Manitoba Prostate Cancer SUPPORT GROUP Newsletter

Vol. 314 1,300 copies printed/e-mailed **November 2017**

AHOY THERE! ***Important NOTICE!***

We're moving !

Beginning with our January 17 2018 meeting our monthly meetings will henceforth be held in the First Unitarian Universalist Church of Winnipeg, located at 603 Wellington Crescent. This site is centrally located and is easily accessible by car or bus.

Also take note that our regular meeting day is changed to the third WEDNESDAY of each month, from the previous third Thursday. (Thursdays at this venue are reserved for church choir practice.)

Free admission and plenty of free parking. Everyone welcome. Time remains 7 to 9 pm.

Medical Advisors

Paul Daeninck M.D.
Medical Oncologist

Darrel Drachenberg
M.D. Urologist

Arbind Dubey M.D.
Radiation Oncologist

Thanks!

Next Meeting:

Nov-16 Xmas pot luck
Entertainment provided by
a musical group of medical maestros

Location: Cindy Klassen Recreation Complex
at 999 Sargent Avenue

Time: 7 – 9 pm.
Free Admission *Everyone Welcome*

SHARING IS CARING SHARING IS CARING

The Manitoba Prostate Cancer Support Group offers support to prostate cancer patients but does not recommend any particular treatment modalities, medications or physicians ; such decisions should be made in consultation with your doctor.

MPCSG – active since 1992.

Thought of The Day

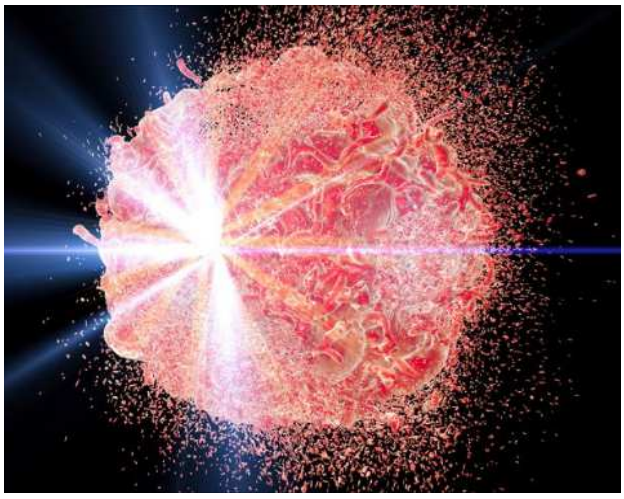
Knowledge is knowing a tomato is a fruit; Wisdom is not putting it in a fruit salad.

Precision Lymph Node Radiotherapy Could Improve Prostate Cancer Outcomes, Study Suggests

Precision Lymph Node Radiotherapy Could Improve Prostate Cancer Outcomes, Study Suggests

A highly precise type of radiotherapy called intensity-modulated radiation therapy (IMRT) may be a safer form of treating lymph nodes in patients with prostate cancer, a clinical trial report suggests.

Radiation to pelvic lymph nodes in patients whose cancer has not yet spread is controversial as the treatment may have toxic effects involving the gut and bladder. But the study, published in the International Journal of Radiation Oncology Biology Physics, suggests that if radiation to surrounding tissue is minimized, the method can significantly improve outcomes.



To test the new radiotherapy method, researchers at The Institute of Cancer Research (ICR) in London, and The Royal Marsden NHS Foundation Trust in the U.K., recruited 447 patients with advanced prostate cancer that had not yet spread.

The patients were split into five groups receiving varying doses and a different number of radiotherapy sessions. The study compared a traditional schedule to a so-called hypofractionation approach in which patients receive larger doses during fewer treatment sessions, according to the report, "Phase 1/2 Dose-Escalation Study of the Use of Intensity Modulated Radiation Therapy to Treat the Prostate and Pelvic Nodes in Patients With Prostate Cancer."

Although patients received radiation to the pelvic area, toxicity was manageable, researchers said. Between 8% and 16% of patients experienced bowel or bladder side effects.

Survival rates were high in all groups, with 87% of patients still alive at five years. Only 8% of the studied patients died of prostate cancer. The results show that this treatment prevented further spread of cancer to the lymph nodes.

"Our trial was one of the first of this revolutionary radiotherapy technique, which was pioneered by colleagues here at the ICR and The Royal Marsden. These long-term results demonstrate that using IMRT to target the pelvic lymph nodes is safe and effective for men with prostate cancer," David Dearnaley, a professor of uro-oncology at the ICR and a consultant clinical oncologist at The Royal Marsden, who led the study, said in a press release.
The research team had earlier tested IMRT in a clinical trial where men received radiation to either the prostate alone or the prostate and pelvic lymph nodes. The method adapts the radiation to the three-dimensional structure of a tumor, thereby sparing healthy tissue and minimizing side effects.

The current study suggested that the IMRT method can also be safely used in a hypofractionated manner, a finding that researchers will now explore in further clinical trials aiming to determine if the benefits of lymph node IMRT outweigh the risks. If they do, researchers also will set out to determine who may best benefit from the treatment.

"This technique has already proven to be a game changer for men with prostate cancer and the work done here has already been carried forward into later-stage phase II and phase III trials. I'm excited to see this treatment become available to every man with prostate cancer who could benefit from it," Dearnaley said.

"Radiotherapy is often seen as perhaps old-fashioned and crude compared with other cancer treatments — but nothing could be further from the truth. Radiotherapy today has been enhanced far beyond recognition since its first use over a century ago, and is now a highly precise, incredibly sophisticated treatment, said Paul Workman, chief executive of the ICR.

"It's great to see this long-term evidence of the degree to which precision radiotherapy has transformed outcomes for men with prostate cancer," Workman added.

OCTOBER 16, 2017 Magdalena Kegel

https://prostatecancernewstoday.com/2017/10/16/prostate-cancer-outcomes-could-be-improved-advanced-precise-lymph-node-radiotherapy-study-suggests/

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How Nerves Fuel Prostate Cancer Growth

Certain nerves support the growth of prostate cancer via a tumor vessel proliferating "switch," according to a study by researchers from the Albert Einstein College of Medicine. This finding could potentially lead to a new strategy for treating prostate cancer. Dr. Paul Frenette, of the Departments of Medicine and Cell Biology at the Albert Einstein College of Medicine in New York City, NY, led the study. The findings from the new research are published in the journal Science.

"Solid tumors depend on an expanding blood supply to thrive," says Dr. Frenette. "Here we show that nerves stimulate the new blood vessels that encourage prostate tumor growth and that we can short-circuit nerve stimulation to prevent new vessels from forming."

"This opens up an entirely new strategy for treating prostate cancer — one that we may be able to pursue using existing drugs," he adds.

Every single year, more than 172,000 men in the United States are diagnosed with prostate cancer, and more than 28,000 people die from the disease. Aside from skin cancer, prostate cancer is the most common form of cancer among U.S. men.

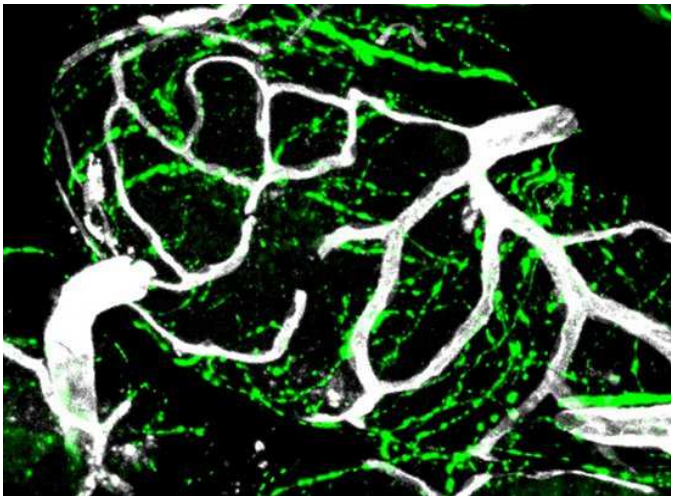
Earlier research by Dr. Frenette and colleagues discovered that nerves play a primary role in the development and spread of prostate tumors.

Norepinephrine triggers metabolic switch

More specifically, the team found that the nerves of the sympathetic nervous system — which controls the body's "fight-or-flight" response — drive the growth of tumors by producing the neurotransmitter norepinephrine.

Norepinephrine promotes tumor growth by "binding to and stimulating" receptors on the surface of tumor connective tissue cells. Now, using a mouse model of prostate cancer, researchers reveal how the nerves in connective tissue fuel tumor growth.

Once the nerve fibers release norepinephrine, it binds to receptors on endothelial cells that line the inside of blood vessels. The binding of norepinephrine to the receptors activates an "angio-metabolic switch," which alters the way in which the cells metabolize glucose.



Endothelial cells ordinarily get energy to produce new blood vessels from glucose using oxidative phosphorylation. However, the cells were instead using glycolysis to metabolize glucose — a phenomenon that has been detected in cancer cells.

Oxidative phosphorylation prevents tumors

The researchers set out to confirm the role of norepinephrine in triggering the metabolic switch. To do this, they deleted a gene in their mouse model that looks for norepinephrine's receptor on vessel cells, which "eliminat[ed] norepinephrine's binding target."

As predicted, cells that lacked the receptor used oxidative phosphorylation to metabolize glucose rather than glycolysis, thus inhibiting the formation of new vessels.

"Oxidative phosphorylation generates more energy than glycolysis. It may seem counter-intuitive, but this energy boost provided by oxidative phosphorylation diminishes endothelial cell function and inhibits angiogenesis — the formation of new blood vessels that sustains tumor growth."

This enabled prostate cancer to escalate from "a low-grade precancerous stage to a high-grade malignant stage."

"While we need to learn more about the role that norepinephrine-releasing nerves play in prostate cancer," explains Dr. Frenette, "it's certainly worth exploring whether beta-blockers can improve disease outcomes."

Beta-blockers block norepinephrine's effects, and studies have indicated that these drugs lower metastasis rates and boost survival in individuals with prostate cancer, he concludes.

By Hannah Nichols

20 October 2017

Fact checked by Jasmin Collier

https://www.medicalnewstoday.com/articles/319789.php

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Hormone Therapy for Prostate Cancer Increases Cardiac Risk

A common prostate cancer treatment comes under scrutiny in a new study. Androgen-deprivation therapy, which is a common treatment for prostate cancer, has been tentatively linked with an increased risk of cardiovascular disease. A new study solidifies these concerns.

Prostate cancer needs testosterone to grow and thrive, so androgen-deprivation therapy (ADT) is designed to reduce the amount of testosterone in the body to close to zero, thereby helping to slow cancer's growth.

Although the findings are controversial, some studies have shown that ADT combined with radiation therapy is more successful at treating prostate cancer than just radiation alone.

Currently, ADT is recommended for advanced prostate cancer. But it is increasingly being used to treat localized prostate cancer, despite minimal evidence for its efficacy.

At the same time, the number of localized prostate cancer cases has increased dramatically over recent years, due in part to the more widespread use of prostate-specific antigen (PSA) testing.

Side effects of ADT — including erectile dysfunction, diabetes, bone loss, and swollen breast tissue, or gynecomastia — can be fairly substantial. Added to this, there is growing evidence to suggest that low testosterone levels might increase the risk of cardiovascular disease (CVD).

A challenging hunt for ADT-CVD links Studies looking for links between CVD and ADT have reached conflicting conclusions. For instance, one meta-analysis found a 40 percent increased risk of non-fatal CVD in men with prostate cancer who had received ADT.

On the other hand, an earlier study found no link at all between ADT and cardiovascular mortality.

It has therefore been difficult for researchers, so far, to draw accurate lines between heart health and ADT.

Studies have run into a range of problems: some primarily looked at older men, wherein heart conditions would already be more common, and some did not take information about the other medications that participants were taking.

And, even when links have been found, it is difficult to know whether ADT caused the CVD or simply worsened a pre-existing heart condition.

A new study set out to rectify the issues experienced in previous studies. Led by Reina Haque, Ph.D., of Kaiser Permanente Southern California in Pasadena, their findings are published this month in the British Journal of Cancer.

The authors write, "[O]ur goal was to assess the association of ADT and important incident CVD outcomes in a cohort that also included younger men."

"We accounted," they add, "for important confounders, including prior CVD history, PSA levels, CVD medications, and CVD risk factors. Additionally, we assessed whether ADT only has effect on new-onset CVD or also on the progression of pre-existing cardiovascular conditions."

ADT and heart failure risk

In total, the study included 7,637 men who had recently been diagnosed with localized prostate cancer. Of these men, almost a third (30 percent) received ADT. They were followed-up for a maximum of 13 years.

After controlling for the variables described above — as well as others including body mass index (BMI) and smoking — individuals who had ADT and no pre-existing CVD had an 81 percent increased risk of heart failure.

Men who did have pre-existing CVD saw a 44 percent increase in their risk of arrhythmia. Similarly, the risk of conduction disorder — which is a problem with the way that electrical impulses move through the heart — tripled.

When discussing why the link between CVD and ADT might occur, the researchers cover a range of potential factors.

Firstly, testosterone deficiency increases fat mass, which is a risk factor for CVD. Also, men with low testosterone levels are more likely to have abnormal lipid profiles, increased levels of pro-inflammatory factors, and hypertension.

The authors hope that these results might help to identify prostate cancer patients who are more at risk of CVD. They can then give them regular cardiac check-ups, encourage them to exercise, and monitor their blood pressure and diabetes more closely.

By Tim Newman

18 October 2017

Fact checked by Jasmin Collier

https://www.medicalnewstoday.com/articles/319777.php

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Prostate Cancer Patients Unclear On Differences Among Treatments

(Reuters Health) - Many patients with localized prostate cancer don't understand the differences between their treatment options, a new study suggests.

"Prostate cancer is the most common male cancer in Western Europe, but this study shows that men facing treatment have a poor understanding of how their treatment decision will affect their lives," Marie-Anne Van Stam of the University Medical Center Utrecht in the Netherlands told Reuters Health in an email interview.

"This means that they are often not able to understand the differences in outcomes and side effects among the different treatment options, and end up making decisions on instinct."

Options for treating prostate cancer that hasn't spread include removal of the prostate gland, radiation therapy and active surveillance, in which doctors monitor the cancer but don't treat it unless it grows.

While radical prostatectomy is the most invasive approach, it does not reduce the risk of disease recurrence compared to radiation therapy. Patients who undergo surgical treatment face a higher risk of urinary incontinence and erectile dysfunction, while radiation treatment is associated with bowel and urinary problems, the researchers note in the journal BJU International.

Van Stam and her team analyzed questionnaires completed by 474 prostate cancer patients who had just received information about their treatment options from a urologist.

Just over one-third of the patients were aware that cancer recurrence was just as likely with surgery as with radiation, while 39 percent were aware that prostatectomy increased the risk of incontinence. Twenty percent knew that 10-year mortality is similar with active surveillance, radiation and surgery.

Forty-five percent of the survey respondents thought that patients on active surveillance always wound up receiving radiation or therapy later on. In fact, according to Van Stam, only half of patients on active surveillance require definitive treatment.

Patients who spoke to a nurse specialist or radiotherapist in addition to the urologist had a better understanding of the differences between treatments. "This finding encourages the incorporation of a nurse specialist and/or multidisciplinary consults in routine care," Van Stam said.

"We don't expect patients to become experts in prostate cancer, this is a once in a lifetime thing for them," she added.

"So the facts need to come from clinicians. However, we note for example that almost no clinical guidelines include a clear overview of the differences in the risks of side effects among treatment, or sections on communicating with patients, and this needs to change."

Anne Harding OCTOBER 11, 2017

SOURCE: bit.ly/2hAVarZ BJU International, online September 28, 2017

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" To our online donors from Canada Helps.....thank you for your donations to the Manitoba Prostate Cancer Support Group. It's not possible for us to thank each of you personally, but rest assured that we truly appreciate your generosity. Your contribution makes a difference and helps us provide free support to those prostate cancer patients who want and need it. Every bit helps us to better serve our prostate cancer patient community. Thanks again."

The Board,
Manitoba Prostate Cancer Support Group

Promising New Prostate Cancer Test Developed

An easy to produce prostate cancer tracer, a substance vital for the discovery of cancers, has been developed by King's College London PhD student Jennifer Young.

Known as 68Ga-THP-PSMA, the new tracer, which was developed with support from the National Institute for Health Research (NIHR) Biomedical Research Centre at Guy's and St Thomas' NHS Foundation Trust and King's College London, can be made very quickly and easily in a radio-pharmacy, meaning that smaller hospitals and clinics can produce it. It is hoped that this will mean more patients will have access to high-quality lifesaving scans.

Tracers are radioactive dyes that are introduced, by injection or in liquid form, into a patient's body before they have a positron emission tomography (PET) scan. As the tracer works its way around the body, organs and tissues affected by diseases such as cancer may absorb a higher or lower amount of the tracer than healthy tissues. The level of absorption can be detected by the scan and help specialists to detect disease.

Professor Philip Blower, from King's School of Biomedical Engineering and Imaging Sciences, supervised Jennifer Young's work with Dr Greg Mullen from radiopharmaceutical company Theragnostics. He said: "The tracer Jennifer has developed will give more patients access to potentially lifesaving scans. The low-cost and relatively straightforward production process means that smaller hospitals and not just the biggest specialist hospitals can produce it for their patients.

"We hope this will be the first of several tracers based on this technology for application to other cancers, not just prostate."

Only men have a prostate gland, its main job is to secrete fluid that nourishes and protects sperm. Prostate cancer is the most common cancer in men and there are currently more than 330,000 people living with the disease in the UK alone.

Greg Mullen, CEO of Theragnostics, said: "We are proud to present the results of this Phase I study alongside our colleagues at the trial's sponsor the Peter MacCallum Cancer Centre, and King's College London.

"These data demonstrate the disruptive technology of 68Ga-THP-PSMA, by simplifying and speeding up current production, while providing increased imaging sensitivity to support the discovery of prostate cancer.

"We are rapidly moving forward with the clinical development of 68Ga-THP-PSMA, and working with regulatory bodies to address an unmet clinical need by bringing this technology to prostate cancer patients."

Results of a first-in-human trial of the tracer have been published in the Journal of Nuclear Medicine (JNM). Explore further: Molecular imaging study reveals improved detection of early recurrent prostate cancer

More information: Michael S Hofman et al. Cold Kit PSMA PET Imaging: Phase I study of 68Ga-THP-PSMA PET/CT in patients with prostate cancer, Journal of Nuclear Medicine (2017). DOI: 10.2967/jnumed.117.199554

October 10, 2017

Journal reference: https://medicalxpress.com/journals/journal-of-nuclear-medicine/

Provided by: King's College London

Source: https://medicalxpress.com/news/2017-10-prostate-cancer.html

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CHRISTMAS IS JUST AROUND THE CORNER …….

and this signals the end of the 2017 tax year.

If you are planning to make a donation to our Support Group, please do so soon. That way, Al, our Treasurer, will have time to issue your tax receipt **before December 31st**.

Please act soon, because Al gets very busy cooking his Christmas turkey in December!

The Board would like to extend the best of the Season and a Happy New Year to all.

Study Investigates Treatment Regret Among Prostate Cancer Survivors

As they get older, do men with prostate cancer come to regret the treatment decisions they made? A new study of men diagnosed during the mid-1990s indicates that some of them will.

Richard Hoffman, a professor of internal medicine and epidemiology at the University of Iowa Carver College of Medicine in Iowa City, led a team that reviewed survey data that men filled out one, two, five, and 15 years after they were treated for prostate cancer. All 934 men included in the study were 75 or younger when diagnosed, each with localized tumors confined to the prostate gland. Approximately 60% of the men had low-risk prostate cancer that was expected to grow slowly, and the others had riskier cancers. Most of the men (89%) were treated with surgery or radiation. The rest were lumped together as having had conservative treatment: either medications to suppress testosterone (a hormone that makes prostate cancer grow faster), or "watchful waiting," meaning doctors delayed treatment until there was evidence that the cancer was spreading.

Overall, 14.6% of the entire group expressed some treatment regret — 16.6% of the radiation-treated men, 15% of the surgically-treated men, and 8.2% of the men treated conservatively. Among the causes of regret, treatment-related bowel and sexual problems were cited most frequently. Surgically treated men reported the highest rate of significant sexual side effects (39%), while radiation-treated men reported the highest rate of significant bowl problems (15.6%). Remarkably, complaints over urinary incontinence differed little between the groups, ranging from a low of 15.5% for the conservatively-treated men to a high of 17.6% among men treated with radiation.

Results also showed that regret tends to increase with time, suggesting that when initial concerns over surviving prostate cancer wear off, the quality-of-life consequences of treatment become more apparent. Regrets were especially pronounced among men who felt they hadn't been sufficiently counseled by their doctors before settling on a particular treatment option, and also among men who were preoccupied with changing levels of prostate-specific antigen, a blood test used to monitor cancer's possible return.

Given these findings, the authors emphasized how important it is that men be counseled adequately and informed of the risks and benefits associated with various treatments. But men should also be reassured that treatment for prostate cancer has improved since the mid-1990s, and that bowel and urinary side effects in particular "don't occur as frequently now as when the men in this study were diagnosed," says co-author Peter Albertsen, a professor of surgery and chief of the division of urology at UConn Health in Farmington, Connecticut.

OCTOBER 20, 2017

Charlie Schmidt, Editor, Harvard Medical School Annual Report on Prostate Disease

https://www.health.harvard.edu/blog/treatment-regret-prostate-cancer-2017102012535

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"Raising Awareness.....Spreading the Word"

The Manitoba Prostate Cancer Support Group works to increase education, awareness and support for the prostate cancer community. These services are provided through a variety of activities and are available without cost to the existing patient population as well as to the public at large.

Raising awareness is especially important to encourage more men, who may already have prostate cancer but don't yet know about it, to get checked.

Early detection makes all the difference in effecting a cure.

As part of our efforts to raise awareness our group provides speakers to community groups, as well as attending "health fairs" in shopping malls and the like.

If your group would like to have a speaker talk about prostate cancer contact board member Pat Feschuk (Special Events organizer; telephone 204-654-3898; or email at lizpat@shaw.ca) to make arrangements.

Return undeliverable Canadian addresses to
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2017 MEETINGS

Nov-16 Xmas pot luck

Dec *No Meeting*

All meetings (except September)
will be held at :
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at 999 Sargent Avenue

All meetings are 7 – 9 pm.
Everyone Welcome

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