

Prostate Examiner Fall Newsletter

Visit us at www.prostatecancersupporttbay.org



Prostate
Cancer
Support
Thunder bay

Looking for Support
Local men available to talk to you

Gary Allen 621-0552
Grant Arnold 807 355 8235 or
519-584-5125
Marc Breton 628-9944
(en francais)
Bill Everitt 767-5768
David Everitt 628-5287
Marcel Girouard 705-362-8154
(en francais)
Bill Horde 767-1490
Ed Long 628-6915
Milton Marion 475-0760
Dez Stolz 577-9515
Keith Moore - 632 6055

Women available to talk to you

Beth Long 629-4774
Carmen Marion 475-0760
Lise Pollard 623-3102(en français)

Northwestern Ontario Region

Atikokan

Ron Speck 807-597-2219

Dryden

need a contact

Fort Francis

need a contact

Hearst

Marcel Girouard 705-362-8154

(en français)

Kenora

need a contact

Terrace Bay/ Schreiber

Mike Regis 807 825 9696

Geraldton

Ron Adams 807 854 1476



Prostate Cancer Support Thunder Bay donates \$20,000 to the Thunder Bay Regional Health Science Foundation to go toward Ultrasound equipment needs of the hospital for Cancer diagnosis and treatment.

Pictured above L to R are: Glenn Craig, Pres. and CEO of the Foundation, Chantal Boutotte, manager major gifts and campaigns, Dr. Joe Del Paggio, Chief of Oncology, Ed Long and Marc Breton, Past Presidents PCSC, and Dr Shahrour, Urologist and surgeon

Email us at

info@prostatecancersupporttbay.org

New reviews highlight urgent need for GI cancer screening in younger adults

Dana-Farber Cancer Institute

July 17 2025

Early-onset gastrointestinal (GI) cancers are rising at alarming rates worldwide and, in the U.S., are increasing faster than any other type of early-onset cancer, including breast cancer, according to two recent literature reviews from Dana-Farber Cancer Institute. "Early-Onset Gastrointestinal Cancers: A Review," published today in JAMA, provides a comprehensive analysis of the incidence, risk factors, and treatment approaches for early-onset GI cancers. Authors note the rising rate goes beyond colorectal cancer to include gastric, esophageal, and pancreatic cancers, among other less common GI malignancies. Early-onset GI cancer is typically defined as GI cancer diagnosed in adults younger than 50 years.

“Colorectal cancer is the most common early-onset GI cancer worldwide, accounting for more than half of the cases, but it is not the only GI cancer that is rising in younger adults. Unfortunately, pancreatic, gastric, and esophageal cancers are also increasing in young people. The rising incidence of early-onset GI cancers is alarming and underscores the need for enhanced prevention strategies and early detection methods.”

Dr. Kimmie Ng, senior author of the review and director of the

Of the GI cancers highlighted in the review, colorectal cancer is the only one currently with recommended screening guidelines for average-risk individuals in the U.S. Still, Dr. Ng says despite recommendations to begin colorectal cancer screening at age 45 for average-risk individuals, fewer than 1 in 5 (19.7%) U.S. adults aged 45 to 49 were screened in 2021, indicating a significant gap in early detection efforts. "Screening adherence is absolutely critical," says co-author Dr. Thejus Jayakrishnan, also of Dana-Farber. "We have strong evidence that colorectal cancer screening saves lives by reducing both the number of people who develop colorectal cancer and the number of people who die from it. Each missed screening is a lost opportunity to detect cancer early when it is more treatable, or to prevent cancer altogether by identifying and removing precancerous polyps." Ng and Jayakrishnan detail screening guidelines in the article.

Steepest rise seen in youngest age groups: British Journal of Surgery review

The number of newly diagnosed cases of early-onset GI cancers rose by 14.8 percent between 2010 and 2019, noted a similar review published earlier this month in the British Journal of Surgery. The review notes the rise in early-onset cases disproportionately affects people who are Black, Hispanic, of Indigenous ancestry, and women.

Dr. Ng is senior author of that review. Dr. Sara Char, of Dana-Farber, and Catharine O'Connor, a medical student at Harvard Medical School, are co-first authors.

The count of early-onset GI cases is highest in the oldest group – people aged 40 to 49 – but the rise in rates is progressively steeper in younger groups. For example, people born in 1990 are twice as likely to develop colon cancer and four times as likely to develop rectal cancer compared to those born in 1950, according to the authors. The authors also note that recent data from the Centers for Disease Control and Prevention (CDC) indicated a more than tripling of the incidence of colorectal cancer in people aged 15 to 19 and a near doubling in people aged 20-24.

Reviews offer comprehensive look at risk factors, treatment, and prognosis

Together, these two review papers observe several common risk factors associated with early-onset GI cancers. Modifiable lifestyle factors listed as significant contributors to the development of these cancers include obesity, poor diet, sedentary lifestyle, smoking, and alcohol consumption.

Nonmodifiable factors include family history and hereditary syndromes like Lynch syndrome. The JAMA review found 15% to 30% of these cancers have pathogenic germline variants, indicating a hereditary predisposition to developing cancer. Both reviews emphasize the importance of genetic testing for all patients with early onset GI cancers to assess familial risk of cancer and to guide treatment.

Treatment approaches for early-onset GI cancers are similar to those for later-onset cases, and may involve chemotherapy, surgery, and radiation, depending on the stage of the cancer. However, both papers found that patients with early-onset cancers often receive more aggressive treatment but may have similar or shorter survival rates compared to older patients.

The authors advocate for the establishment of specialized centers with multidisciplinary teams to support patients with early-onset GI cancers, addressing unique challenges such as fertility preservation, parenting, and psychosocial distress.

"Taken together, these two reviews are a call to action for further research on why rates of GI cancers are increasing in younger adults," said Ng. "There is currently limited data available, especially in pancreatic, gastric, and esophageal cancers. This comprehensive look at what data exist can help raise education and awareness which is important because as a collective group, digestive system cancers account for a significant proportion of cancer-related deaths in younger adults in the U.S. and around the world."

Source:

[Dana-Farber Cancer Institute](#)

Journal references:

- Jayakrishnan, T & Ng, K., (2025). Early-Onset Gastrointestinal Cancers: A Review. JAMA. doi.org/10.1001/jama.2025.10218.
- Char, S. K., et al. (2025). Early-onset gastrointestinal cancers: comprehensive review and future directions. BJS. doi.org/10.1093/bjs/znaf102.

Upcoming Events

1. **Sept 7 /25 Prostate Cancer Health Fair at 55 Plus**
2. **Sept 18/ 25 Dr. Suartz talks about robotic surgery at 55 Plus monthly meeting**
3. **Sept 20/25 Mens wellness event at Couchiching First Nation**
4. **Oct 16/25 Monthly meeting at 55 Plus, speaker to be confirmed**
5. **Nov 20/25 Monthly meeting at 55 Plus, speaker to be confirmed**

Guideline-based prostate cancer treatment helps most men outlive the disease

Uppsala University

July 14 2025

Most men who are treated for prostate cancer according to modern guidelines have good survival rates and the majority of these men will die of causes other than prostate cancer. This is revealed in a new study from Uppsala University published in the Journal of the National Comprehensive Cancer Network.

"We were surprised by how much life expectancy affected the prognosis. This shows the importance of a thorough assessment of the general health of a man with newly diagnosed prostate cancer. The patient's life expectancy has a substantial impact on the choice of appropriate treatment strategy," says Marcus Westerberg, researcher at the Department of Surgical Sciences at Uppsala University, who led the study. In prostate cancer, the disease progression often takes decades and the risk of dying from prostate cancer therefore depends on both the characteristics of the cancer and life expectancy based on the man's age and other diseases at the time of diagnosis. Recommendations in guidelines and care programmes are therefore also based on both cancer characteristics and life expectancy. This means that the recommended initial treatment can range from active monitoring for low-risk cancer to combinations of local and systemic treatment for high-risk cancer.

High average age at disease onset

As the average age at diagnosis of prostate cancer is often high and the cancer often progresses very slowly, it is particularly important to know the long-term risk of death from prostate cancer in order to choose the best treatment for patients. Previously, not much has been known about this.

"We wanted to fill that knowledge gap, so we looked at outcomes up to 30 years after the men were diagnosed. In all cases, we had information about the characteristics of the cancer, treatment and the patient's life expectancy based on age and comorbidity."

Marcus Westerberg, Researcher, Department of Surgical Sciences, Uppsala University

The researchers used data from the Prostate Cancer Database Sweden (PCBase), which contains information from the National Prostate Cancer Register (NPCR) and other health data registers. They focused on men who had received the recommended treatment for prostate cancer that had not spread in the body. Using statistical modelling, the researchers estimated the lifetime risk of dying from prostate cancer and other causes.

11 per cent risk of dying of cancer

For men with low-risk cancer and short life expectancy (less than 10 years), the risk of dying from prostate cancer was 11 per cent and the risk of dying from other causes was 89 per cent within 30 years of diagnosis.

For men with high-risk cancer (e.g. stage T3, PSA 30 ng/ml and Gleason score 8) and long life expectancy (over 15 years), the risk of dying from prostate cancer was 34 per cent and the risk of dying from other causes was 55 per cent within 30 years of diagnosis.

"We hope that our results will be used to provide a realistic picture of the prognosis for men with prostate cancer. Our study shows that most men who receive the recommended treatment have a good prognosis," Westerberg concludes.

Life expectancy was based on age and comorbidity. Examples of low-risk cancers are stage T1, PSA 5 ng/ml and Gleason score 6. Examples of high-risk cancers are stage T3, PSA 30 ng/ml and Gleason score 8.

Source:

[Uppsala University](#)

Journal reference:

Scilipoti, P., et al. (2025). Long-Term Outcomes After Guideline-Recommended Treatment of Men With Prostate Cancer. Journal of the National Comprehensive Cancer Network. doi.org/10.6004/jnccn.2025.7022.



Participants in the PCS Thunder Bay Walk For Dad



PCS Thunder Bay members and Robin Syroid (Co Owner Applebees) at the Applebee's 28th anniversary



Mark Sypus, Keith Moore, Doug Skogstad and Bill Horde accept a donation cheque for \$1,300, from Robin Syroid (co owner of Applebees)



Some of the Border Cats 50/50 winners

PRESIDENTS MESSAGE

My name is Keith Moore and I have recently been appointed President of Prostate Cancer Support Thunder Bay. Ed Long has passed the reins on to me and I now have a great deal of work to do to measure up to the strength and resilience that Ed has shown over the past many years.

I don't have much at this time to relate to the members as the appointment has been recent. I have been a member of the board since 2021 and have benefited from the experience of others in the use of pain management techniques and many other successes from other members. I have also developed some great friendships with fellow members.

I was blessed to be able to talk to Ed Long when I was first diagnosed with prostate cancer. Ed was very gracious and his words helped me to feel better about the journey I am now on with cancer. The doctors at the cancer clinic are exceptionally gifted at their craft and care about each and every patient. They have gone above and beyond to help me to feel better about my cancer journey.

I am truly blessed to have a wonderful group of men on the board to work with and help with making decisions that benefit all of the membership.

I also believe that God will help me and all the members of the board make quality decisions for the membership.

Thank you for putting your faith in me.

Keith Moore

Sincerely

Keith

Moore



IN PERSON MONTHLY MEETINGS AT 55 PLUS

The multi purpose room has been booked for the third Thursday of every month from 7 PM till 9 PM
The meeting is available on Zoom as well for those that can not attend in person

DONATIONS

Prostate Cancer Support Thunder Bay is a charitable organization that relies entirely on donations to remain in operation.

donations can be e-transferred to info@prostatecancersupporttbay.org

PCS THUNDER BAY

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WEB SITE:

prostatecancersupportbay.org

Recently diagnosed with Prostate Cancer ?

NEED SOMEONE TO TALK TO?

Please feel free to call anyone listed on the left side of the front page of this newsletter.

They have been where you are now and will be happy to listen to your concerns and questions.

Prostate Examiner Monthly News

Please forward photos or information that benefits communication to Prostate Cancer Support Thunder Bay members to the attention of Mike Aldrich.
email: mraldrich@tbaytel.net

Funniest Things Guys Say to Doctors About Prostate Exams

“This kinda gives new meaning to ‘the doctor is in.’”

“Hey doc, can you tell I’ve been doing squats?”

“Now I know what it feels like to be a muppet.”

“So Doc, which Grey Cup did you win?”

“Actually Doc, I gave myself a prostate exam yesterday. That’s the last time I buy cheap toilet paper!”

“Any sign of my car keys?”

GET YOUR PSA TESTED

Its important

We believe in it so strongly that

we will reimburse you for your PSA test !!!

The PSA test is a key step in early diagnosis of prostate cancer

**Early Detection Saves Lives
Get Informed!**

Talk to your health care professional! Get your blood work done!

Send us the receipt

Address below or check us out on our website

Has been extended to December 31 2025. Available for men in NWO.

PCS Thunder Bay Members, please share the above message !

Inform your family, relatives, friends and neighbours to request a

PSA Test

Awareness Support Research

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