PCCN REGINA PROSTATE CANCER SUPPORT GROUP INC.
NEWSLETTER

The purpose of PCCN Regina is:

1. To increase awareness, knowledge and understanding about prostate cancer in the community we serve.

2. To arrange and conduct regular monthly meetings.

3. To provide education sessions and information to prostate cancer survivors, their families, friends, and the public.

4. To provide for sharing of experiences and concerns.

5. To provide counseling services these counseling services do not include recommendations for treatments, medicines or physicians.

6. To promote courage and hope.

7. To co-operate with other cancer agencies in the fight against cancer.

Our next meeting is on February 9.

Dr. Nelson Leong, Radiation Oncologist will do a presentation on radiotherapy for prostate cancer. Dr. Leong recently provided the presentation to the staff at the Cancer Clinic where it was very well received.

Time:
Our meeting will be on Thursday February 9th 2017

The meeting will start at 7:00 p.m. and will end at 9:00 p.m.

Place:
Canadian Cancer Society building located at 1910 McIntyre St, Regina.

McIntyre St. is the next street East of Albert St. 1910 McIntyre is between Victoria Ave. and 12th Ave.

Meeting room is on the 2nd floor.

Free evening parking along McIntyre Street.

Visit our website!
www.pccnregina.ca

Our Mailing Address:

PCCN REGINA - PO Box 3726

REGINA, SK S4S 7K4

Please email us at pccn.regina@gmail.com if you have any questions.

PROSTATE HEALTH

HIFU for Prostate Cancer: Think Twice

Searching for a "magical" cure for prostate cancer, and believing the stories of men who had purportedly found such cures, patients have long traveled abroad in search of therapies not approved for use in the United States by the Food and Drug Administration. Notably, in recent years some men with prostate cancer have gone overseas to receive a treatment called high intensity focused ultrasound (HIFU).

Because of a recent change in federal regulations, however, medical clinics in this country are now permitted to offer HIFU as a treatment for diseases of the prostate, including cancer. However, the FDA has not expressly approved HIFU as a treatment for prostate cancer, and this therapy's value and safety remain controversial. If you have recently been diagnosed with prostate cancer, here's what you should know before considering HIFU.

Ultrasound as Therapy

HIFU uses ultrasound technology to destroy diseased tissue. Most people are familiar with ultrasound as a medical-imaging technique for producing pictures of structures inside the body, which it achieves by emitting sound waves and capturing them as they bounce back. However, high-energy ultrasound waves can also kill tissue by generating temperatures up to 176°F (80°C). HIFU also kills tissue by causing cells to collapse.

HIFU was initially studied in the early 1950s as a treatment for Parkinson's disease. Clinical trials of HIFU for prostate cancer began in the 1990s and the therapy has been used to treat the disease for more than 15 years. It is already available in Europe, Canada, Japan, and other countries.

HIFU can be used to remove a man's entire prostate. However, the technique is commonly administered as a form of focal therapy, a relatively new strategy that is sometimes used to treat small prostate tumors that have not spread beyond the gland. Traditional treatments such as radical prostatectomy and external beam radiation

remain the standard of care for prostate cancer; those so-called "whole gland" therapies aim to treat the entire prostate, along with some surrounding tissue.

By contrast, the goal of focal therapy is to destroy only the tumor, while sparing the prostate gland and other nonmalignant tissue (such as nerves) from harm. Cryotherapy is another type of focal therapy; it takes the opposite approach to HIFU by freezing tissue within the prostate.

Despite growing interest in focal therapy, it remains an investigational treatment, and has been primarily studied in men with very low-risk prostate cancer.

HIFU and the FDA

HIFU is used to treat other diseases of the prostate, including benign prostatic hyperplasia (BPH), also known as benign prostatic enlargement (BPE), as well as other medical conditions (such as uterine fibroids).

Here's how HIFU is used to treat prostate disease: After a patient is sedated, the doctor inserts a probe through the rectum. The probe uses ultrasound imaging to visualize the prostate, allowing the doctor to make a "map" of which zones to treat. Next, the doctor uses the probe to apply high-intensity ultrasound waves to the targeted area, heating up a spot the size of a rice grain. This process is repeated until the targeted area is destroyed. The procedure takes two to four hours, depending on prostate size and the number of tumors.

Proponents of HIFU emphasize its advantages over other treatments for prostate cancer. For instance, the procedure doesn't require an incision or result in any blood loss, and the patient isn't exposed to any radiation. HIFU is performed on an outpatient basis and recovery is speedy—men are usually up and around within hours of the procedure. Some providers insist that HIFU treats prostate cancer as well as surgery and radiation.

However, it's important to consider such claims with caution, because many questions remain about the overall safety and effectiveness of HIFU. That much became clear when a French company called EDAP asked the FDA to approve its HIFU device, called the Ablatherm HIFU, for the treatment of low-risk prostate cancer that has not metastasized, or traveled, outside the gland. (The device name comes from "ablation," which refers to the removal of tissue, and "thermal," which means "caused by heat.")

In its FDA application, EDAP noted that the Ablatherm HIFU had been used to treat more than 40,000 patients around the world. To demonstrate the technology's effectiveness to the FDA, EDAP conducted a meta-analysis (an analysis that combines the results of many individual studies to reach a single conclusion) of HIFU for treatment of low-risk prostate cancer. The company argued that the results showed HIFU's effectiveness in treating prostate cancer that has not metastasized.

An expert panel appointed by the FDA to evaluate EDAP's application disagreed with that assessment. In particular, it noted that 28 percent of men who underwent HIFU had positive biopsies for prostate cancer two years later, a figure that members of the panel felt was too high; with more than one in four patients experiencing a cancer recurrence, it appears that the HIFU probe frequently fails to completely eradicate the cancer. The FDA decided to reject EDAP's application for the Ablatherm HIFU in 2014.

The Story Continues

The FDA's rejection wasn't the end of the story for HIFU in the United States, however. A year later, a company called SonaCare asked the FDA for permission to sell its HIFU device, called Sonablate, in this country. However, instead of seeking approval to market Sonablate for the treatment of prostate cancer, SonaCare simply sought permission to sell its device for "prostate tissue ablation."

In October 2015 the FDA cleared the way for Sonablate to be sold in the United States for ablation of prostate tissue. A few weeks later the FDA granted EDAP the right to market the Ablatherm HIFU. Since the FDA does not regulate the practice of medicine, there are no legal restrictions prohibiting doctors in the United States from using these HIFU devices to treat prostate cancer, as they now do at a number of clinics around the nation.

Is HIFU for You?

If you have prostate cancer, there are several good reasons to think twice before pursuing HIFU as a treatment option. For starters, the overall quality of research on this therapy leaves a great deal to be desired, so we still don't know enough about its efficacy, especially when used as focal therapy. One study found that 88 percent of men with low-risk prostate cancer who had HIFU were cancer-free (as measured by PSA testing) five years later, but only 48 percent of patients with high-risk disease who had HIFU fared as well. A 2015 study of 918 HIFU patients published in the Journal of Urology found that 87 percent had negative biopsies six months later, though the majority of the men studied had low-risk prostate cancer to begin with.

While HIFU boosters claim the procedure is safer than other approaches, it's by no means free of side effects. The risk of ED is greater in men undergoing whole-gland HIFU therapy (as high as 77 percent in one study) than in focal therapy, which has found post-operative ED rates ranging from 11 percent to 45 percent. However, a 2016 study in European Urology found that ED triggered by HIFU responded to medication and often diminished within one year. Urinary problems are another common side effect.

But the biggest adverse effect from HIFU could be the harm to your wallet. Most insurers will not cover the cost of treatment, so pursuing this ultrasound-based therapy could prove to be ultra-expensive.

Prostate Cancer Surgery: Choose Carefully

There are many talented surgeons who use a robot to help remove prostates safely and with excellent results. And there are thousands of American men who are very satisfied with the results of their robot-assisted prostate cancer surgery (prostatectomies).

However, if you are diagnosed with prostate cancer and are looking at the various treatment options, it is not the technology that should be your focus, but rather the experience of the physician treating you.

The surgical robot is an impressive piece of medical equipment that has captured the interest of hospital administrators, doctors, and patients. A 2016 study has found that when it comes to prostate cancer surgeries, robot-assisted laparoscopic prostatectomy (RALP) is now performed five times more than open radical prostatectomy, and accounts for 85 percent of all prostate surgeries performed by urologists.

To determine how robotic prostatectomy affects practice patterns of urologists, researchers conducted an analysis of more than 6,500 doctors using six-month case log data of certifying urologists from 2003 to 2013 from the American Board of Urology. The researchers found that 41 percent of all prostatectomies were performed by 10 percent of the urologists, indicating that there were only a few physicians performing very high volumes of surgery.

Overall, the average number of radical prostatectomies—two per surgeon—was very low, while the average number of RALPs was eight, with more than half of the doctors performing fewer than these numbers during the six-month period.

Although a minimal surgical volume for proficiency has yet to be established, it's generally accepted that in terms of complication rates and cancer control, most surgeons obtain proficiency with RALPs after 250 procedures. However, this study suggests that for a high percentage of doctors, it will be many years before they perform the number of surgeries needed for that level of proficiency.

Experience Counts

The aggressive marketing of the daVinci robotic system by its manufacturer, Intuitive Surgical, Inc., more than a decade ago made many promises for this high-tech and ultra-expensive medical tool. Even though there was a distinct lack of legitimate outcomes data, many hospitals and prostate surgeons took the promises at face value, and thus began the robotic medical revolution in the United States.

Because it was such a technological marvel, many men came to believe that robot-assisted prostate cancer surgery with a million-dollar machine was better than a procedure performed with a simple scalpel.

Years after hospitals throughout the country bought the million-dollar robots, the results from the first-ever randomized trial comparing robotic-assisted and open prostatectomy are available. Reporting in the journal Lancet, Robert Gardiner, M.D., of the Royal Brisbane and Women's Hospital in Brisbane, Australia, found there was no difference in urinary or sexual function at six weeks or twelve weeks after prostate surgery.

In addition:

• Patients said they experienced better quality of life at six weeks after undergoing a robotic procedure, but not at 12 weeks.

• At six and 12 weeks, quality-of-life outcomes were virtually the same, whether the surgery was performed with a scalpel or with a robot.

These findings go counter to the claims that have been repeatedly made to promote robotic-assisted surgery, going back to 2001, when the robot was first used. Had this Lancet study appeared when the daVinci was first being marketed, it's very unlikely that the technology would have achieved such a significant foothold in the prostate cancer world.

The Australian research that was presented is just the first phase of an ongoing study of 326 men, all between the ages of 35 and 70, who were expected to live at least another decade after their procedure. The second phase picks up at the 12-week mark after surgery and will follow the same group of men up to the two-year anniversary of their procedures. Those results are expected to be published in 2017.

Our Advice

Now that we know that robotic assistance does not yield better results in prostate cancer surgery, ignore the marketing hype. Instead, when it comes to prostate surgery, look for the surgeon who can achieve the best results with whatever surgical approach he or she is comfortable with.

A highly experienced surgeon is most likely to achieve clear margins, which means that the outer edge of the surgical specimen contains no cancerous cells—an indication that all the malignant tissue was removed.

This surgeon also is more likely to know how to avoid damaging the erectogenic nerves surrounding the prostate that are necessary for firm erections. The risks of other complications, such as urine leakage and urethral strictures—the narrowing of the urethra by scar tissue—are also reduced when an experienced surgeon performs surgery.

Finally, your quality of life and, ultimately, the length of your life, will be in the hands of the doctor who treats your prostate cancer, so choose carefully. Ask questions about your prospective surgeon's personal results with cancer control, sexual function outcome, and urinary control. And don't forget to ask about the number of prostate cancer surgeries the doctor has performed in the past year.

We visited WebMD and thought that you would be interested in the information below.

http://www.webmd.com/cancer/common-cancers-16/prostate-cancer

To view, click on the address above or copy and paste it into your Web browser.

From The BC PCa Support Group

We often hear that when confronted with learning one has "cancer" they experience a certain amount of anxiety and/or depression. The BC PCa Support Group has shared a web site with members with health strategies for managing and preventing anxiety/depression.

The website is **http://www.eadsupguys.org. It is by men, for men.**
Feel free to share the site with anyone just starting the journey and experiencing some anxiety.

This was sent in for consideration and
we feel it is just too good not to share ... :)

PCCN REGINA PROSTATE CANCER SUPPORT GROUP INC.

PCCN REGINA PROSTATE CANCER SUPPORT GROUP TAX DEDUCTIBLE DONATION

PCCN Regina is a volunteer support group for men diagnosed with prostate cancer and their families. We are a registered charity that relies on the generosity of its members, supporters and friends to fund its programs. Charitable deduction receipts for income tax purposes are issued for amounts of $10.00.

You can donate by sending a cheque to:

PCCN – Regina: PO Box 37264

Regina, SK S4S 7K4

Donor's Name: _____

Donor's Address: _____

_____

Postal Code: _____

If this gift is in memory/honor of someone, please provide mailing address information if you wish us to provide a notification.

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2016-2017 MONTHLY PROGRAM DATES

Support Group meeting dates are the second Thursday of each month. Monthly Programs are being developed and will be announced in future newsletters.

2016

November 10 – Mikki Robicheau, Nurse Navigator at Prostate Assessment Centre

December 08 – Darin Anderson on Colopast Products

2017

January 12 – Board Members: November 5th Oncology Symposium Report

February 09 – Speaker Dr. Nelson Leong Radiation Oncologist

March 09
April 06
May 11

June 08
Annual Meeting

July and August
No meetings

Pending for 2017:

- UofR RN Professor on PCa Patient Care
- Pathologist Presentation
- Advance Care Planning Workshop