Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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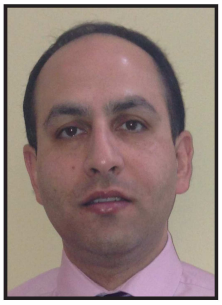
Manitoba Prostate Cancer
SUPPORT GROUP

PROSTATE CANCER Awareness Evening

Including Q & A with Leading Medical Specialists

Thursday, September 21, 2017 • 7-9pm
Caboto Centre – 1055 Wilkes Avenue

FREE ADMISSION



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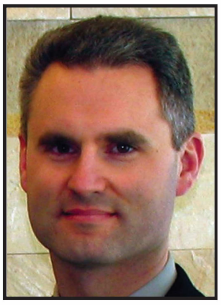
Radiation Oncologist
CancerCare Manitoba



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Thought of The Day

Change is inevitable, except from a vending machine.

Choosing Alternative Cancer Therapy Doubles Risk Of Death, Study Says

(CNN) Patients who chose alternative therapies to treat a common, curable cancer instead of opting for the recommended medical treatment double their risk of death, according to a recent study published in the Journal of the National Cancer Institute.

Conventional medical treatments include surgery, chemotherapy and radiation, while any other unproven cancer treatment administered by non-medical personnel would be considered an alternative therapy.

Yale School of Medicine's Dr. Skyler Johnson, lead author of the study, said that based on what he's seen as a practicing doctor, patients are increasingly refusing or delaying conventional cancer treatment in favor of alternative therapies.

As a result of that, their cancer is "advancing: either getting larger or spreading to lymph nodes or spreading to distant sites," Johnson said. "This is concerning, because your chance of cure decreases as the cancer grows and spreads."

A breast cancer patient with stage I cancer, for example, has almost 100% chance of surviving five years, he explained. However, stage IV breast cancer - in which it has spread to lymph nodes or a distant part of the body - reduces a patient's chances of surviving five years to 25% or even 20%.

Delaying recommended medical treatment may allow cancer to spread and reach an advanced stage, which decreases a patient's ability to survive, said Johnson, who reported no conflicts of interest, though two of his three co-authors have received research funding from the pharmaceutical companies 21st Century Oncology, Johnson and Johnson, Medtronic and Pfizer.

With no scientific evidence to support a choice in favor of alternative therapy, Johnson and his co-authors at Yale Cancer Center believed it would be worthwhile to examine the issue "so we could have an informed discussion based on the evidence of what the risk might be if patients chose to move forward with alternative therapies," he said.

The most common US cancers

The researchers began their investigation by gathering information from 840 patients diagnosed between 2004 and 2013 and listed in the National Cancer Database in the US, a joint project of the American Cancer Society and the Commission on Cancer of the American College of Surgeons.

They looked at "the most common cancers in the US: breast, prostate, lung and colorectal cancer," Johnson said.

He and his co-researchers compared and analyzed survival data on 280 patients who had chosen alternative medicine, as well as data on 560 patients who had received conventional cancer treatment.

Of all the patients choosing alternative therapies, about 44% had breast cancer, nearly one-quarter had prostate cancer, just over 18% had lung cancer, and nearly 12% had colorectal cancer.

Patients who received alternative medicine instead of chemotherapy, surgery and/or radiation had a 2½-times greater risk of dying during the 5½-year followup period than those who opted for conventional treatment, the team discovered.

Broken down by type, breast cancer patients who chose alternative instead of conventional treatment had a fivefold greater death risk, while colon cancer patients increased their risk fourfold and lung cancer patients twofold. Prostate cancer patients showed no increased risk by choosing alternative medication.

Commenting on the new study, Dr. David Gorski, a surgical oncologist at the Barbara Ann Karmanos Cancer Institute, wrote that "There are other studies showing similar results, but unfortunately they are relatively few."

"Alternative medicine kills cancer patients," Gorski, who was not involved in the research, wrote on the website Science-Based Medicine. "It is basically no different than refusing treatment altogether and much more expensive and troublesome."

The new study has "limitations," he wrote, including the possibility that the use of conventional medicine is likely to have been undercounted since some patients who choose alternative medicine ultimately "come back to conventional medicine."

"However, if such a bias occurred, it would have tended to make the differences in survival between the alternative medicine group and the conventional treatment group smaller, not larger," Gorski wrote. "If such a bias occurred in this study the harm caused by choosing alternative medicine is likely to be significantly worse than reported.

"There is no good evidence of specific anticancer effects from close to all (if not all) alternative medicines," Gorski noted, adding that many alternative medicine patients aren't receiving effective supportive care, "resulting in inadequate (or nonexistent) relief of cancer-related symptoms and unnecessary suffering."

The patients most likely to go alternative

The reasons for choosing alternative instead of conventional medicine are "pretty broad," Johnson said, adding that "patients are hesitant sometimes to discuss their thoughts with their physicians."

"Anecdotally, there's this belief that alternative therapies are as effective and nontoxic, so in their minds, why not do something just as good but have no side effects associated with that?"

The caveat is that patients will hear success stories about someone who has chosen alternative therapy but won't

(Continued on page 3)

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realize that those people often received some or all of the recommended conventional treatment as well, Johnson said.

Other people may have a "distrust of medical institutions as a whole ... or maybe physicians," he said. "There's a concern that maybe there's a cure that's being hidden. There's a small conspiracy theory to it, as well.

"We identified people who were more likely to choose alternative medicines," Johnson said. "And it's usually people who have a higher income, who are more well-educated, who are healthier and who live in the West and Pacific regions of the US. We have this group of people we know who are doing this; we don't know why.

"You'd assume that someone who is more well-educated, they have an understanding of science and medicine, they'd be less likely to make a choice like this, but that's clearly not true, based on this data," he said.

"There's a path now, when we've achieved the goal - which is to cure cancer - where we kind of ramp down the aggressiveness of the treatment," Johnson said. Doctors ask themselves, "Can we still obtain this cure rate and reduce the doses of the medication or reduce the doses of radiation or maybe not do such a huge surgery?"

"That's something that's new," he said, and new therapies are frequently found, such as immunotherapy, that can be less toxic for patients.

"Every therapy offers a certain advantage and benefit, and some people kind of pick things a la carte," Johnson said. "The assumption is that's not the best for survival. That's something we're looking at."

By Susan Scutti, CNN Thu August 17, 2017

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Cancer-Detecting Dogs Approved For NHS Trial

Animals at specialist charity will undergo evaluation at Milton Keynes hospital after proving 93% effective in detecting odour of prostate tumours

Dogs capable of sniffing out cancer have been approved for use in a trial by the NHS.

The charity Medical Detection Dogs has gained approval from Milton Keynes University Hospital for further trials, after an initial study showed specially trained dogs can detect prostate tumours in urine in 93% of cases.

It is hoped canine testing could help show up inaccuracies in the traditional Prostate-Specific Antigen (PSA) test, used to determine if men need a biopsy. The test has a high “false positive” rate, and many men are unnecessarily referred for the invasive procedure.

Iqbal Anjum, a consultant urologist at the hospital, said the study was “an extremely exciting prospect”.

He added: “Over the years there have been many anecdotal reports suggesting that dogs may be able to detect cancer based on the tumour’s odour. It is assumed that volatile molecules associated with the tumour would be released into the person’s urine, making samples easy to collect and test.”

The normally gentle dog refused to get in the car, and began prodding Dr Guest in the chest. When she felt the patch, Dr Guest realised it was bruised. Tests revealed she had a benign tumour near the surface, and a deeper malign growth, which could have been severe if not for the early diagnosis.

Dr Guest said the incident gave her the “impetus to really believe this could be life-changing for people”.

She added: “Britain has one of the worst rates of early cancer detection in Europe. The NHS needs to be bolder about introducing new innovative methods to detect cancer in its early stages.

“Our dogs have higher rates of reliability than most of the existing tests. We know their sense of smell is extraordinary. They can detect parts per trillion - that’s the equivalent of one drop of blood in two Olympic-sized swimming pools.

“We should not be turning our backs on these highly sensitive bio-detectors just because they have furry coats.”

Two charities, the Graham Fulford Charitable Trust and the Prostate Cancer Support Group, have said they are interested in rolling out the diagnostic service once the trial is complete.

Gary Steele, who founded the Prostate Cancer Support Group, said his team were “so impressed” by the initial trials into using dogs to detect cancer, saying the PSA test left “a great deal of room for improvement”.

He added: “If they can prove in this study that dogs are reliable at detecting cancer, then we will have the evidence we need to offer sample screening by dogs as an optional test in our cancer clinic.

“We should not miss this opportunity to save thousands of lives.”

Press Association Saturday 8 August 2015

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Bone Up on Prostate Cancer Treated With ADT

Bone health drugs are effective in improving bone mineral density (BMD) in patients with nonmetastatic prostate cancer who receive androgen deprivation therapy (ADT), but there is little or no evidence that they prevent fractures, according to a new systematic review and meta-analysis.

Nevertheless, clinicians should prescribe these drugs to patients who have high levels of risk for fracture, say the study authors and other experts.

"Men with osteoporosis are at the highest risk, followed by men with low bone mass. However, other risk factors beyond bone mineral density increase the risk of fracture, including age, smoking, prior fracture history, and family history of osteoporosis, among others," lead author, Shabbir Alibhai, MD, from the University of Toronto, Ontario, Canada, told Medscape Medical News.

Paying attention to the bones of men treated with ADT is essential because the therapy can induce "significant" bone loss and increased risk for fragility fractures akin to that of people with osteoporosis, say the authors.

Over time, bones are weakened as a result of depletion of testosterone and estradiol from ADT, which has been a mainstay of treatment for 70 years.

"Up to one in five men will have a fracture within 5 to 6 years of starting ADT, so it is not uncommon," said Dr Alibhai.

Unfortunately, other research indicates that related bone healthcare in these men is less than optimal and use of drug therapies is "modest," say the authors.

Consequently, the highly respected Cancer Care Ontario in Canada assembled a working group, including Dr Alibhai, to summarize "recent changes in bone health and bone-targeted therapy" to help clinicians bone up on bone care.

In a new report from that effort, the team focused on interventions to reduce osteoporosis-related outcomes in nonmetastatic disease.

Looking at 27 clinical trials, they found that bisphosphonates were effective in increasing BMD, but no trial was sufficiently powered to detect reduction in fractures.

However, in one "high-quality" trial, the RANKL inhibitor denosumab improved BMD and reduced the incidence of new radiographic vertebral fractures.

Other interventions, such as calcium and vitamin D supplements, lacked trials with placebo controls; lifestyle interventions were found to be ineffective compared with usual care.

"More trials studying fracture outcomes are needed in this population," conclude the authors in their report, published online August 7 in Annals of Internal Medicine.

In the meantime, how should clinicians proceed?

They can start by assessing BMD of their patients with nonmetastatic prostate cancer, say Azeez Farooki, MD, and Howard Scher, MD, from Memorial Sloan Kettering Cancer Center in New York City, in an accompanying editorial.

They cite International Osteoporosis Foundation guidelines and recommend pharmacologic intervention for men with functioning gonads who have osteopenic BMD and a 10-year absolute risk threshold (based on the Fracture Risk Assessment Tool [FRAX] score) of 3% for hip fracture and 20% for any fracture.

BMD is a surrogate for fracture risk, observe the editorialists.

Dr Alibhai also recommends and uses the FRAX and another scale, the Canadian Association of Radiologists and Osteoporosis Canada (CAROC), to stratify risk. Men who are at "high risk" on these scales are the ones for whom "I would most strongly recommend a drug" to prevent fracture, he said.

"For men at moderate risk of fracture, I review the risks and benefits of treatment and let them decide," he continued.

For men at low risk, Dr Alibhai recommends ensuring adequate calcium and vitamin D and rechecking BMD in 1 to 2 years to ensure their risk has not increased.

Notably, any men with radiographic vertebral fractures should receive bone health therapy, independent of their FRAX score and BMD, the study authors also say.

In choosing a bone health agent, clinicians should keep in mind several fine points, the editorialists suggest.

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One of these is the issue of choosing between intravenous and oral bisphosphonates.

In the meta-analysis, 14 studies evaluated intravenous bisphosphonates and 6 evaluated oral bisphosphonates.

The meta-analysis showed that bisphosphonates protected BMD at all bone sites, but subgroup analysis suggested more benefit at the total hip for intravenous than for oral administration.

Most studies of intravenous treatment evaluated a 4-mg dose of zoledronic acid given at 3-month intervals. But a once-yearly 5-mg dose has also proven effective in the context of ADT. The second option may be preferable, suggest the editorialists, because more frequent dosing has been associated with higher risk for osteonecrosis of the jaw and other adverse events.

With regard to denosumab, the editorialists point out that it has a unique liability.

The drug (60 mg every 6 months) is approved to increase bone mass in patients at high risk for fracture, including those receiving ADT for nonmetastatic prostate cancer. However, discontinuation of denosumab, say the pair, "can lead to rapid reversal of BMD gains and a rebound increase in bone turnover, possibly resulting in a period of skeletal fragility, an effect not seen with zoledronic acid."

The new study, say the editorialists, was well done, because it followed "rigorous standards."

Nevertheless, given the commonplace nature of both prostate cancer and ADT use, data to guide practice are "surprisingly limited," they add.

For relevant clinical trials, systematic reviews, and earlier meta-analyses, the study authors reviewed Ovid MEDLINE (1946 to 2017), EMBASE (1980 to 2017), and the Cochrane Database of Systematic Reviews (2017).

Among their findings was one trial that evaluated the selective estrogen receptor modulator toremifene (Fareston, Kyowa Kirin), which is not approved in this setting and therefore was not emphasized by the meta-analysis authors. However, that one trial was powered to detect a difference in fracture rate.

Importantly, toremifene was associated with significantly fewer overall fractures (relative risk reduction, 38% [95% confidence interval, 2.2% to 60.2%]; P = .036). This is an improvement upon the efficacy of denosumab, which was significantly effective only in reducing vertebral fractures. Data for overall fractures in the denosumab study did not reach significance (5.2% vs. 7.2%; P = .10).

In recent decades, prostate cancer specialists have improved the amount of attention that they give bone health, said Dr Alibhai.

But lack of training and lack of access to resources are still barriers to care here, he said.

Nevertheless, Dr Alibhai hopes that prostate cancer specialists take the time to address bone health at the start of any cancer treatment. "Low bone mass and osteoporosis are often silent until the first fracture occurs. Ideally we want to identify these men before the first fracture and institute measures to prevent that fracture," he said.

The study was supported by the Program in Evidence-Based Care of Cancer Care Ontario. Multiple study authors and both editorialists disclosed financial ties to industry.

Ann Intern Med. Published online August 7, 2017. Abstract, Editorial

Nick Mulcahy August 08, 2017
Medscape Medical News

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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.

" 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

New Research on Possible Link Between Height and Prostate Cancer

Renowned Los Angeles urologist Dr. Kia Michel of Comprehensive Urology talks about what these results mean for men concerned about prostate cancer risks

Prostate cancer risk factors such as age, ethnic group, and family history (among others) are well known, which means that men can take preventative measures to reduce their risk of getting prostate cancer. Other risk factors that have not yet been clearly confirmed include a sedentary lifestyle, smoking, and a less-than-optimal diet (heavy on red meat, for example, yet light on vegetables and fruit); accordingly, obesity has also been found to raise prostate cancer risks. However, research conducted in the European Prospective Investigation into Cancer and Nutrition (EPIC) cohort appears to indicate that height also has an impact.

"It's no surprise that a man's abdominal girth plays a role," says Dr. Michel, "but the results showing the possible impact of height were not necessarily expected. If you're a man who's reading this, your first thought upon this news might be to wonder how you can overcome this risk factor. But there are two things to keep in mind: one is that having risk factors does not automatically mean you're going to get prostate cancer, just as no symptoms doesn't mean you don't have it; number two is that you're still in control of managing the risks and taking preventative measures."

Results from the research, done at the Oxford University (UK) Cancer Epidemiology Unit and published by open access online journal BMC Medicine, showed both weight-related and height-related effects. For every 4-inch (10cm) increase in waist circumference, the risk of death from prostate cancer is 18% higher and there's a 13% higher risk of it being high-grade cancer. As for the impact of height, results showed that for every additional 4 inches (10cm) of height, there's a 17% higher risk of death due to prostate cancer and a 21% higher risk of developing a high-grade disease.

"What's really intriguing is the fact that while height might affect your chances of dying from this cancer, it does not appear to have a bearing on your overall prostate cancer risks," Dr. Michel says. "So, if you're taller than average, but haven't yet been diagnosed with prostate cancer, you don't appear to be at greater risk; it only seems that once you have the disease, height has an impact on your chances of surviving. Of course, there are many other factors that also contribute, including getting screened early, so there is still uncertainty on how much of an impact height actually has."

While nothing can be done about height, men can reduce their weight and, thus, decrease their risks of prostate cancer, especially aggressive tumors. Combined with regular PSA screenings starting around the age of 50 or after, noticing symptoms such as changes in urinary or sexual habits and eating a nutritious diet can help lower a man's prostate cancer risks. Research has shown that men consuming three or more servings of fruits and vegetables a week reduce prostate cancer risks by more than 40% over those consuming only one serving a week. To learn more about prostate cancer risk factors, as well as how to take preventative measures, visit http://Comprehensive-Urology.com/Prostate-Cancer/.

> **"Men over 45 should keep a healthful lifestyle, which includes regular exercise, a good diet, plenty of fluids, and less alcohol and/or smoking,"**

Dr. Michel says. "In fact, we recommend that you eat at least 8 servings of fruits and vegetables each day to help strengthen your body's immune system, which in turn will help power its self-healing mechanisms. Finally, we can't emphasize enough that men should get screened early, especially if you have one or more of the known risk factors because a routine prostate cancer screening can be the difference between succumbing to this disease or beating it and living a great rest of your life."

Los Angeles, CA (PRWEB) August 15, 2017

Kia Michel M.D. earned his medical degree at the University of Washington School of Medicine and completed his residency at UCLA. He has also been recognized as a National Pfizer Scholar. As one of the founding members of the reputable Comprehensive Urology Medical Group, located in the Cedars-Sinai Medical Towers in Los Angeles, California, Dr. Michel treats a host of urologic diseases. One of the few urologists who is both an acclaimed vaginal reconstructive and minimally invasive surgeon, Dr. Michel is a compassionate doctor who has dedicated his career to providing state-of-the-art care for his patients with a warm, nurturing touch.

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New Prostate Cancer Biomarkers Could Improve Precision Therapy

Mayo Clinic researchers have identified a new cause of treatment resistance in prostate cancer. Their discovery also suggests ways to improve prostate cancer therapy.

The findings appear in Nature Medicine. In the publication, the authors explain the role of mutations within the SPOP gene on the development of resistance to one class of drugs.

SPOP mutations are the most frequent genetic changes seen in primary prostate cancer. These mutations play a central role in the development of resistance to drugs called BET-inhibitors.

BET, bromodomain and extra-terminal domain, inhibitors are drugs that prevent the action of BET proteins. These proteins help guide the abnormal growth of cancer cells.

As a therapy, BET-inhibitors are promising, but drug resistance often develops, says Haojie Huang, Ph.D., senior author and a molecular biologist within Mayo Clinic's Center for Biomedical Discovery.

Prostate cancer is among the most diagnosed malignancies in the United States. It is also the third leading cause of cancer death in American men, according to the American Cancer Society.

Because of this, says Dr. Huang, improving treatments for prostate cancer is an important public health goal.

In the publication, the authors report SPOP mutations stabilize BET proteins against the action of BET-inhibitors. By this action, the mutations also promote cancer cell proliferation, invasion and survival.

"These findings have important implications for prostate cancer treatment, because SPOP mutation or elevated BET protein expression can now be used as biomarkers to improve outcome of BET inhibitor-oriented therapy of prostate cancer with SPOP mutation or BET protein overexpression," says Dr. Huang. Mutations in the SPOP gene can then be used to guide administration of anti-cancer drugs in patients with prostate cancer:

The Nature Medicine publication presents four major discoveries: BET proteins (BRD2, BRD3 and BRD4) are true degradation substrates of SPOP.

SPOP mutations cause elevation of BET proteins in prostate cancer patient specimens.

Expression of SPOP mutants leads to BET-inhibitor resistance and activation the AKT-mTORC1 pathway that promotes cancerous cell growth and survival.

Co-administration of AKT inhibitors overcomes BET inhibitor resistance in SPOP-mutated prostate cancer.Mayo Clinic Ventures, the technology commercialization arm of Mayo Clinic, has a patent application in place for this promising prostate cancer biomarker and therapeutic technology.

source: Mayo Clinic. August 16, 2017

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M.P.C.S.G. Medical Advisors

Paul Daeninck *M.D. Medical Oncologist*

Darrel Drachenberg *M.D. Urologist*

Graham Glezerson *M.D. Urologist*

Arbind Dubey *M.D. Radiation Oncologist*

Thanks!

"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.

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2017 MEETINGS

Sep-21 SAE- panel :
Dr. Jeff Saranchuk (surgical oncology),
Dr. Arbind Dubey (radiation oncology)
"Prostate Cancer…..treatment options and follow-up" **see poster on front page for details**

Oct-19 Dr. Mary Shariff
Faculty of Law, U of M
"Health care directive....what it is and why you need it"

Nov-16 Xmas pot luck

All meetings (except September)
will be held at :
Cindy Klassen Recreation Complex
at 999 Sargent Avenue

All meetings are 7 – 9 pm.
Everyone Welcome

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Irek Iskat — membership

Patrick Treacy — speakers

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