseling for prostate cancer

Experts recommend that men with a family history suggesting an increased risk of prostate cancer engage in shared decision-making with their physicians about genetic counseling and testing. Genetic testing can educate you about your inherited risk of prostate cancer, and it also can inform your family members that

they may have genetic mutations that increase their cancer risk. Here are 7 factors that warrant a referral to a certified genetic counselor:

1. A personal or family history of aggressive prostate cancer, including metastatic castration-resistant prostate cancer.
2. Having multiple first-, second-, or third-degree relatives on the same side of the family with the same or related types of cancer — prostate, breast, ovarian, pancreatic, or colorectal — suggestive of hereditary prostate cancer, hereditary breast and ovarian cancer syndrome, or Lynch syndrome.
3. Men of Ashkenazi Jewish background with a personal or family history of these cancers.
4. A personal history of male breast cancer.
5. Genetic mutations already identified in other family members.
6. Diagnosis of prostate cancer at age 55 or younger in the patient or a first-degree relative.
7. Death from prostate cancer in a first-degree-relative before age 60.

Sources: National Society of Genetic Counselors; "Role of Genetic Testing for Inherited Prostate Cancer Risk: Philadelphia Prostate Cancer Consensus Conference 2017, Journal of Clinical Oncology, *Feb. 1, 2018).*This article originally appeared in *Cleveland Clinic Men's Health Advisor*.
https://health.clevelandclinic.org/why-knowing-your-inherited-risk-of-prostate-cancer-is-important/

Prostate medicines linked to type 2 diabetes risk, study suggests

Date: April 11, 2019 Source: University of Edinburgh

Summary:

Men taking medicines to reduce the symptoms of prostate disease may be more likely to develop type 2 diabetes, a study suggests. Researchers say patients should continue to take the drugs, which are commonly prescribed to older men, but warn they may need additional health checks.

FULL STORY

Men taking medicines to reduce the symptoms of prostate disease may be more likely to develop type 2 diabetes, a study led by the University of Edinburgh and UCL suggests. Researchers say patients should continue to take the drugs, which are commonly prescribed to older men, but warn they may need additional health checks.

Researchers say patients should continue to take the drugs, which are commonly prescribed to older men, but warn they may need additional health checks.

The team stressed that current treatment guidelines do not need to change, based on their study of patient health records.

Men with enlarged prostates are commonly prescribed drugs called 5-alpha-reductase inhibitors that reduce the production of hormones called androgens. These help treat symptoms such as reduced urinary flow.

Previous short-term studies had suggested these drugs, which include finasteride and dutasteride, might affect metabolism and could reduce the body's response to insulin, an early sign of type 2 diabetes.

A team led by the University of Edinburgh and UCL studied health records from around 55,000 men in the UK, who had been prescribed 5-alpha-reductase inhibitors over an 11-year period.

They found the drugs were linked to an increase in risk of developing type 2 diabetes of about one third. This means that in a population of 500 men on this treatment for 20 years, 16 extra cases of diabetes are likely to develop.

A similar effect was seen when the team repeated the study with health records from a group of Taiwanese men.

The findings suggest men taking these medications may need additional health checks to monitor warning signs of diabetes so their prescriptions can be altered if necessary.

The research, published in the *British Medical Journal*, was funded by the Edinburgh and Lothians Health Foundation. Researchers from the Universities of Dundee and Newcastle and National Cheng Kung University in Taiwan also contributed to the study.

Professor Ruth Andrew, of the University/British Heart Foundation Centre for Cardiovascular Science at the University of Edinburgh, and senior author of the study said: "We found that commonly prescribed medications for prostate disease can increase risk of type 2 diabetes. These findings will be particularly important for health screening in older men who are already typically at a higher risk of type 2 diabetes. We will now continue our studies to better understand the long-term outcomes so we can better identify patients at greater risk."

Dr Li Wei, Associate Professor from UCL School of Pharmacy and the first author of the study said: "By studying real word data from different ethnic populations across the UK and Taiwan, we found that men being treated with dutasteride or finasteride for benign prostatic hyperplasia (BPH) have a roughly 30 per cent increased risk of developing diabetes. This demonstrates the importance of how routinely collected healthcare data can be used to identify significant clinical links. It is important that all patients are made aware of the risks and benefits of their medications. In this instance, men should be alerted to the increased risk of diabetes if they are taking these particular medicines for BPH, and should speak to their doctor if they are concerned."

Mr Laurence Stewart, a Consultant Urologist at Spire Murrayfield Hospital and honorary consultant at NHS Lothian, who was not directly involved in the study, said: "These findings should not be a major concern for men taking 5-alpha-reductase inhibitor medications. As doctors, we may need to review the way we monitor our patients to make sure we are extra vigilant for early signs of diabetes. Anyone with concerns should speak to their GP or Urologist for advice on alternative treatments."

https://www.sciencedaily.com/releases/2019/04/190411101813.htm

Precise form of radiation may improve survival for patients with metastatic cancer: study

Jackie Dunham , CTVNews.ca Staff Published Friday, April 12, 2019 2:42PM EDT

PCCN Markham

Prostate Cancer Canada Network

Newsletter

Volume 20 Issue 9 **May, 2019**

Cancer researchers in B.C. say a highly precise form of radiation treatment may improve survival rates in cases where the disease has spread to different parts of a patient's body.

The study, recently published in the journal The Lancet, was led at BC Cancer by Dr. Robert Olson.

The group sought to find out how Stereotactic Ablative Radiotherapy (SABR) technology could be used to treat patients with metastatic cancer, which is when the disease has spread from the initial tumour to other parts of the body.

SABR technology features advanced machines with built-in CT scans that can provide intense doses of radiation to specific parts of a tumour while reducing harm to surrounding healthy organs.

For the study, researchers conducted a randomized clinical trial using SABR technology in patients with metastatic cancer in 10 hospitals in Canada, the Netherlands, Scotland, and Australia from February 2012 to August 2016. The patients involved in the test only had between one and five additional tumours.

"It has recently been hypothesized that patients with a small number of additional tumours could be cured of the disease once all growths are killed with radiation, but there was not a lot of evidence to support the claim until now," the researchers said in a press release.

The study's authors looked at the effect of SABR on the patients' survival, outcomes, toxicity, and quality of life and found there was an overall improvement in survival. They did note, however, there was a possibility of serious side effects and that more research is needed in that area.

"What excites me most about this study is the potential survival benefit from Stereotactic Ablative Radiotherapy," lead researcher Dr. Robert Olson, a radiation oncologist at BC Cancer in Prince George, said in the release.

Although the researchers said there was an improvement in the group's overall survival, they said they need to conduct Phase III clinical trials to conclusively show the benefits of SABR technology in cases of metastatic cancer as well as to determine the maximum number of additional tumours the radiation would be effective in treating.

"A Phase III trial could be paradigm-changing. It could support using ablative therapies in the setting of metastatic disease, to increase survival rates in some patients," Olson said.

The study was funded by the Ontario Institute for Cancer Research and London Regional Cancer Program Catalyst Grant. The BC Cancer Foundation also launched a fundraising campaign to support Dr. Olson's research.

"With these promising results community support is critical in launching a Phase III clinical trial – one that brings tremendous hope for patients facing metastatic cancers," Sarah Roth, the president and CEO of the BC Cancer Foundation, said.

The study's authors said the results from this trial will inform Olson's upcoming Phase III randomized controlled trial for patients with one to three metastatic tumours in B.C.

https://www.ctvnews.ca/health/precise-form-of-radiation-may-improve-survival-for-patients-with-metastatic-cancer-study-1.4377704

PCCN Markham

Newsletter

Volume 20 Issue 9 **May, 2019**

Cancer patients treated for mental health conditions have greater risk of dying, study finds

New findings highlight why at-risk people need to be flagged and offered help, researchers say

Amina Zafar · CBC News · Posted: Mar 28, 2019 4:00 AM ET | Last Updated: March 28

A new study suggests cancer patients who've been hospitalized for mental health problems before their cancer diagnosis face a higher risk of dying from the malignancy. (Shutterstock)

Cancer patients who've been hospitalized for mental health problems before their cancer diagnosis face a higher risk of dying from the malignancy, say medical researchers in Canada and the United States.

The researchers are calling for more psycho-social supports, such as mental health counselling, for people with cancer. They point to emerging evidence that cancer survival rates are influenced by a patient's mental state.

The researchers, based at the University of Toronto and the Institute for Clinical Evaluative Sciences, said the findings highlight why people at risk need to be flagged and offered help, such as psycho-oncology services. For example, social workers, music and art therapists, psychologists and psychiatrists may offer counselling and therapies to help the patient and their family cope with cancer, reduce stress and improve emotional well-being.

"As a urologist seeing cancer patients, I don't have time necessarily to sit down for 30 minutes and really figure out what they need," said Dr. Zachary Klaassen, an assistant professor and urologic oncologist at the Georgia Cancer Center. "It comes down to the oncologist's awareness and willingness to send a referral" to their psycho-oncology colleagues to get a good psychiatric history from the patient and follow up regularly.

Before, researchers weren't able to take patients' previous psychiatric history into account.

Now, Klaassen and his team have pulled together health records of more than 675,000 adult cancer patients in Ontario. By cross-referencing the records, they were able to see the bigger picture of how cancer survival related to use of psychiatric services in the five years leading up to the cancer diagnosis.

It is incumbent on specialist and primary care doctors to … perhaps be more vigilant in asking questions around psycho-social health. - ***Dr. Robert Siemens***

The patients in the study had been diagnosed with one of 10 common solid organ cancers (prostate, breast, colorectal, melanoma, lung, bladder, endometrial, thyroid, kidney and oral) from 1997 to 2014.

By comparing the use of mental health services of these patients to control patients who did not have a mental health issue, Klaassen found the risk of premature death from cancer worsened as the level of psychiatric help people sought increased.

About 45 per cent of the cancer patients in the study (304,559) had a psychiatric assessment as an outpatient, often by a family doctor. Another 53 per cent (359,465) hadn't used any psychiatric services.

Some possible reasons

People with bladder and colorectal cancer who received help for their mental health in the previous five years were also at greater risk of attempting suicide, Klaassen and his co-authors found.

- Prostate cancer patients report that surgery offers worst outcome on quality of life
- How cancer coaches help patients navigate an overwhelming diagnosis

Klaassen cautioned that the findings don't mean seeing a psychiatrist means someone will die of cancer immediately. It suggested to him that patients and their doctors may need to be more vigilant.

Why those treated for mental health conditions had a greater risk of dying of their cancer isn't known. The study's authors speculated on a few possible reasons:

- Major depression and stress may hamper the body's immune surveillance to detect and fight off cancer.
- Patients may be missing appointments, which can lead to surgery delays.
- Physicians and other health-care professionals may be consciously or unconsciously biased against these patients.

"We have to probably look at ourselves as a health-care team and say, 'Yeah, these are not the easiest patients to treat,'" Klaassen said. "They may be aggressive; they may be rude."

Bladder cancer patients twice as likely to die

The cancer patients studied had used a mental health service or had a psychiatric consult, but had not necessarily been diagnosed with a mental health condition.

- Suicide rates are highest for men in their 50s and we're not sure why

In particular, bladder and bowel cancer patients who had received help for their mental health had a significantly higher chance of death compared to patients with the same cancers who hadn't had any psychiatric problems.

Bladder cancer patients with a history of hospital mental health admissions were more than twice as likely to die from their cancer, but researchers are unsure why.

In general, the risk of death from cancer was 1.73 times higher among people who were admitted to hospital for psychiatric care compared with those who didn't have psychiatric care.

PCCN Markham

Newsletter

Volume 20 Issue 9 **May, 2019**

People with bladder and colorectal cancer who received help for their mental health in the previous five years were also at greater risk of attempting suicide, Dr. Zachary Klaassen and his co-authors found. (Institute for Clinical Evaluative Sciences)

The study was published this month in the British Journal of Cancer. The study was part of a larger research project looking at the effect of mental health on cancer survival. Some of the research was presented last week at the European Association of Urology conference in Barcelona.

Dr. Robert Siemens of the urology department at Kingston General Hospital has studied the issue. He wasn't involved in Klaassen's work but recently published a review on depression and prostate cancer.

"This is important to scientists as it opens up a lot of questions to ask and answer," Siemens said in an email.

Siemens said the research highlights the potential of treatments to exacerbate or initiate psychological issues.

"It is incumbent on specialist and primary care doctors to understand this and perhaps be more vigilant in asking questions around psycho-social health," he said. "This isn't a slam dunk that its directly related, but how could it possibly hurt if we're even more focused on the whole person?"

Prostate cancer treatment tied to depression

A second study presented at the conference looked at how hormonal treatment to control cancer may increase a man's risk of depression.

The therapy suppresses testosterone, which fuels the growth of prostate tumours. But cutting off testosterone is also associated with side effects such as depression.

Siemens said urologists often see men on hormonal therapy for prostate cancer who experience low mood, depression or anxiety.

For that study, Dr. Anne Sofie Friberg from the Rigshospitalet in Copenhagen and her colleagues examined medical records of 5,570 men from the Danish Prostate Cancer Registry.

Compared with men without prostate cancer, men who had their whole prostate gland removed showed an increased risk of depression. That was based on their records of receiving antidepressant prescriptions or being referred to a psychiatric department for depression.

After surgery, erectile dysfunction and urinary incontinence are frequent symptoms.

Testosterone-blocking treatments can also change libido and lead to hot flashes that add to depression risk, the study's authors said.

The Danish research hasn't yet been peer-reviewed.

https://www.cbc.ca/news/health/cancer-patients-mental-health-study-1.5072439

PCCN Markham

Newsletter

Volume 20 Issue 9 **May, 2019**

NOTABLE

Prostate cancer diagnoses, deaths decreasing worldwide, study says

By Denise Powell, CNN Updated 8:43 AM ET, Tue April 2, 2019

Prostate cancer, one of the deadliest forms of cancer for men in the United States and worldwide, is on the decline, according to new research.

Researchers looked at World Health Organization data from five continents from 1980 to 2012 and saw an encouraging trend. In most parts of the world, the rate of men diagnosed with and dying of prostate cancer decreased or stabilized, according to the study, presented Tuesday at the American Association of Cancer Research meeting in Atlanta.

A walnut-shaped gland under the bladder, the prostate secretes seminal fluid, which provides nutrition for and allows the transport of sperm.

Dr. Alex Krist, vice chairman of the US Preventive Services Task Force and professor of family medicine and population health at Virginia Commonwealth University, who was not involved in the study, explained that prostate cancer "is one of the most common cancers that affects men. Usually, prostate cancer grows slowly."

The survival rate of patients with prostate cancer depends on factors such as how far it has spread.

The new study notes that prostate cancer is the second leading cause of cancer diagnoses and sixth most common cause of death from cancer among men worldwide. The authors also note that, since 2012, prostate cancer has led male cancer incidence, or new diagnoses, in 96 countries, and it is the most common cause of death among men in 51 countries.

More men with low-risk prostate cancer are forgoing treatment, study finds

"By comparing rates from different countries, we can assess differences in detection practices and improvements in treatment," MaryBeth Freeman, lead study author and senior associate scientist of surveillance research at the American Cancer Society, said in a statement. "Previous studies have indicated significant variation in prostate cancer rates, due to factors including detection practices, availability of treatment, and genetic factors."

PCCN Markham

Newsletter

Volume 20 Issue 9 **May, 2019**

Prostate cancer diagnosis rates decreased in seven countries from 2008 to 2012, and 33 countries showed a stabilization in diagnosis rates, the study found. From 2008 to 2012, the United States had the greatest decrease in the number of men diagnosed with prostate cancer.

Freeman and her colleagues found these results encouraging and believe that the research supports the use of prostate-specific antigen screening.

This test was approved by the US Food and Drug Administration in 1986 to monitor prostate cancer, and Freeman says its increased use resulted in a decline in diagnoses from the 2000s to 2015. In low-income countries, where screening is less available, later diagnoses and increased mortality rates are more common, she noted.

Countries with the most cases of prostate cancer from 2008 to 2012 were Brazil, Lithuania, and Australia. The highest mortality rates from prostate cancer included Caribbean countries such as Barbados, Trinidad and Tobago, and Cuba as well as South Africa, Lithuania, Estonia and Latvia.

Prostate cancer screening recommendations get rolled back by US task force

Although prostate-specific antigen screening has revolutionized prostate cancer management, it is not perfect. There is a risk of over diagnoses and overtreatment.

"The current recommendations from the US Preventive Services Task Force say that the decision of whether or not to screen for prostate cancer in men ages 55 to 69 should be an individual one, made only after a discussion of the benefits and harms with their doctor," Krist said. "Men age 70 and above should not be screened for prostate cancer, as the harms outweigh the benefits for this age group."

While Freeman acknowledges limitations in the scope of the data and how it was collected, she argues that overall, the research provides a more comprehensive look at prostate cancer globally.

"Further studies should monitor trends in mortality rates and late-stage disease to assess the impact of reduction in [prostate-specific antigen] testing in several countries," she said.

https://www.cnn.com/2019/04/02/health/prostate-cancer-global-rates-study/index.html

PCCN Markham

Newsletter

Volume 20 Issue 9 **May, 2019**

QUOTABLE

"Your living is determined not so much by what life brings to you as by the attitude you bring to life; not so much by what happens to you as by the way your mind looks at what happens." - Khalil Gibran

"The only sure rule in golf is he who has the fastest cart never has to play the bad lie." Mickey Mantle

PCCN Markham

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, St. Andrews Presbyterian Church, PCCN, 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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