The Walnut

NEWSLETTER OF PROSTATE CANCER CANADA NETWORK OTTAWA
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NOVEMBER, 2014

Evidence, Not Emotion, Should Drive Prostate Cancer Screening

by Andre Picard, The Globe and Mail

You know what would be great? If we had a test that could accurately predict if a man is at risk of developing prostate cancer, and when. Better still would be an intervention that would ensure the cancer would never arise and that it has no negative side effects.

But that's not we have. We have imperfect tests and imperfect treatments.

So what's a man to do, especially when even the experts are deeply divided?

This week, the Canadian Task Force on Preventive Health Care said physicians should stop using the PSA (prostate specific antigen) test for early detection of prostate cancer because it results in more harm than benefit. (The U.S. Preventive Services Task Force came to a very similar conclusion three years earlier.) What the recommendations say, in short, is that while the test will detect cases of prostate cancer early, which allows early treatment, if screening is done routinely, a lot of men will also be treated unnecessarily and suffer real harm.

Predictably, patient groups like Prostate Cancer Canada and physicians belonging to groups like the Canadian Urological Association reacted with outrage. They are convinced the PSA test saves lives, and that every man should be tested.

So, who is right?

If there was a simple answer to that question, this debate would not have been going on for years.

So let's focus on one key issue: Mortality.

About 4,000 Canadians will die of prostate cancer this year, making it the third leading cause of cancer death in men, after lung and colorectal cancer. An estimated 23,600 cases of prostate cancer will also be diagnosed.

Since the PSA test came into use, in 1991 in Canada – before that, rectal exams were used to detect swollen prostates and still are – here's what has happened:

- The incidence of prostate cancer has increased. If you test more men, you will find more cancer; opponents of screening argue that many men derive no benefit, and actually suffer much harm, from diagnosis;
- The survival rate has increased: About 95 per cent of men are alive five years after diagnosis; but, again, that follows if many patients did not need treatment.
- Mortality rates have dropped; what we don't know is how much of that is due to early detection and how much is due to better treatment.

Large, long-term studies in Europe show that PSA screening reduces cancer mortality by less than one per cent.

Put another way, to prevent one death from prostate cancer, 1,055 men would need to be screened and 37 cancers detected.

The problem is that every man is convinced he is the man who was going to die. No one believes he would be harmed.

In response to the task force recommendations, there was an outpouring of moving testimonials from men for the lifesaving benefits of PSA testing.

But, according to the data, for every man who benefits from PSA testing, 27 are harmed by unnecessary treatment – complications such as impotence, incontinence and higher risk of heart disease and osteoporosis (because many men get a hormonal treatment that deprives their body of androgens).

See Evidence, Not Emotion on page 6

CRACKING OPEN THIS WALNUT

Timing in life is everything, we're told.

It's MOvember, the ideal time for a Canadian Task Force's stunning announcement about PSA tests to bring prostate cancer to the forefront of the news.

Hence, this issue's focus is on that announcement and the reactions from a Globe and Mail columnist, Prostate Cancer Canada, and our own PCCN Ottawa co-chairs.

Prostate Cancer Canada Network Ottawa

Summary of Steering Committee Meeting, Thurs., Oct. 23, 2014

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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.

- A minute of silence was observed to reflect on the tragic events of October 22nd.
- Martien de Leeuw distributed the October Walnut to the Ottawa Public Library.
- The SC approved the creation of the e-book version of "Assume the Position" on receipt of business plan.
- David Brittain, PCC coordinator, is organizing a group to attend the Support Group conference in Huntsville in early November.
- Jim Thomson tabled the September 30th financial report and the 2014 budget,
- The annual mailing of the membership donation mailing package was prepared.
- Bill Dolan reported that PCCN Ottawa has an understanding that TOH will provide speakers for monthly meetings starting in 2015. The November meeting's speaker is Dr. Shawn Malone, an Ottawa hospital radiation oncologist. The December meeting is the annual Christmas party with entertainment by the Trillium Jazz band. Michelle Faber will talk about a potential women's group.
- Will Lee reported that we supplied volunteers for six events this year: the Canadian Cancer Society daffodil sale in April, Ride for Dad/Ottawa Hospital free PSA clinic in May, Ride for Dad motorcycle ride in June, and Ottawa Regional Cancer Foundation Ultimate Run, in June, Epic Walk in September and Nordic Walk in October.
- The Warriors+1 Group will be showing a video in November
- Hal Floysvik, is coordinating an update of the constitution and a new procedural manual for the association. Draft expected in spring, 2015.
- Development of a new awareness video proposed by Richard Bercuson was approved.
- John Arnold will work out details on Dr. Bella's educational video program for men with prostate cancer.
- Black Walnut project progressed with Bill Dolan and Chris Brown meeting with Diana Beresford-Kroger who agreed to be the subject matter expert on the project. Launch in the Spring of 2015. ■

In Memoriam

PCCN Ottawa member Doug Payette passed away on Oct. 8, 2014, from prostate cancer. He spent his last days resting comfortably at the Elisabeth Bruyere Centre.

The association sends its condolences to his family.

PCCN Ottawa Co-Chairs Shoot Back

Letter to the Editor of the Ottawa Citizen:

Members of the Prostate Cancer Canada Network Ottawa were shocked and deeply disappointed by the guidelines regarding prostate cancer screening.

As Ottawa's Prostate Cancer Support Group, serving more than 350 prostate cancer survivors, we deal with the realities of prostate cancer on a daily basis. And we strongly disagree with the task force recommendations to cancel all PSA testing for men of all ages and risk group categories.

The PSA test has been used for more than two decades world-wide. We are certain that many front-line family doctors find the PSA test to be a valuable tool in their medical practices to help them understand the current status and cancer risk of their patients. It is troubling that the task force's recommendations may cause family doctors to stop ordering PSA testing and eliminate any meaningful discussion on risk and prostate cancer with patients.

The task force recommendations appear to be primarily directed towards the family doctor. It is interesting that the task force does not include a single urologist, medical oncologist, radiation oncologist or other prostate cancer specialist.

While PSA testing may not be the perfect tool, it is the best objective tool we currently have. The test is a simple, low-cost, easy to administer blood test, that in and of itself does not result in the over- treatment of potentially slow growing cancers, as described in the report. It merely provides a baseline to help identify men that may be at risk of prostate cancer. While the report highlights complications of biopsy, it fails to compare these mild complications with the catastrophic effects of advanced prostate cancer or bone metastases in men who have had a late diagnosis.

We encourage all men and their loved ones to speak out against these recommendations and insist on their rights to make choices based on informed decision-making.

John Arnold & Bill Dolan

Co-Chairs
Prostate Cancer Canada
Network Ottawa ■

NEXT MONTHLY MEETING — Thursday, Nov. 20

6:30 p.m.: Mentoring of the newly diagnosed – Shalom Room

6:30 – 7:30 p.m.: Social time & PCCN Ottawa business

7:30 p.m.: Dr. Shawn Malone will discuss new and emerging treatment options in metastatic castration resistant prostate cancer (mCRPC).

Dr. Malone is an Associate Professor at the University of Ottawa and Staff Radiation Oncologist at The Ottawa Hospital. He has research interests in clinical trials in Prostate Cancer, Precision Radiotherapy, Stereotactic Radiotherapy and Biomarkers in Prostate Cancer. He is the author/co-author on more than 60 peer review articles including publications in The New England Journal of Medicine, JCO, Lancet, and International Journal of Radiation Oncology Biology and Physics. He currently chairs four clinical trials in prostate cancer.

We meet the third Thursday of each month at St. Stephen's Anglican Church, 930 Watson Street. Follow the Queensway to the Pinecrest exit and proceed north, past the traffic lights, to St. Stephen's Street on the left. Parking is at the rear of the church.

Please remember your contribution for the St. Stephen's food bank.

"WARRIORS + 1" SUPPORT GROUP — Tuesday, Nov. 18

1:00 – 3:00 p.m.: The Warrior program will feature a video on self-hypnosis followed by discussion. There will also be a "round table" on participants' latest health issues. Saad Hanaa will chair the meeting.

Warriors meetings are held the Tuesday BEFORE the regular monthly meeting at the Maplesoft Centre for Cancer Survivorship Care 1500 Alta Vista Drive (at Industrial in Cancer Survivors Park, across from Canada Post)

Scrapping PSA Test An Injustice To Men

by Rocco Rossi, president and CEO, Prostate Cancer Canada
Contributed to The Globe and Mail • Published Tuesday, Oct. 28, 2014

The Canadian Task Force on Preventive Health Care released guidelines recommending against using the prostate specific antigen (PSA) test to screen for prostate cancer. Quite simply, these guidelines do not only a great disservice but also a great injustice to men and their loved ones.

Why is that? Early detection of prostate cancer saves lives. That's especially important for a disease that often has no symptoms until it has advanced to stage when there are fewer treatment options with less positive outcomes. The Task Force will say that the PSA test isn't a perfect test – and we don't disagree. But it is currently the best clinical indicator – a red flag – that something might be amiss and warrants further follow-up. That type of monitoring allows for the best possible outcomes.

The PSA test can and should be used to help determine an individual's risk of prostate cancer. That baseline PSA test value, considered along with other risk factors such as family history and age, will better inform the patient-physician conversation about appropriate follow-up. That's not just screening – that's smart screening. We are not advocating for mass population screening, or annual PSA tests – smart screening encompasses tailored clinical follow-up appropriate for the individual. But if PSA testing is eliminated, men who are at high risk of prostate cancer won't benefit from early detection; this includes men of Black African or Black Caribbean descent or men with a family history of prostate cancer.

And men have a right to know their risk. Men have a right to decide how they will use that information. The reality suggested by the task force harkens back to the not-so-distant past of paternalistic medicine rather than informed decision-making.

The task force will also say that PSA testing will lead to overtreatment. Let me be clear here: The PSA is one tool, really just the entry point to more specific diagnostics should there be any warning signs that more follow-up is required. One PSA test should never mean leaping into treatment. Perhaps in the past physicians were too quick to recommend treatment without determining if the prostate cancer was low-risk or potentially aggressive. But the solution to that is more education about the appropriate interpretation of the test result, not a full-scale ban on using the test.

A recent study from the United States estimated what would happen if PSA testing was eliminated, as was recommended by the task force. It found that cases of metastatic disease would double, leading to an almost 20 per cent increase in deaths from prostate cancer. That outcome is simply unacceptable. Applied to the estimated Canadian mortality rate from prostate cancer of 4,000 deaths a year – that's 800 additional dads, brothers, husbands, sons and friends. The world has spent the last 20 years reducing the mortality rate for prostate cancer by more than 40 per cent, but these guidelines will erase that progress and turn the clock back.

We feel so strongly about the issue that we have launched supportpsatests.ca to help clear up the confusion around this task force and for everyone to get and share the facts about PSA tests.

Ultimately, we are campaigning to safeguard the benefit of the early detection of prostate cancer, which can lead to a survival rate for prostate cancer of more than 90 per cent. Those are odds we want every man to have. Why would we discard a tool that makes that type of positive outcome possible?

We at Prostate Cancer Canada have met with thousands of men across the country who know that they are alive only because of early detection. Had this recommendation been in place previously, many would not be alive today. Men have a right to choose. A right to know. And everyone has a right to the best possible survival rates. ■

PCRI Conference provided much insight and news

Three members of our PCCN Ottawa community, Gerry Gilbert, Dan Faber, and his wife Michele, traveled to Los Angeles in early September to attend the annual Prostate Cancer Research Institute (PCRI) international conference. They returned to our association's October meeting with summaries of their perspectives.

Gilbert reported there were over 900 in attendance with 16 medical professionals giving presentations. He learned that it is a fairly common occurrence for metastatic prostate cancer to reappear even after a radical prostatectomy when there's still a 20-50% reoccurrence rate. Only better imaging procedures can help.

There have been tremendous improvements in treatment options in the last five years. Yet the cure rate remains static. He also discovered that, while corn oil, flaxseed, popcorn and beef are bad for prostate cancer, olives, nuts, dark chocolate, blueberries, soy milk and pomegranate juice are good for it.

The theme of the conference, said Dan Faber, was patient empowerment and how best to partner with medical professionals. He went on to describe how the future of cancer imaging lies in the use of two scanners.

For Michele Faber, who attended with an eye to the women's perspective, the key was for partners to get support, learn, participate and communicate. She shared with attendees a lengthy list of support options aside from PCCN groups. She stressed the importance of learning about anatomy, the factors in decision-making, prognostic testing and treatment options.

But, she said, there is life after a prostate cancer diagnosis.

Canadian Task Force Advises Against Screening For Prostate Cancer Using PSA Test

by Sheryl Ubelacker, The Canadian Press
Published in The Globe and Mail, Oct. 27, 2014

A national task force that produces guidelines for doctors says PSA testing should not be used to screen men for possible prostate cancer because it can lead to more harms than benefit.

In guidelines issued Monday, Oct. 27, the Canadian Task Force on Preventive Health Care says prostate specific antigen, or PSA, testing is not an effective screening tool because it often produces false-positive results that lead to unnecessary treatments and potentially adverse side-effects.

That conclusion brought swift and mostly negative reaction from some medical and advocacy groups, which disagree with the task force's recommendation that PSA testing be eliminated as a screening tool for prostate cancer.

PSA is a protein produced in the prostate, the walnut-sized gland located below a man's bladder. Elevated levels of PSA in the blood may indicate the presence of prostate cancer.

"Our recommendation is against PSA screening," said Dr. Neil Bell, who heads the working group on prostate cancer screening for the 14-member task force established by the Public Health Agency of Canada.

"We have a stronger recommendation for men over 69 and under 55, and a little less strong recommendation for men between 55 and 69," said Bell, noting that the advice is based on a review of large international clinical trials that compared outcomes for men who got PSA screening and those who didn't over more than a decade.

The evidence suggests that among men aged 55 to 69, almost one in five had at least one false-positive PSA test, and about 17 per cent ended up with unnecessary biopsies of the prostate as a result, Bell said from Edmonton, where he is a professor of family medicine at the University of Alberta.

Furthermore, more than half of detected prostate cancers are overdiagnosed — meaning they won't cause symptoms or death during a man's lifetime. Such overdiagnosis often leads to treatments that can cause impotence, incontinence, infection and bleeding.

"So what's the benefit in that age group? If you screen men based on the protocol in those trials, every two to four years for 13 years, five out of 1,000 will die from prostate cancer. If you don't screen, six out of 1,000 men will die from prostate cancer," Bell said. "So the reduction in prostate cancer mortality is one in 1,000 or about 0.1 per cent."

"To get the benefit, you're diagnosing about 27 or 28 men with prostate cancer who would never benefit from the treatment related to prostate cancer because they would never suffer any difficulty from it," he said. "They could be investigated or treated and suffer the consequences of that treatment without actually benefiting from it."

"Physicians and patients need to be aware of the fact that in prostate cancer, early diagnosis doesn't always mean you're going to get a better benefit."

The task force guidelines, published in the Oct. 27 edition of the Canadian Medical Association Journal, apply only to using PSA testing to see if a man might have prostate cancer, not for checking whether treatment is working in men already diagnosed with the disease.

The advocacy group Prostate Cancer Canada was among those that disputed the recommendation, insisting that when performed appropriately, the benefits of PSA screening far outweigh potential harms.

"It's the approach of one size fits all and that doesn't work for health care," said Stuart Edmonds, vice-president of research, health promotion and survivorship at Prostate Cancer Canada.

Edmonds said that based on recently published modelling estimates, doing away with regular PSA screening would double the number of advanced cases — in which the malignancy spreads beyond the prostate gland — resulting in an estimated 13 per cent to 20 per cent jump in prostate cancer deaths each year.

Prostate Cancer Canada suggests PSA testing should be used as part of "smart screening," a personalized approach in which men are tested at age 40 to establish a baseline number; subsequent tests would be performed over time to monitor any changes in that measurement.

"The PSA test, we believe, has an important role in diagnosing prostate cancer early, and that's why we suggest a smart screening approach whereby men get a PSA test and that's added to their risk profile along with their age, their ethnicity and their family history," he said.

"And then that determines when the next PSA test takes place. It could be two years, it could be 10 years. ... We really believe the benefits of the PSA test far outweigh the risk of not doing it."

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Evidence, Not Emotion from page 1

Implicit in the recommendations is the concern that, once a man is diagnosed, a cascade of interventions will follow. In an ideal world, initial PSA results would trigger little more than active surveillance , whereby the clinician does little more than monitor for symptoms.

We simply do not know what happens to individual patients after a PSA screening test raises concerns, although there is some evidence of over-treatment.

(To be clear, the PSA test is an excellent tool for monitoring patients who have cancer and are undergoing treatment. The debate revolves around its usefulness as a diagnostic tool. It generates a lot of false positives, because PSA levels can shoot up for reasons other than the presence of cancer.)

Prostate cancer can be extremely aggressive and kill quickly but, by and large, it is slow-growing. It is often described as a cancer you die *with* rather than *of*. But anecdote is much more powerful than statistics.

Almost all the 23,600 men diagnosed with prostate cancer this year will be convinced that testing saved their lives.

The reality is a tad more complicated.

We have a lousy test, and physicians and their patients must decide how much stock to put in it.

The most dispassionate and sensible advice comes from the Canadian Cancer Society. It recommends men over 50 discuss the pros and cons of PSA testing with their physicians, and decide based on family history and personal risk tolerance.

To come to the right decision, patients and doctors must have a good grasp of the evidence, be willing to set aside emotion, and then go with their gut. ■

Task Force from page 5

Dr. Rodney Breau, a spokesman for the Canadian Urological Association, said the new advice is concerning to prostate specialists who believe a lot of good has arisen from PSA screening over the last couple of decades.

In the past, about 20 per cent of men diagnosed with prostate cancer already had metastasis to other parts of the body, reducing the options for successful treatment, said Breau, a uro-oncologist at the Ottawa Hospital. "That's a very rare presentation nowadays, thankfully."

"And the reason for that is PSA screening, there's no doubt about it."

Since PSA testing was first introduced in the early 1990s, the death rate from prostate cancer has dropped by about 40 per cent in Canada, which Breau also attributes to regular screening. (Bell of the task force said there also may be other reasons, including improved treatments.)

"There's no doubt that it has helped many men," said Breau, though he agreed there are also harms that can arise from PSA screening.

"We want to keep the benefits of screening, but we want to reduce the harms," he said, noting that doctors are more judicious about performing biopsies and treating only those men who are likely to benefit.

"There's risks and benefits associated with (screening), but there are ways of mitigating many of those risks."

The conflicting stances on PSA screening will likely lead to confusion, with some men wondering if they should or shouldn't get testing, agreed Edmonds of Prostate Cancer Canada, whose bigger concern is that many men might be less likely to see their family doctor about prostate health in general.

"There's also other aspects to prostate health, with prostatitis and benign prostatic hyperplasia also indicated by a high PSA level," he said.

While Bell said task force members are recommending against routine PSA screening, they understand that some men will want the test anyway. "Men who are concerned about prostate screening should have a discussion with their physician ... to come up with the decision that's appropriate for that person," he said. ■

The Walnut Laureate

GET IT GROWING

by Glenn Kletke

Merry, magnificent and a bit mad
that male marker called moustache
hangs above the lip like a hairy hello
offers several neat appearance treats
you can grow yourself a Horseshoe
or sport a droopy classic Fu Manchu
tuck it under your nose as Toothbrush
cause a big fuss with a giant Walrus
launch a planned spontaneous row
with the standard Pencil-Mouthbrow
or be a room's single brightest star
roar in with your waxed Handlebar
whatever facial splash you choose
it's a fashion win you just can't lose
Movember, month of the moustache
wear it as prank or as a dashing view
the men of prostate cancer thank you.

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