THEIR CANCER GARDEN

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F **E F O C: MEMBER OF EUROPE UOMO, USTOO AND MALE CARE**

# EDITORIAL

In breast cancer there is a global agreement for the celebration of the day and month dedicated to raising awareness about this disease. In prostate cancer (PC), as far as we know, there is no such agreement. At least there are two celebrations, those that do it around June 15 and those that dedicate the month of September to it. Before explaining the historical background of both respectable positions, let us remember that this celebration intends, in the case of the SC,

\* Increase public awareness about this disease.

\* Facilitate early diagnosis .

\*Educate about your risk factors and alarming symptoms .

\* Demand greater means for research.

In 1994, U.S. Congressional Senators Dole and Richardson proposed that similar actions be carried out in the United States during the month of June. The initiative was

This initiative was internationalized in 2002, at a Congress held in Vienna.

Already a year earlier, Senator USA Burns supported this initiative and stated that Prostate Health Month should be held annually. In 2003 President Bush supported this initiative but with an important change: instead of dedicating the month to the fight against male diseases in general, he proposed the creation of the "National Prostate Cancer Awareness Month".

In 2015, the Obama Administration designated September as National ProstateCancer Awareness Month.

In summary, there are apparently two celebrations, one, in June that fights against diseases of men in general, including the CP, and another in September, which does so specifically against the CP.

This concreteness made that, since always FEFOC

celebrates this activity in September.

soon accepted by all governors of **a**

the USA States and their large cities. But what was approved was the commemoration of men's diseases, including the CP, based on the worst overall male health compared to female.

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Apart from these considerations, in this issue of "Their Cancer", we offer several articles that show advances regarding the effectiveness of active surveillance, also in African Americans; they warn us of the risk of suicide and its possible warning signs; a new indication of the anti-androgen darolutamide; some interesting statistics and progress in studying long-term testicular cancer risk factors.

# FDA APPROVES SECOND THERAPEUTIC INDICATION FOR ANTI-ANDROGEN DAROLUTAMIDE

Darulatamide is a potent antiandrogen that blocks male hormone receptors. It is administered orally, always along with a hormonal medication that causes chemical castration. It is approved to try to delay the appearance of metastases in advanced CP, thereby improving the quality and quantity of life of those affected.

In the ARAMIS study comparing darolutamide versus placebo (substance without pharmacological activity), the median survival without metastasis of patients treated with darolutamide was 40.4 months for 18.4 months for those receiving placebo.

Its most frequent side effects are fatigue, pain in the extremities and decrease in neutrophils (class of white blood cells or leukocytes, which defend us from infections).

Once this indication has been accepted, on August 8, 2022, Bayer\* announces that the US Food and Drug Administration has approved a second one for darolutamide. In this case it refers to the study known as ARASENS, in patients with CP, sensitive to hormonal treatment but, in this case, already with metastases.

The study consisted of the following: randomization of patients between two treatments. 1) Darolutamide + docetaxel and 2) Docetaxel, plus both groups receiving the same androgen deprivation therapy.

Well, survival was significantly higher in the first group, with a reduction in the risk of death of 32%, the delay in the onset of pain in the first group was also greater. The incidence of side effects was similar in both groups.

\*El día de hoy, Bayer (U.S. FDA Approves Additional Indication of NUBEQA® (darolutamide) in Combination with Docetaxel for the Treatment of Metastatic Hormone- Sensitive Prostate Cancer (mHSPC).) with- Docetaxel-for-the-Treatment-of-Metastatic- Hormone-Sensitive-Prostate-Cancer) comunicó la aprobación por la FDA de la indicación complementaria para darolutamida + docetaxel en el tratamiento de pacientes adultos con cáncer de próstata hormonosensible metastásico (CPHSm).

## SUICIDE RISK

From Dr. Tania Estapé, in the book "Prostate cancer in straight, gay and bisexual".

Although the emotional reactions in the cancer patient are defined as normal or coherent to the situation, it is important not to fail to take into account some risks that the patient ends up suffering from some type of more severe disorder, especially when there is a history. It would be because of the vulnerability of these men that a news story such as a cancer diagnosis could cause a relapse. It is especially important to detect the risk of suicide that may occur in some patients. It is higher in men under depressive processes, but it should not be dismissed that high levels of anxiety could induce an autolytic attempt. It should never be ruled out, because sometimes there are people who try to commit suicide and apparently did not present this risk, but then writings or notes have been found where it was reflected very clearly. What are the indications that we must take into account in this regard? The following clues may be helpful:

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-More or less clear verbalizations of a desire to die: there are patients who express it clearly, but others in a more subtle way. A very common way is when the patient says that he wishes he could sleep all day. It is indicating to us a clear desire to disconnect from a painful reality. We must include here those expressions that indicate a decrease in self-esteem, or feeling of uselessness or of being a burden. The logic behind this is that it is better to disappear to stop being a nuisance for everyone.

-Express intention to abandon the treatment: when a man more or less clearly comments if it is worth continuing with the treatment, or that he is getting tired of it, you have to be careful, because it is indicating a tiredness of living.

-Loss of hygiene: it is important to keep in mind that one of the aspects that depression entails (especially the most serious) is a loss of interest in oneself, including self-care. When this is detected, which can be very subtle and progressive, it is also a warning sign of a process of abandonment and self-interest .

-Decrease or elimination of pleasurable activities, or activity in general: when a person stops being active, reduces the things he does and stops enjoying those he liked before, it is also an important indicator of suicide risk .

We should not always be aware of what the patient tells us or what he does, but if certain indications should serve as an alarm to be able to assess the need to go to a specialized professional.

## IS ACTIVE SURVEILLANCE EFFECTIVE IN AFRICAN AMERICANS?

Pincus et al. (of The Southeast Louisiana Veterans Health Care System), publish in The Oncologist of August 3, a major study on the effectiveness of active surveillance in African American patients, in a 5-year follow-up study.

A total of 228 prostate cancer (PC) patients in risk group 1\* were included in the study, of which 154 were non-Hispanic African Americans and 74 non-Hispanic Caucasian Americans.

The study noted that there was no difference in disease progression between the two groups, neither in discontinuation of active surveillance nor in survival.

Therefore, they conclude that active surveillance is a safe option for patients with group 1 CP (that is, those with very low or low risk), regardless of race.

It really is a novel and important contribution. Until now there was non-objective agreement about the worse prognosis of African American patients compared to Caucasian Americans. Great lesson for those who pontificate about good and evil, about science, without objective bases.

\*Grade 1: Gleason of 6 or less (low aggressiveness CP)

Grade 2\*: Gleason of 3 + 4 = 7 (CP of intermediate aggressiveness)

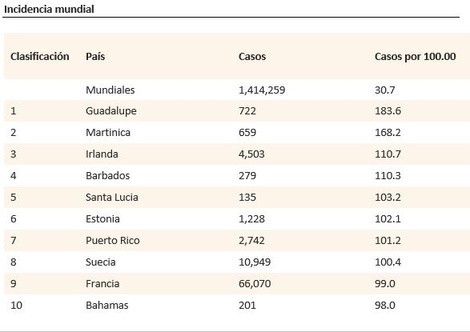
Grade 3\*: Gleason of 4 + 3 = 7 (CP of intermediate aggressiveness)

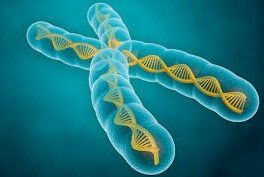
Grade 4: 8 Gleason (high grade CP ) Grade 5: 9 to 10 Gleason (high grade CP)

# SOME INTERESTING STATISTICS

About 1.5 million men are diagnosed worldwide with prostate cancer (PC) each year. CP is, worldwide, the fourth most common cancer.

As is often the case in Oncology, the distribution of cases and mortality is not uniform, varying greatly depending on the part of the globe we are talking about. As an example, we collect the ten countries with the highest incidence of CP and the ten with the highest mortality.





Male hormone

We take this data from the Livestrong website, from the journalist María Masters, which, entre otras ocupaciones, col abora con Me n's Health. The data come from the World Research Cancer Fund, which in turn took them from the Global Cancer Observatory, the WHO and the International Agency for Research on Cancer.

## DO MODIFIABLE FACTORS HAVE PROGNOSTIC VALUE IN TESTICULAR CANCER?

S.D. Fossá and collaborators, from Oslo University Hospital (one of the largest hospitals in Europe, with great dedication to education, research and select patient care), publish in the Journal of Clinical Oncology, 40 (23), 2022, a major study on testicular cancer.

The main objective was to assess whether some modifiable adverse health data acted as prognostic factors for global mortality and the appearance of a second, unrelated cancer. with the testicle, in survivors of this disease.

They included 775 patients diagnosed between 1980 and 1994. They established two groups; a) Surgery alone, 272 patients and b) In addition, 503 patients were treated with cisplatin, a drug generally accepted in the treatment of this cancer. The platinum group was divided, according to the dose received, into b1, equal to or less than 630 mlgs, 124 patients and b2, platinum greater than 630 mlgs, 379 patients.

In all of them, age, treatment and some previous comorbidity (for example, hypertension or diabetes) were assessed as non-modifiable factors and as modifiable (that is, those that depend largely on the patient's will or variable circumstances of their environment), low socioeconomic status, unhealthy lifestyles, likely depression, and neurotoxicity.

Overall mortality at 20 years was 14%. The factors that increased the overall risk of mortality were advanced age, platinum subgroup b2 and the presence of some non-modifiable comorbidity. Modifiable factors , such as lifestyles and psychosocial health, which were significantly associated with the overall increase in mortality , also acted as risk factors for mortality. The relationship with the appearance of a second cancer was not detected.

Fossá et al. warn health professionals who treat testicular cancer that they must attend to the solution of these modifiable factors (psycho-social state, lifestyles and depression), especially in those patients receiving high-dose platinum (B2).



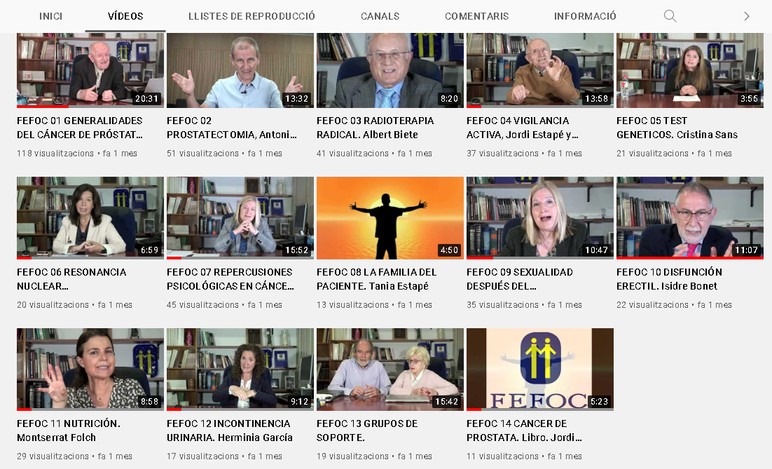
Healthy diet

To purchase the book click [**here**](https://www.amazon.es/C%C3%81NCER-PR%C3%93STATA-HETEROS-GAYS-BISEXUALES-ebook/dp/B08QRZ3XNJ/ref%3Dsr_1_1?__mk_es_ES=%C3%85M%C3%85%C5%BD%C3%95%C3%91&crid=1XUVW0UQ1NR7N&keywords=cancer%2Bde%2Bprostata.%2Bjordi%2Bestape&qid=1646068723&sprefix=cancer%2Bde%2Bprostata.%2Bjordi%2Bestape%2Caps%2C109&sr=8-1)

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**Prostate Cancer Video**  Collection





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