Dr. Daygen Finch, one of the local Medical Oncologists, at the Cancer Centre for the Southern Interior in Kelowna gave everyone present a very interesting and informative presentation on some of the steps that medical oncologists take in treating advanced or metastatic prostate cancer. This included chemotherapy drugs as well as some of the newer drugs including Abiraterone (Zytiga®) and Enzalutamide (Xtandi®). She mentioned that The B.C Cancer Agency recently approved the use of Zytiga® for all men with Castrate Resistant Prostate Cancer (CRPC) prior to chemotherapy. Prior to this it was only used if men with CRPC met certain criteria prior to chemotherapy.
A month ago, Trevor Storie was a typical 9-year-old boy who loved video games, watching cartoons and playing baseball and football. And like most kids, he was anxious for Christmas break.

But what began with a stomachache turned into a life-changing event Dec. 14 and now the Shawnee area-third-grader is on a 42-week course of chemotherapy after being diagnosed with a rare form of prostate cancer.

Trevor has already lost his hair and is on his third week of treatment, but to cheer him on, supports are using the theme, "Rock'em, Sock'em Trevor."

Although diagnosed with stage 3 cancer his mother said doctors are hoping for a 100 percent recovery for Trevor and she said she believes it.

His mother said Trevor had a stomachache on December 13. As the evening and overnight hours progressed, she said Trevor kept saying he needed to go to the bathroom, but couldn't

The next morning they were at the emergency room in Shawnee, where doctors found a mass and discovered his bladder was huge, she said.

Trevor took a trip to Children's Hospital by ambulance, where he had his bladder drained of nearly two liters of fluid so doctors could get a biopsy of the mass, which revealed cancer. "The prostate diagnosis for such a young boy even amazed the doctors his mother", Zona said.

"Prostate cancer in a 9-year-old doesn't happen," she said, adding the odds are less than two percent with about 350 such cases reported each year.

For Zona, who said her children are never sick, it was unimaginable.

"One minute you kid is perfectly fine...playing football," she said, then things change in the blink of an eye.

"There were no signs of anything," she added.

And while the 9-year-old has been a trooper through all the procedures, he didn't particularly like the catheter, which was expected to be in place for six weeks until treatments could shrink the tumour, his mother said.

Luckily for Trevor, he's making good progress so the catheter was removed three weeks early, allowing him to return to school on Friday. "He loves school," his mother said.
As Trevor faces chemotherapy and radiation for the form of cancer called Rhabdomyosarcoma, a benefit fund has been set up to help his family pay for the mounting medical bills not covered by insurance.

**Rhabdomyosarcoma (RMS) -**
According to the American Cancer Society, Rhabdomyosarcoma is a cancer made up of cells that normally develop into skeletal muscles. We normally think of skeletal muscles as being mainly in our arms and legs, but these skeletal muscle cancers can start nearly anywhere in the body. Some of these sites include head and neck (near the eye, inside the nasal sinuses or throat, or near the spine in the neck), the urinary and reproductive organs (Bladder, prostate gland, or any of the female organs), arms and legs and the Trunk (chest and abdomen). This is a rare type of cancer that normally develops in children.

**Embryonal Rhabdomyosarcoma (ERMS)** is the most common type. It usually affects children in their first 5 years of life. The cells of ERMS look like the developing muscle cells in a 6-to-8-week-old embryo. ERMS tends to occur in the head and neck area, bladder, vagina, or in or around the prostate and testicles.

**Editors Note:** Most of us think of Prostate Cancer being a disease of either middle aged or older aged men. The above makes us realize that this disease can although very rare even affect the very young.

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

*Good Old Canadian Humour*

A couple are at the airport in Phoenix, awaiting their flight.

They are dressed in heavy boots, parka, scarf, mittens, and are ready to head home to the Canadian winter.

An older American couple standing nearby, are intrigued by their manner of dress.

The wife says to her husband, "Look at that couple. I wonder where they're from."

He replies, "How would I know."

She counters, "You could go and ask them."

He says, "I don't really care. You want to know, you go and ask them."

She decides to do just that, walks over to the couple and asks,

"Excuse me. I've been noticing the way you're dressed and I wonder where you're from?"

The Canadian farmer replies, Saskatoon, Saskatchewan."
The woman returns to her husband who asks, "So where are they from?"

She replies, "I, don't know they don't speak English."

Radiation for Prostate Cancer May Lead to More Complications Than Surgery

The following is an excerpt of an article that came from the Brandon Sun and originated with The Canadian Press - On Line Edition - By Sheryl Ubelacker

For men with prostate cancer, deciding whether to opt for radiation or surgical removal of the gland can be a daunting prospect, as both carry the risk of unpleasant side-effects such as urinary incontinence and erectile dysfunction.

But a large study suggests that radiation treatment may lead to a higher incidence of other adverse effects in the years following treatment for localized prostate cancer, depending on a man's age and other medical conditions.

The study, published on January 16, 2014 in the journal *Lancet Oncology*, found men treated with radiotherapy had fewer minimally invasive urologic procedures, compared to those who chose surgery. But over time, the radiation group had a higher proportion of hospital admissions, rectal or anal procedures, related surgeries and secondary cancers.

Lead researcher Dr. Robert Nam, a urologic oncologist at Sunnybrook's Odette Cancer Centre in Toronto, says before patients make a choice, it's important they understand all the risks associated with each treatment, to maximize their quality of life.

"Some people may say, 'You know What? I can live with a little leakage. I don't have to have sex. That stuff is over for me, so I'm going to go ahead with (a particular) treatment," Nam said. "That's usually the logic of their thinking.

"But what this study now says is wait a minute. Do you want to be admitted to a hospital all the time? Do you want to be bleeding from your bladder or bleeding from your rectum all the time? Do you want a second cancer?" "These are new things that people need to think about."

To conduct the study, researchers analyzed hospital and physician administrative records for 32,465 Ontario men who were treated with localized prostate cancer between 2002 and 2009. Of those, 15,870 had surgery (median age 62), while 15,595 had radiotherapy (median age 70).

Nam said men who opted for radiotherapy had rates of these complications two to 10 times higher than patients who had their prostate surgically removed. there are two types of radiotherapy: external beam radiation and brachytherapy, which involves inserting radioactive material inside the prostate, allowing more targeted treatment.

"The rates of complications ... were quite significant," said Nam. "And this has never been described before."
We knew about this happening. We knew patients would be admitted to hospital. We knew patients that had these procedures following the treatment. But we never knew the severity or the number.

"And what we found was that up to 30 per cent of patients ended up with one of these procedure-related complications."

The study also found that five to nine years after treatment, a cumulative total of 4.5 per cent of men who had radiation had developed a second cancer, compared to 1.8 per cent in the surgery group, most often in the gastrointestinal tract.

Dr. Stuart Edmonds of Prostate Cancer Canada said the study, "highlights the need for men and their families to consider treatment options very carefully, being aware that each treatment might increase the risk of complications."

"It also highlights some of the potential deficiencies of current treatments and the need to continue to improve on them to reduce these complications," said Edmonds, the advocacy group's vice-president of research, health promotion and survivorship.

Dr. Tom Pickles, a radiation oncologist at the BC Cancer Agency, said he was not surprised at the findings, because it's known that any therapy for prostate cancer comes with its own set of complications.

"What I tell my patients is that all treatments have the potential to decrease the quality of life," Pickles said from Vancouver, adding that erectile dysfunction rates are higher with surgery, while bowel problems are more common after radiation.

A lot of people have difficulty choosing because the cure rates are very similar and the side-effects, although apples and oranges, are similar."

And he doesn't think this study will make the process of choosing easier for men.

"This just reinforces that all treatment come with side-effects and that a good discussion with the urologist and the radiation oncologist about those side-effects, up front, is part of the decision-making process," Pickles said.

Nam agreed, stressing the study isn't meant to say that surgery is better than radiation, but to identify and quantify their complications.

"We're doing such a good job in curing the cancer, but then (men are) left with these types of problems surviving with cancer. And that needs to be part of the discussion with the patient."
UP COMING MEETING DATES-

March 9th - April 13th - May 11th - June 8th - NOTE NO MEETINGS JULY AND AUGUST - Sept. 14th - Oct. 12th -

Meeting Location:

Our regular monthly meetings are held on the second Saturday of each month in the meeting rooms of the Rutland Senior Citizens Centre – 765 Dodd Road. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.

Thank you for helping us “Win the War Against Prostate Cancer.”

The Okanagan Prostate Resource Centre operates on donations. We would like to thank the Companies, Service Clubs, Organizations and Individuals that have made donations in order to help us operate this very valuable center. If you wish to make a donation please feel free to fill out the form below. Your support is gratefully appreciated. Our official Registered Charitable Number is - 89269 1718 RR0001

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