THEIR CANCER GARDEN

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## EDITORIAL

In this issue we want to highlight, first of all, an important study by Wayne University,whichcollects the opinions of 225 urologists, from Michigan and Georgia, regarding active surveillance in low-risk prostate cancer.

In most countries, active surveillance has been very well received by urologists. This data comes from public medicine, but in the private sphere things can be different. An article published in Hot Sheet (May 2020), by Us Too International, Zang et al. explained that it is unknown if the reduced reimbursement that for these specialists means active surveillance with respect to classic treatments, may be a barrier for some urologists recommend it. In their study they find that active surveillance means lower incomes. According to its conclusions, the In Spain we have observed, in the public system, a remarkable acceptance by our urologists of active surveillance.

Returning to the Wayne University study, you will also observe opinions very favorable to active surveillance, an ideal means to preserve sexual potency and urinary continence, but which, in our opinion, as we have already pointed out on previous occasions, it requires specialized psychological support. It is time for the excellent professionals who are urologists to recognize that, no matter how much intimacy they have with their patients, they are not qualified to be their psychologists. And it is not only an opinion since some urologists have told us that they were the real psychologists of their patients and that they did not need the help of psychologists.

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Another article of interest is due to the University

They have little financial incentive to recommend it. In the public system it is different, since doctors work on salary.

from Tampere,Finland, regarding an interesting study in which the possible effect of statins on the results of early diagnosis of prostate cancer is observed.

( V I E N E D E L A P Á G . 1 )

As we did with the history of prostate cancer surgery, today we summarize that of the radiotherapy of this tumor, with special mention to Dr. Bagshaw, justly called the father of radiotherapy. We also offer an overview of prostate cancer prognosis.

Finally, we collect an important review on hereditary prostate cancer.

## WHAT AMERICAN UROLOGISTS THINK ABOUT ACTIVE SURVEILLANCE

We must respectfully discover ourselves in the face of the courage and love for statistics of American scientists. When here it is still unclear the role of active surveillance (VA) in prostate cancers (CP) of good prognosis, there they are already asking a fundamental question: What do urologists think of a technique that competes with prostatectomy? It really is an exciting topic. The opinion of expert specialists, urologists, who observe and opine, at least in the USA, on the growing demand, on the part of patients with CP, for the VA.

Dr. JinpingXu and collaborators, mainly from Wayne State University,in Detroit publish(Urology)the results of a study whose main objective was to "Evaluate the attitudes and perceptions of urologists about VA and other therapeutic options for Low-risk CP." The study was conducted with urologists from the states of Michigan and Georgia, with financial support from the American Cancer Society.

We summarize part of this article as follows:

1. 225 urologists completed a survey, of which 147 (65%) were from Michigan and 78 (35%) from Georgia.
2. The majority of urologists (99%) provided information to patients about VA and 97% discussed the issue with them.
3. 61% offered patients this possibility, the VA.
4. 97% believed that VA was an effective and underused option (90%), while (80%) believed that surgery and radiotherapy are overused in the USA.
5. The article attends to other considerations that we will surely analyze every day.

The indestructible fact is that the time has come for men to partner with FEFOC in our programs for the quality of life of those affected by prostate cancer. Active surveillance is the first stone on such a difficult road.

## STATINS MAY CHANGE PROSTATE CANCER SCREENING RESULTS

A study by Tampere University (Tampere is a Finnish city located in southeastern Finland, 170 kilometers from Helsinki. Its university is young and appreciates offering a multidisciplinary training). This study, published in JAMA and whose first signatory is Dr. Arla Vettenranta, followed by various collaborators from the University, evaluates the results of the screening for prostate cancer depending on whether candidates use statins or not.

Statins are drugs that lower the level of cholesterol in the blood, interfering with its production in the liver, with the peculiarity of decreasing the so-called bad cholesterol and increasing the good one, thereby decreasing the risk of formation of plaques in the arteries.

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Well, in the Finnish study (based on data from the Finish Prostate Cancer Screening Trial, which began in 1996), the percentage of low-risk prostate cancers (CP) found was significantly lower in people who they usually took a statin. On the other hand, there were no changes in the detection of High Risk CP.

As noted in the study, the use of statins is quite common and their possible effects on CP screening had not been previously assessed. They included a total of 80,000 men.

The authors establish some possible explanations for the effect of statins:1) The use of statins improves the accuracy of screening, which would indicate that statins decrease the so-called "overdiagnosis" or excess in diagnosis, i.e. excessive detection of CP without risk due to its slow growth. 2) That people who use statins monitor their health more frequently and PSA detections are performed more frequently.

Be that as it may, they are data to take into account to perfect the screening by CP.

# BRIEF HISTORY OF RADIOTHERAPY (II)

After the history of surgery (I) today we expose that of radiotherapy (II) This begins its application in CP at the beginning of the twentieth century.

At first, radio implants were used inside the prostate, but with the development of external radiotherapy, they were used using energy sources outside the patient.

In the middle of the last century, with the provision of cobalt pumps (which could provide higher levels of irradiation in the depth of the organism), the application of radiotherapy was intensified in cases where surgery was not possible. these are too extensive CPs locally. A step further in CP radiotherapy is due, among others, to Dr. Malcolm Bagshaw, who, in small series of patients, showed the radiocurability of CP. Bagshaw left us in September 2011, irreparable loss of the true father of modern radiotherapy in CP. He developed much of his work at the Stanford University School of Medecine,opened in 1891, in California and one of the most prestigious in the USA.

He was known for his so-called "can-do" attitude that he applied to innovation, research, teaching and patient care. He created a great professional and human team. Aside from his immense professional work, he could sometimes be seen off the coast of California, on his bicycle, with his team's doctors, or flying with a glider.

When he began his activity in oncological radiotherapy, this specialty was new and experiencing rapid growth. He worked with Kaplan (great radiotherapist and father of modern curative radiotherapy in Hodgkin's disease), both being pioneers in the use of high-energy radiation apparatus, produced by a linear accelerator in the treatment of several cancers, including CP, which today represents the basis of the best radiological treatment of CP.

As Professor Richard Hoppe,one ofhis successors, noted, "where Bagshaw really excelled was in the introduction of modern radiotherapy in CP." Bagshaw and colleagues showed that high-dose radiation therapy focused on small fields could be as curative as surgery. In addition, this radiotherapy allowed to preserve sexual potency and decreased the risk of urinary incontinence.

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On the other hand. later the radiographic study of the tumor was also improved, through the contribution of CT (computerized axial tomography), all with the result of an increasingly effective and less effective treatment toxic to normal tissues around the prostate. Already in 1960, in cases with large tumors, the previous hormonal treatment was initiated, to reduce the size of the tumor and make them more affordable to radiotherapy.

The successive modalities of radiotherapy (conformal radiotherapy in three dimensions, intensity-modulated radiotherapy, stereostatic body radiotherapy), have significantly increased their therapeutic precision with respect to the tumor, with less involvement of the surrounding healthy tissues. This has made it possible to apply higher doses to the tumor with fewer undesirable side effects

Another modality of radiotherapy, or internal radiotherapy, is brachytherapy (started in 1983) and which consists of the implantation in the prostate of

radioactive 'seeds'.

Today it is considered that in cases located in the prostate, surgery and radiotherapy have a similar effectiveness.

# GENERAL PROGNOSIS OF PROSTATE CANCER

For statistical purposes, prostate cancers (PC) are usually grouped into three large groups, with different treatments and prognoses: local involvement: CP has not spread outside the prostate; regional involvement: CP has spread to nearby structures or lymph nodes and distant involvement: CP has spread at a distance from the prostate, bones, liver, lungs.

Survival data. In general, survival data are offered at 5, 10 or 15 years of diagnosis. They may reflect either the overall survival of all patients considered (regardless of whether they are with or without disease) or, when talking about disease-free survival, it only includes those who, after treatment, persist. without disease. These reflect more the effectiveness of the treatment and the chances of cure.

Survival rates are calculated on the evaluation of thousands of patients who have suffered from the same type of disease and at the same stage. These rates are compared with men of similar ages and status, but without CP. For example, if a patient with CP has, according to their stage and other data, a 90% chance of survival, it is their chances of survival relative to people without CP.

Next, we collect survival data from patients with CP, from different countries:

In Spain, of the global set of patients (regardless of age, stage, Gleason, etc.), overall survival (without taking into account age, histological type or treatment) at 5 years is approximately 85% of patients, according to data from the AECC. It is the third cause of death in men from cancer in Spain (the first is lung and the second colon and rectum).

In the United Kingdom (UK), the survival rate is 96.6% at one year of diagnosis; 86.6% at 5 years and 77.6% at 10 years of diagnosis.

We offer data from the prestigious SEER (Surveillance, Epidemiology and Final Results Program) in north America, based on the follow-up of patients diagnosed between 2009 and 2015.

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SEER Stage: % survival at 5 years Localized: About 100%

Regional: About 100%

Metastatic: 31%

All combined: 98%

SeER figures refer exclusively to the stage of CP in which you were diagnosed. Therefore, it does not do so if the CP subsequently grows, spreads, or recurs after treatment.

They also do not include all risk factors, such as the patient's age, general health, PSA level or Gleason grade, what is the response to treatment and other factors that can modify them.

In addition, it is possible that these figures have even improved, with the progress of treatments and the fact that the patients assessed here were diagnosed more than five years earlier.

In Canada, survival figures are similar to those of the North American SEER, with the only exception that, in metastatic cases, it is 28 per cent.

Australia declares an overall survival at 5 years of diagnosis of 95% of patients.

We are therefore facing a cancer with a good general prognosis, one of the best in Oncology, but with a series of doubts as to the side effects of treatments in the choice of the various modalities (surveillance). active, surgery, radiotherapy) in localized and/or locally advanced CPs.

## PROSTATE CANCER – HEREDITARY: A GOAL OF CARE OF THE HEALTH TEAM



Dr. in Psychology Oscar Galindo Vázquez Attached to the Psycho-Oncology Service Coordinator of the Research and Development Unit of Psycho-Oncology

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Prostate cancer is an increasingly common type of neoplasm in the world, being an emerging public health problem for the elderly male. This group of patients have various effects on their quality of life such as fatigue, weak urine flow or interrupted flow, erectile dysfunction and affectation in their sexual life, as well as symptoms of depression, anxiety and emotional discomfort.

However, even today little is said among the general population about prostate cancer, about its causes, symptoms, treatment, about its needs and how this group of people live. In this context, the role of social support and family in particular is fundamental, mainly because men may not have the social means and be accustomed to sharing their needs and health problems throughout life.

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On the risk factors of this disease a group of these patients are carriers of germinal pathogenic variants in genes of high susceptibility to cancer for example for BRCA1 with a risk of 8.6% at 65 years and for BRCA2 of 15% at 65 years and 20% for life, while the risk for men in the general population is 6% until age 69.

So men who meet some high-risk criteria such as: having a first-degree relative (parent or sibling) with prostate cancer before age 55 age, men of

55 or fewer with prostate cancer, and with first-degree relatives with hereditary breast or ovarian cancer or with Lynch syndrome (not associated with polyposis)before age 50 represent a group that could benefit from genetic counseling and multidisciplinary care for the various needs arising from this condition.

The identification of families diagnosed with hereditary cancer is important since their members could benefit from effective measures, not only in early diagnosis, but also in the prevention of tumors. In these families it is common to observe several cases of cancer, in some cases, of the same type. They appear in several generations and occur at an early age compared to sporadic cases.

To the challenge of understanding the information of genetics, emotional effect of knowing oneself as a carrier of a mutation and its implications at the level of treatment and prevention is added the relevance of talking about men seen in a good part of cases as stoics and providers, and not as people who also need to convey their needs.

Therefore, more literacy programs are required in the general population and in particular in patients who can benefit from genetic counseling. The health system as an organized social response to the problems that arise in a community, specifically requires that male health be considered as one of the values of a society and that more than an emerging problem so far insufficiently treated as prostate cancer.

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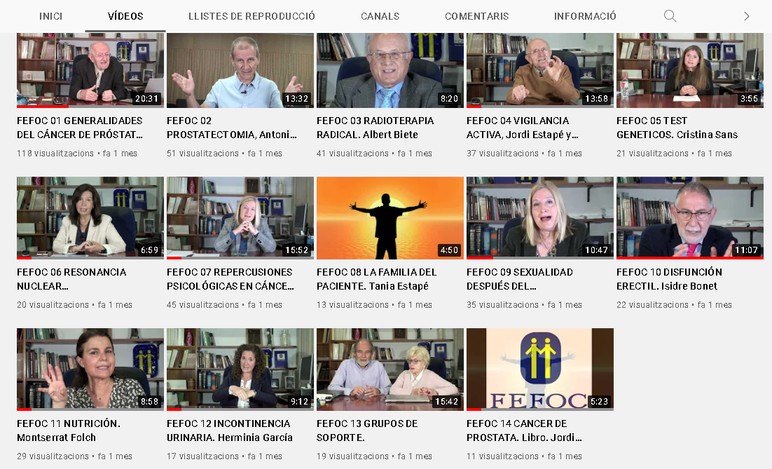
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**Image from**  **the**  **collection**  **of**  **videos**  **about**   **prostate**  **cancer**



From FEFOC we wish you a happy holiday and a prosperous new year.







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