

Hormone Therapy for Prostate Cancer

Alternative Names: Androgen deprivation therapy; ADT; Androgen suppression therapy;

Hormone therapy for prostate cancer uses surgery or drugs to lower the levels of male sex hormones in a man's body. This helps slow the growth of prostate cancer.

Male Hormones and Prostate Cancer

Androgens are male sex hormones. Testosterone is one main type of androgen. Most testosterone is made by

the testicles. The adrenal glands also produce a small amount.

Androgens cause prostate cancer cells to grow. Hormone therapy for prostate cancer lowers the effect level of androgens in the body. It can do this by:

- => Stopping the testicles from making androgens using surgery or medicines
- => Blocking the action of androgens in the body
- => Stopping the body from making androgens

When is Hormone Therapy Used?

Hormone therapy is almost never used for people with Stage I or Stage II prostate cancer. It is mainly used for:

- => Advanced cancer that has spread beyond the prostate gland
 - => Cancer that has failed to respond to surgery or radiation
 - => Cancer that has recurred
- It may also be used:
- => Before radiation or surgery to help shrink tumors

(Continued on page 2)

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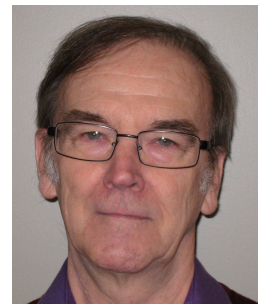
Thanks!

Next meeting: March 17, 2016
Tom Roche, Social Worker

Topic: Mindfulness Based Stress Reduction

Location: Wellness Centre, Room 4
Seven Oaks General Hospital

Time: 7:00 General Discussion
8:00 Guest Speaker



The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians.

MPCSG – active since 1992.

Thought of The Day

I wish there was a way to donate "fat" like you can donate "blood"

(Continued from page 1)

=> Along with radiation therapy for cancer that is likely to recur

Drugs That Lower Androgen Levels

The most common treatment is to take drugs that lower the amount of androgens made by the testicles. They are called luteinizing hormone-releasing hormone (LHRH) analogs. These drugs lower androgen levels just as well as surgery does. This type of treatment is sometimes called "chemical castration."

Men who receive androgen deprivation therapy should have follow-up exams with the doctor prescribing the drugs:

- => Within 3 to 6 months after starting therapy
- => At least once a year, to monitor blood pressure and perform blood sugar (glucose) and cholesterol tests
- => To get PSA blood tests to monitor how well the therapy is working

LHRH analogs are given as a shot or as a small implant placed under the skin. They are given anywhere from once a month to once a year. These drugs include:

- => Lutealizing hormone-releasing hormone analog (LHRH) analogs (Lupron, Eligard)
- => Goserelin (Zoladex)
- => Triptorelin (Trelstar)
- => Histrelin (Vantas)

Another medicine, degarelix (Firmagon), is an LHRH antagonist. It reduces androgen levels more quickly and has fewer side effects. It is used in men with advanced cancer.

Some doctors recommend stopping and restarting treatment (intermittent therapy). This approach appears to help reduce hormone therapy side effects. However, it is not clear if intermittent therapy works as well as continuous therapy. Some studies

indicate that continuous therapy is more effective or that intermittent therapy should only be used for select types of prostate cancer.

Surgery to remove the testicles (castration) stops the production of most androgens in the body. This also shrinks or stops prostate cancer from growing. While effective, most men do not choose this option.

Drugs That Block Androgen

Some drugs that work by blocking the effect of androgen on prostate cancer cells. They are called anti-androgens. These drugs are taken as pills. They are often used when medicines to lower androgen levels are no longer working as well. Anti-androgens include:

- => Flutamide (Eulexin)
- => Enzalutamine (Extandi)
- => Bicalutamide (Casodex)
- => Nilutamide (Nilandron)
- => Enzalutamine (Xtandi)

Drugs That Stop the Body From Making Androgens

Androgens can be produced in other areas of the body, such as the adrenal glands. Some prostate cancer cells can also make androgens. Three drugs help to stop the body from making androgens from tissue other than the testicles.

Two medicines, ketoconazole (Nizoral) and aminoglutethimide (Cytradren), treat other diseases but are sometimes used to treat prostate cancer. The third, abiraterone (Zytiga) treats advanced prostate cancer that has spread to other places in the body.

When Hormone Therapy Stops Working

Over time, prostate cancer becomes resistant to hormone therapy. This means that cancer only needs low levels of androgen to grow. When this occurs,

additional drugs or other treatments may be added.

Side Effects

Androgens have effects all over the body. So treatments that lower these hormones can cause many different side effects. The longer you take these medicines, the more likely you are to have side effects. They include:

- => Trouble getting an erection and not being interested in sex
- => Shrinking testicles and penis
- => Hot flashes
- => Weakened or broken bones
- => Smaller, weaker muscles
- => Changes in blood fats, such as cholesterol
- => Changes in blood sugar
- => Weight gain
- => Mood swings
- => Fatigue
- => Growth of breast tissue, breast tenderness

Androgen deprivation therapy can increase the risks for diabetes and heart disease.

Weighing the Options

Deciding on hormonal therapy for prostate cancer can be a complex and even difficult decision. The type of treatment may depend on:

- => Your risk for cancer coming back
- => How advanced your cancer is
- => Whether other treatments have stopped working
- => Whether cancer has spread

Talking with your provider about your options and the benefits and risks of each treatment can help you make the best decision for you.

*Source: Medline Plus
(U.S. National Institute of Health)*

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Prostate Cancer: Montreal Doctor at Forefront of Promising Drug Study

About the study

Dr. Fred Saad is principal investigator of the trial entitled "A Phase 3 Randomized, Placebo-controlled Double-blind Study in Combination with Abiraterone Acetate and Prednisone Versus Abiraterone Acetate and Prednisone in Subjects with Chemotherapy-naïve Metastatic Castration-resistant Prostate Cancer (mCRPC) who did not Receive any Chemotherapy." The study is funded by Janssen Research & Development.

It's tough being the physician men seek out when their disease has almost killed them. Montreal prostate cancer specialist Fred Saad is often in that position. "When the cancer becomes resistant to treatment, it's really the worst-case scenario," says Saad, chief of urology at the Centre hospitalier de l'Université de Montréal. Once the illness has spread to the bones, many patients suffer fractures, need palliative radiation therapy and live their remaining days in much pain.

But for Saad, there are also rewards to the job. And by that, he means finding new treatment possibilities that can stop the disease and prolong patients' lives. Once the cancer has advanced, life expectancy for the disease in 2015 is three years, he said — that's up from 18 months in 2004. "It doesn't sound like a lot, but it's huge compared to 10 years ago," he said. "And some patients have miraculous responses."

One such promising advance, revealed this week, is that a new drug cocktail therapy used experimentally sent the first few patients — about 40 in total located in Quebec, United States, England and British Columbia — who tried it into "complete remission," Saad says. "So we're very excited about this response."

The drug blocks genes that affect prostate cancer cell growth. It's combined with anti-androgen drug Zytiga (abiraterone acetate), which stops the production of the hormone testosterone that feeds prostate cancer cells. Zytiga was approved three years ago, and is usually prescribed alone — the go-to treatment for aggressive prostate cancer. But when that fails, patients with advanced cancer die within 18 months on average. "This is one of the first combination treatments of two drugs rather than one, and it attacks the cancer in a complementary fashion," said Saad, who last year recruited several patients locally to participate in the initial clinical trial for safety. All the men enrolled in the study have advanced prostate cancer that had stopped responding to traditional anti-hormone treatment.



That's how Antonio Paris, 59, of Sherbrooke, ended up at Saad's Montreal clinic. "My father died of prostate cancer — he was 84," said Paris. Paris was 54 when diagnosed with prostate cancer. He went through months of radiation therapy and anti-hormone injections that cut his testosterone and his libido to zero. He did well for two years, but 15 months ago the cancer came back. Luckily, it had not spread to his bones. "I got referred to Dr. Saad just in time for the

drug protocol," said Paris, who became one of the first patients to start taking the experimental cocktail 14 months ago.

Today, Paris follows a strict treatment regimen, taking more than a dozen pills daily at precise times, starting at 5 a.m. The disease has receded, he says, although he deals with side effects, from having to urinate every two hours to losing interest in sex. "I am a very positive person," he says. "I'm very, very happy — because my life is continuing. I take my pills and la vie est belle."

Results were so promising that the U.S. Food and Drug Administration and Health Canada authorized the start of a Phase 3 clinical study three months ago. Under the third phase, the clinical trial expanded to include about 1,000 patients at 196 hospitals worldwide. The purpose of the trial is to determine whether patients live longer as a result of the treatment. The findings of this international study will not be known for about another three years. The future treatment will therefore not be marketed for several years. But the researchers are enthusiastic. They hope this first combination treatment will successfully delay progression of the disease and prolong life. And above all, that it will improve the quality of life of patients with this devastating disease.

If diagnosed early, prostate cancer can be treated successfully, but once it starts to spread the disease can become resistant to treatment. About 25,000 Canadians are diagnosed with prostate cancer annually and the disease claims about 4,300 lives per year.

Source: Montreal Gazette – 2015

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Coping With Incontinence

Short and long-term solutions

Urinary incontinence is an unpleasant side effect that can occur after treatment for prostate cancer. While there are different types — and varying levels of leakage — it is generally described as the inability to control or stop urine from flowing. This is common after treatment for prostate cancer, due to either damage or removal of a bladder sphincter, which is a muscular valve that keeps urine from escaping the bladder. Men have two bladder sphincters. One of them is typically removed during radical prostatectomy.

Types of incontinence:

- ◆ Stress incontinence: when a man leaks urine from coughing, laughing or sneezing.
- ◆ Urge incontinence: when a man has a sudden urge to urinate and may not always make it to the bathroom in time.
- ◆ Overflow incontinence: when a man has difficulty completely emptying his bladder. Urination may take a long time and he may have a weak stream of urine or dribbling.
- ◆ Continuous incontinence: when a man loses all ability to control urination.

Estimates of incontinence after radical prostatectomy have been reported to range from as low as 2.5% to as high as 87%. These numbers vary because there are differences in how incontinence is defined.



Recovery takes time

Factors involved in regaining bladder control following surgery include:

- ◆ Your age
- ◆ Was nerve-sparing surgery performed?
- ◆ Do you still have both nerve bundles? Having both is reported to help with urinary control.

Most men will need to wear pads or absorbent briefs for a short time until bladder control is complete.

Dealing with dribble

As men gain more urinary control, certain activities such as sneezing, coughing, laughing and yelling may cause a slight dribble. Caffeine can increase both frequency and urgency of urination, so it is a good idea to stay away from any drinks or foods that have caffeine. Your doctor may also recommend Kegel exercises to help strengthen the bladder muscles.

If leaking continues

Unfortunately there are some men who never regain complete urinary control. Urinary leakage can be a great source of frustration and embarrassment — perhaps even greater than impotence — because a man is reminded of the problem every day.

If this is the case, speak with your doctor to see if there are any other physical issues causing urinary leakage. For example, some men develop scar tissue after surgery for prostate cancer. If the doctor determines there are no other problems, one of the following options may be suggested:

- ◆ Medications
- ◆ Collagen injections
- ◆ Sling procedure
- ◆ Artificial urinary sphincter

Source: <http://www.hisprostatecancer.com/incontinence.html>

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Toronto Hospital Tests New, High-Precision Method of Prostate Cancer Treatment

(Trials have been expanded to several cancer centres across Canada, including Montreal, Calgary, Sudbury, and Winnipeg).

Doctors at Toronto's Sunnybrook Hospital are exploring a new, more precise way of administering radiation therapy to patients with prostate cancer. Stereotactic ablative body radiotherapy, or SABR, allows doctors to give patients a high dose of radiation in a

short period of time, replacing the long hours of treatment commonly associated with radiation therapy.

“What’s really revolutionary about this is that patients used to have to come for up to eight weeks of radiotherapy - one treatment per day, five days a week,” said Sunnybrook oncologist Andrew Loblaw. “Now with this new trial, we’ve been able to show that you can do that as few as five times.”

SABR trials began in 2006 on low-risk cancer patients. Results were so successful that moderate-risk and even high-risk patients are now included in the testing.

“The preliminary to date show that the impact, in terms of side-effects, are no worse than the standard course of treatment,” said William Chu, one of the doctors behind the trial.

(Continued on page 5)

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Survival rates after the treatment are comparable and, in some cases, even better than regular radiotherapy.

And the cost of the five SABR sessions is less than a quarter of the cost of 39 weeks of standard treatment.

Loblaw says the new treatment also benefits patients' lifestyles.

"It's very easy to put a 15-minute treatment into your work schedule or your life schedule compared to coming in for 15 to 30 minutes every single day," he said.

stereotactic ablative body radiotherapy

Brad Brown, was offered several therapy option when he was diagnosed with prostate cancer, but opted for SABR.

"The other (treatments) weren't terrible attractive," he said. "Surgery had a long recovery time, some of them were quite expensive, others took a big time commitment."

Brown has not suffered any negative side-effects while receiving the SABR treatment.

Trials of the SABRE technology are being expanded to several cancer centres across Canada, including Montreal, Calgary, Sudbury, and Winnipeg.

Sunnybrook is the only hospital doing trials with high-risk cancer patients.

Source: CTV Toronto
October, 2015

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Low-Risk Prostate Cancer Often Not Monitored Closely

Most men with low-risk prostate cancer who choose "watchful waiting" instead of aggressive treatment may not be followed as closely as they should be, a new study suggests.

This puts them in danger of their cancer progressing or spreading undetected, the researchers warned.

"This is really an important finding, because before patients and their doctors decide to pursue active surveillance as a management option for prostate cancer, both the physician and patient should agree on a follow-up schedule to closely monitor the cancer," study first author Dr. Karim Chamie, an assistant professor of urology at University of California, Los Angeles, said in a university news release.

The study included almost 38,000 men who were diagnosed with prostate cancer between 2004 and 2007, and followed through 2009. Of the approximately 3,600 men who chose close monitoring (active surveillance)

instead of aggressive treatment such as surgery and radiation, only 4.5 percent received proper monitoring.



"What was most surprising was that patients who underwent aggressive treatment for their prostate cancer were more likely to receive routine lab testing and visits with their doctor than those not receiving aggressive treatment," said Chamie, surgical director of UCLA's bladder cancer program and a member of the Jonsson Comprehensive Cancer Center.

"In other words, those likely cured through aggressive treatment were followed more closely than patients

whose cancers were left untreated," Chamie added.

Recommended monitoring includes prostate-specific antigen (PSA) tests, physical exams, and at least one additional prostate biopsy within two years, according to Chamie.

"Many researchers have been advocating for active surveillance for men with low-risk disease," Chamie said. "However, this study suggests that before we advise our patients to pursue active surveillance for their prostate cancers, we should be certain that we are committed to closely monitoring the cancers with a repeat biopsy, PSA testing and physical exams."

The findings were reported in the Dec. 1 issue of the journal Cancer.

Source: Cancer Compass
www.cancercompass.com/cancer-news/
Dec.4, 2015

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Cryotherapy for Prostate Cancer

Alternative Names: Cryosurgery-prostate cancer; Cryoablation-prostate cancer.

Cryotherapy uses very cold temperatures to freeze and kill prostate cancer cells. The goal of cryosurgery is to destroy the entire prostate gland and possibly surrounding tissue.

Cryosurgery is generally not used as a first treatment for prostate cancer.

What Happens During Cryotherapy

Before the procedure, you will be given medicine so that you do not feel pain.

You may receive:

- ◆ A sedative to make you drowsy and numbing medicine on your perineum. This is the area between the anus and scrotum.
- ◆ Anesthesia. With spinal anesthesia, you will be drowsy but awake, and numb below the waist. With general anesthesia, you will be asleep and pain-free.

First, you will get a catheter that will stay in place for about 3 weeks after the procedure. Then, the doctor makes small cuts to place several hollow needles into your perineum.

- ◆ Ultrasound is used to guide the needles to the prostate gland.
- ◆ Then, very cold gas passes through the needles, creating ice balls that destroy the prostate gland.
- ◆ Warm salt water will flow through the catheter to keep your urethra (the tube from the bladder to outside the body) from freezing.

Cryosurgery is most often a 2-hour outpatient procedure. Some people may need to stay in the hospital overnight.

When Cryosurgery is Used to Treat Prostate Cancer

This therapy is not as commonly used and is not as well accepted as other treatments for prostate cancer. Doctors

do not know for certain how well cryosurgery works over time. There is not enough data to compare it with standard prostatectomy, radiation treatment, or brachytherapy.

It can only treat prostate cancer that has not spread beyond the prostate. Men who cannot have surgery because of their age or other health problems may have cryosurgery instead. It also may be used if cancer comes back after other treatments. It is generally not helpful for men with very large prostate glands.

Side Effects

Possible short-term side effects of cryotherapy for prostate cancer include:

- ◆ Blood in the urine
- ◆ Trouble passing urine
- ◆ Swelling of the penis or scrotum
- ◆ Problems controlling your bladder (more likely if you have had radiation therapy also)

Possible long-term problems include:

- ◆ Erection problems in nearly all people
- ◆ Damage to the rectum
- ◆ A tube that forms between the rectum and the bladder, called a fistula (this is very rare)
- ◆ Problems with passing or controlling urine.

Source: Medline Plus (U.S. National Institute of Health)

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Pictured (L – R) are Bob Weiss (Edmonton), Kirby Hay (Winnipeg) and Alan Lowe (Grenfell, SK) who recently assisted at a Health Fair booth in Arizona.

Standing at the back is Don Szybunka (Alberta) who won the gift card courtesy of the Manitoba Prostate Cancer Support Group.

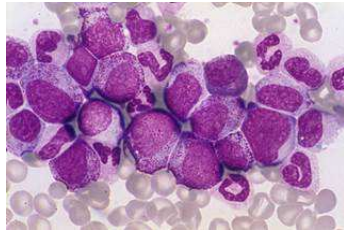
Kirby, thanks for doing such a great job educating and promoting awareness of prostate cancer.

A Decade of Dramatic Change in the Treatment of Prostate Cancer

Major treatment strategies have been approved over the past decade, dramatically increasing survival rates and changing the treatment paradigm for prostate cancer. Greater improvements are expected within the next decade through precision medicine.

In 2005, there were only a handful of approved medications. However, today there are many more and they work by several different mechanisms, allowing them to extend life in novel ways.

In 2005, the relative 10-year survival rate for prostate cancer was 92% and the relative 15-year survival rate was 61%, according to the American Cancer Society.



In 2015, the numbers are significantly higher. The relative 5-year survival rate for all stages of prostate cancer is almost 100%. The relative 10-year survival rate is 99%, and the 15-year relative survival rate is 94%.

“The greatest advances in the management of prostate cancer in the last decade have come directly from our understanding of the biology of what causes prostate cancer cells to become resistant to treatments we had a decade ago,” said Anthony D’Amico, MD, PhD, of Brigham and Women’s Hospital and Dana-Farber Cancer Institute, in Boston, MA.

In 2004, the U.S. Food and Drug Administration (FDA) approved docetaxel after the publication of two random controlled trials

Over the past decade, the FDA has approved the pure luteinizing hormone–releasing hormone antagonist degarelix (Firmagon), the first immunotherapy for prostate cancer,

sipuleucel-T (Provenge), and a taxane-based chemotherapy, cabazitaxel (Jevtana).

The FDA also approved denosumab (Prolia/Xgeva) as a treatment to increase bone mass in patients at high risk for fracture receiving androgen-deprivation therapy (ADT).

Enzalutamide (Xtandi) has been approved to treat men with metastatic castration-resistant prostate cancer that has spread or recurred, even with medical or surgical therapy to minimize testosterone. Enzalutamide was

approved for patients who have previously been treated with docetaxel.

In May 2013, the FDA approved radium Ra 223 dichloride (Xofigo) to treat symptomatic

late-stage metastatic castration-resistant prostate cancer that had spread to bones, but not to other organs.

“Provenge and radium 223 dichloride have helped a lot for patients in the late stages of the disease,” says Dr. D’Amico. “In the future, we hope to do more than just extend life more than several months in late stage disease.”

It is now estimated that one in seven men will be diagnosed with prostate cancer during his lifetime and approximately 220,800 new cases of prostate cancer will be diagnosed in 2015 alone. The American Cancer Society predicts in 2015 there will be approximately 27,540 deaths from prostate cancer.

Tomasz Beer, MD, who is chair for prostate cancer research at the Oregon Health & Science University Cancer Institute, in Portland, OR, said clinicians should be cautious when analyzing the 5- and 10-year survival numbers. He said while treatment

improvements are partly responsible for better outcomes, a part of this trend reflects early diagnosis and stage migration.

“Having said that, there have been major advances; the most notable of which is the development of two new drugs that target androgen receptor signaling, abiraterone and enzalutamide. But in total six agents that extend survival have been approved, approximately five in the last 5 years. That is real progress,” said Dr. Beer.

“Further, and importantly, we have learned that earlier use of chemotherapy in metastatic but hormone responsive disease substantially magnified the benefits of chemotherapy. Taken together, the early application of chemotherapy coupled with compelling new androgen receptor signaling inhibitors have transformed the management of advanced disease. The biggest changes in the landscape of advanced prostate cancer include discovery of circulating tumor cells (CTC), genetic testing on them (AR-V7), improvement in overall survival from various drugs like abiraterone, enzalutamide, radium-223, sipuleucel-T, and cabazitaxel”.

“Precision medicine is a loose term. The clinical development of second-line hormonal manipulation like enzalutamide and abiraterone are examples of how to optimize the targeting of the androgen receptor signaling axis. There needs to be a lot more development to make this disease a chronic disease. Cure is an elusive term in advanced prostate cancer as of today”.

Source: Cancer Therapy Advisor

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Box 315 – 971 Corydon Ave., Winnipeg, Manitoba, R3M 3S7
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Credit Card donations can be made by going to our website at: www.manpros.org and clicking on the donate tab.
Canada Helps will issue a tax receipt. **Amount:** \$25 \$50 \$75 \$100 Other _____

Special Thanks to Motorcycle Ride For Dad – Winnipeg

Once a year the Manitoba Motorcycle RFD holds a ride to raise money for prostate cancer research and awareness. We are pleased to announce RFD has recently made a generous donation to our Support Group. It will greatly enhance our ability to provide prostate cancer “awareness, education and support” in the community. Our Board wishes to acknowledge their help and extend our sincere appreciation for their donation. Many thanks. This year, the RFD will occur on May 28, 2016. It will be your opportunity to hear more than a 1000 motorcycle riders all start their engines at once!



Email - manpros@mts.net

ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL

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2016 MEETINGS

Mar. 17 Tom Roche, Social Worker

Topic: Mindfulness Based Stress Reduction

Apr. 21 Jennifer McLaren, Consultant – Reh-Fit Centre

Topic: Fitness and Prostate Cancer

May 19 Dr. Arbind Dubey, Radiation Oncologist

Topic: Modern Radiation Therapy for Prostate Cancer

June 16 Kristen Bilenky, Social Worker

Topic: Cancer System Navigation

July 21 Member's Forum

Topic: Snacks/Juice

and shared members stories

All meetings at
Seven Oaks Wellness Centre - Room 4
(except Sept.)
7 – 9 p.m.

Everyone Welcome

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