Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 317 1,300 copies printed/e-mailed **March 2018**

To: Readers of this newsletter

From: The Board of Directors of the Manitoba Prostate Cancer Support Group

Re: ***Your financial support is important***

The MPCSG works to provide support services without cost to the prostate cancer community in our province. While our work is carried out by volunteers, we incur unavoidable expenses and our bills must be paid. Financial support comes from several sources, including individual patients and their friends and family. *These individual donations constitute an important component of our revenues. Please help by making a tax deductible donation. Every bit helps*.

To donate, simply use the donation form on the back page of this newsletter and mail it in with your check. Easier yet, you can go online to our website (manpros.org) and click on the "***Support Us***" tab to get to the donations page. There you can either click the "***Donate Now***" button and pay electronically, or you can print out the donation form and mail in your donation.

Thank you.

Medical Advisors

Paul Daeninck M.D.
Medical Oncologist

Darrel Drachenberg
M.D. Urologist

Arbind Dubey M.D.
Radiation Oncologist

Thanks!

Next Meeting:

Wednesday, Mar. 21 ,2018

Speaker: Dr. Sean Ceaser, ND

Title: "Naturopathic Medicine and Prostate Cancer"

Location: The First Unitarian Universalist Church of Winnipeg, 603 Wellington Crescent

Time: 7 – 9 pm.

Free Admission Everyone Welcome
Plenty of free parking

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

A bus station is where a bus stops. A train station is where a train stops. On my desk, I have a work station.

Newer Drugs Are Improving Survival For Men With Metastatic Prostate Cancer

Treatments for advanced prostate cancer that's metastasizing, or spreading in the body, are getting better, and men with the disease are living longer because of them, new research has found.

For years, the only available treatments for these aggressive tumors were androgen-deprivation therapies (ADT) that block testosterone, the male sex hormone that makes prostate cancer cells grow faster. Giving ADT slows cancer progression, but tumors typically develop resistance against it within three years and start growing again.

But then newer treatments for metastatic prostate cancer started showing up. A drug called docetaxel was approved by the FDA in 2004, followed by cabazitaxel in 2010, sipuleucel-T in 2011, abiraterone in 2011, and enzalutamide in 2012. Each of these drugs targets metastatic prostate cancer in different ways, and men who took any one of them in clinical trials lived longer than men who took ADT by itself.

For the current study, researchers set out to answer a unique question. They wanted to know if the combined market availability of these drugs was making a survival difference for men being treated for metastatic prostate cancer in the general population.

To find out, they divided men tracked by a national cancer registry into two groups. One group of 4,298 men had been diagnosed with metastatic prostate cancer between 2004 and 2008, and another equally sized group was diagnosed with the disease between 2009 and 2014. All the men in both groups were matched in terms of age, race, cancer stage at diagnosis, treatment, and other factors.

Results showed that the duration of survival before men died specifically from prostate cancer lasted approximately 32 months among those diagnosed during the earlier time frame, and 36 months among those diagnosed during the later one. Similarly, the duration of survival before men died from any cause after a metastatic prostate cancer diagnosis was 26 months between 2004 and 2008, and 29 months during the 2009–2014 time frame.

The authors acknowledge that the survival improvements are modest, but add they may not fully account for longer survival improvements from abiraterone and enzalutamide, which only came into widespread use at the end of the study period. Furthermore, men who respond extraordinarily well to the new treatments may live far longer than those who don't. In general, the evidence provides "valid evidence in support of [newer] novel treatments," the authors wrote.

Dr. Mark Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, and editor in chief of HarvardProstateKnowledge.org, says, "This study provides important information that men with advanced forms of prostate cancer are now living longer than they once did, sometimes years longer. Those of us who have been treating prostate cancer for decades appreciate this study's fundamental finding that the improved longevity from newer cancer drugs is considerable."

JANUARY 31, 2018

Charlie Schmidt
Editor, Harvard Medical School

https://www.health.harvard.edu/blog/newer-drugs-metastatic-prostate-cancer-2018013113196

• • •

IN MEMORIAM

Len Bueckert served on the Manitoba Prostate Cancer Support Group board of directors in the capacity of newsletter editor, presenter in the support group's prostate cancer presentations to various groups thorough out Winnipeg and rural Manitoba, and support group spokesperson on T.V. Len, very knowledgeable on prostate cancer disease, was an active contributing participant at the support group meetings.

The Manitoba Prostate Cancer Support Group board acknowledges Len's vast contribution to the support group. Len passed away of prostate cancer on March 12, 2017.

Early Prostate Cancer Kept at Bay in 2 Studies For High-Risk Men

Men with an early form of prostate cancer who are at high risk of seeing it spread and turn deadly may benefit from treatment with Johnson & Johnson and Pfizer Inc. drugs that slow progression of the disease.

J&J's experimental medicine apalutamide and Pfizer's prostate cancer drug Xtandi delayed the worsening of the most common tumor by more than 70 percent compared with a placebo in two separate studies. The results, which are being presented at a medical meeting devoted to genital and urinary cancers in San Francisco, could offer an alternative for men whose cancer is progressing yet considered early-stage because localized to their prostate.

More than 164,000 men in the U.S. will be diagnosed with prostate cancer in 2018 and almost 30,000 will die from it, trailing only lung cancer in terms of mortality, according to the American Cancer Society. Right now patients with early disease typically undergo surgery, radiation and, if needed, treatment to deprive the tumor of testosterone that fuels its growth. But there is no approved follow-on therapy for those with worrisome blood test results who don't yet have visible evidence that the prostate cancer has metastasized.

The situation has been agonizing for those men, who often are handled with what's called "watchful waiting." Many remain in limbo as levels of a protein tied to progression rises in their blood. With no clear evidence of the cancer in other parts of their bodies, they can't be treated with drugs that are approved only for later stages of cancer.

"These patients can have a poor prognosis, and until now, the optimal management of their cancer remained an enigma," said Sumanta Pal, co-director of the City of Hope's kidney cancer program in Duarte, California, who reviewed the findings on behalf of the American Society of Clinical Oncology. "These findings suggest there may finally be a treatment that holds real promise for extending their health and their lives."

J&J's study, called Spartan, tracked 1,207 men with tumors that no longer responded to hormone therapy, known as castration-resistant prostate cancer, and show rapidly rising levels of prostate specific antigen in their blood. Men treated with J&J's apalutamide went for 40 months, or 3.3 years, before the cancer metastasized, compared with 16 months in the placebo group.

"It's a big unmet need," said Eric Small, a professor of medicine at the University of California in San Francisco, who led the Spartan study. "Currently there is no approved standard of care."

Xtandi, a drug made by Pfizer and Astellas Pharma, is already the standard of care for advanced prostate cancer that doesn't respond to hormone therapy and has spread, with more than 75,000 patients in the U.S. having been treated with it, according to Pfizer.

The new study being presented at the annual Genitourinary Cancers Symposium in San Francisco involved 1,400 patients with early stage prostate cancer. It found that men given Xtandi survived for a median of 36 months before the cancer spread, compared with 14.7 months for those given a placebo.

Doctors' familiarity with the drug may speed earlier use of the medicine, Pal said in a conference call with reporters.

"This is going to be the catalyst for change," Mace Rothenberg, Pfizer's chief development officer for oncology, said in a telephone interview. "This is going to provide a much stronger foundation and rationale and level of evidence for treating men in this situation with Xtandi than has previously existed."

Xtandi, which costs more than $10,000 for a 30-day supply, is projected by analysts to reach $1 billion in sales in 2020 for New York-based Pfizer.

There are about 65,000 men in the U. S. living with non-metastatic prostate cancer that doesn't respond to hormone therapy and about 20,000 patients are diagnosed each year.

Overall, the cancer death rate in the U.S., including for that of prostate cancer, is declining, according to a new report by the American Cancer Society. That's partly because of the improvements made to care and treatment, Rothenberg said.

The companies have requested approval for both drugs from the U.S. Food and Drug Administration as well as the European Medical Association.

By Michelle Fay Cortez and Jared S. Hopkins, Bloomberg, WP Bloomberg 02/06/18

http://www.theoaklandpress.com/article/OP/20180206/NEWS/180209750

• • •

'Finally, Real Promise' for Prostate Cancers With No Therapy

20+-Month Improvement in Metastasis-Free Survival

Long-needed change appears to be coming to the management of a group of prostate cancer patients for whom there is no apparent standard of care — men with early-stage disease whose prostate-specific antigen (PSA) score is rapidly rising after surgery or radiotherapy despite androgen-deprivation therapy (ADT).

There are currently no approved treatments for these men, who are destined to develop metastatic disease and are at increased risk for death. There are currently about 100,000 such patients in the United States.

Now, two phase 3, placebo-controlled clinical trials have shown that there are drugs that significantly delay the onset of metastasis in these patients.

The trials, which will be fully presented later this week at the Genitourinary Cancers Symposium (GUCS) 2018, in San Francisco, feature two different androgen-receptor inhibitors that are orally administered.

The SPARTAN trial employed the next-generation investigational agent apalutamide (Janssen Biotech). The PROSPER trial employed the earlier-generation enzalutamide (Xtandi, Astellas/Pfizer), which is already approved for men who have metastatic prostate cancer.

Both trials showed that in the treatment of men with nonmetastatic castrate-resistant prostate cancer, daily administration of the respective agents reduced the relative risk for metastasis or death by more than 70% and prolonged metastasis-free survival (MFS) by more than 20 months compared to placebo. All patients, in both the treatment and placebo arms, also received ADT.

Both trials enrolled men who had undergone definitive treatment, either surgery or radiotherapy, for prostate cancer but whose PSA scores subsequently double within 10 months or less, despite ADT. For each trial, MFS was the primary endpoint. Each trial showed a trend toward improved overall survival in an early interim analysis.

"These trials are addressing a great clinical need for these patients, who currently generally only receive observation," said Alexander Kutikov, MD, chief of urologic oncology at Fox Chase Cancer Center in Philadelphia, Pennsylvania, who was not involved in the research.

> "The reported results will undoubtedly disrupt the treatment paradigms for these patients."
>
> — Dr Alexander Kutikov

"The reported results will undoubtedly disrupt the treatment paradigms for these patients, delay the time to metastatic disease, and, ultimately, hopefully prove to extend survival," he told Medscape Medical News.

In the 1207-patient SPARTAN trial, which was discussed during a presscast today before the GUCS, which will be held later this week, apalutamide decreased the risk for distant metastasis or death by 72% (hazard ratio [HR] = 0.28; 95% confidence interval [CI], 0.23 - 0.35; P < .0001), with a median MFS of 40.5 vs 16.2 months in the placebo group (an improvement of 24.3 months).

Median follow-up was 20.3 months.

"These data suggest that apalutamide should be considered as a new standard of care for men with high-risk nonmetastatic castrate-resistant prostate cancer," lead study author Eric J. Small, MD, professor of medicine at the University of California, San Francisco, said at the presscast.

"Currently, there is no obvious standard of care for these patients," commented Sumanta K. Pal, MD, urologic oncologist at City of Hope in Duarte, California. He was moderating the presscast as an American Society of Clinical Oncology expert.

"These findings suggest there may finally be a treatment that holds real promise for extending their health and their lives," he added.

There may finally be a treatment that holds real promise for extending their health and their lives. Dr Sumanta Pal In the 1401-patient PROSPER trial, enzalutamide decreased the risk for distant metastasis or death by 71% (HR = 0.29; 95% CI, 0.24 - 0.35; P < .0001), with a median MFS of 36.6 vs 14.7 months in the placebo group (an improvement of 21.9 months).

"In the PROSPER trial, treatment with enzalutamide plus ADT delayed

(Continued on page 5)

(Continued from page 4)
the development of metastases compared to standard-of-care ADT alone and, if approved, may provide men with nonmetastatic, castrate-resistant prostate cancer an important new treatment option," said lead author Maha Hussain, MD, professor of medicine, Northwestern University, Chicago, Illinois, in a press statement.

Both apalutamide and enzalutamide were well tolerated, with only about 10% of patients discontinuing treatment, compared to roughly 6% and 8%, respectively, of patients who received placebo in the trials.

Which therapy looks better? Dr Kutikov was cautious in answering.

He agreed that apalutamide appeared more effective. But he emphasized that "the results are similar" and advised "great caution in making comparisons between the two trials with regard to superiority or equivalency of one agent vs another."

Only a direct, prospective, randomized comparison can establish the superiority of one agent over another, he reminded.

Dr Pal suggested that enzalutamide might be favored by clinicians because of the "familiarity that oncologists already have" with the drug, "which may help with clinical adoption."

He also asserted that the nonmetastatic, castrate-resistant prostate cancer patient population may be "shrinking."

That's because newer and improved imaging modalities are detecting metastatic spread earlier than the current standards of CT and conventional bone scanning, which were used in the SPARTAN trial, Dr Pal observed. In short, the spread of disease may become apparent in conjunction with the rapid rise of PSA, he suggested.

More Details on Both Trials

The SPARTAN study was conducted at 332 institutions internationally. Patients were randomly assigned in a 2:1 ratio to receive either apalutamide 240 mg QD or placebo. Baseline PSA doubling time was <5 months in both groups.

The primary endpoint of MFS was defined as the time from randomization to first radiographic evidence of distant metastasis (determined on the basis of blinded central review) or death.

> "There may finally be a treatment that holds real promise for extending their health and their lives."
> — Dr Sumanta Pal

Patients were eligible to receive study-provided abiraterone acetate plus prednisone after developing distant metastases.

At the median follow-up of 20.3 months, 61% of patients who received apalutamide and 30% of patients who received placebo were still on treatment.

Mean baseline health-related quality-of-life scores were maintained in both study groups. There was "no decrement in quality of life on apalutamide," reported Dr Small. There was also no difference in serious adverse events between the two groups, he said.

Of those whose disease progressed, 80% of patients who were given placebo and 56% of patients who were given apalutamide received open-label abiraterone (Zytiga, Janssen-Cilag) for metastatic castrate-resistant prostate cancer.

In the PROSPER study, eligible men were also randomly assigned in a 2:1 ratio to receive either enzalutamide 160 mg or placebo.

Enzalutamide, compared to placebo, also significantly prolonged time to first use of new antineoplastic therapy (39.6 vs 17.7 months; P < .0001) and time to PSA progression (37.2 vs 3.9 months; P < .0001), the study authors report in their abstract.

However, adverse events were higher with enzalutamide than with placebo (any grade: 87% vs 77%; grades ≥3: 31% vs 23%; serious: 24% vs 18%).

The SPARTAN trial was funded by Aragon Pharmaceuticals, Inc, a wholly owned subsidiary of Johnson & Johnson. The PROSPER trial was funded by Medivation, a Pfizer company, and Astellas, the codevelopers of enzalutamide. Mutliple investigators with both trials have ties to industry and include employees of the sponsoring companies. Dr Kutikov is the cofounder and a shareholder of Visible Health, Inc. Dr Pal has financial ties to Eisai, Ipsen, Astellas, Medivation, Bristol-Myers Squibb, Exelixis, Genentech, Myriad Pharmaceuticals, Aveo, Novartis, and Pfizer.

Genitourinary Cancers Symposium (GUCS) 2017. Abstracts 3 and 161, to be presented February 8, 2018.

Nick Mulcahy February 05, 2018

https://www.medscape.com/viewarticle/892308

• • •

Prostate Cancer Presentations

The Manitoba Prostate Cancer Support Group uses a number of methods to provide the general public with information on prostate cancer. One such method is making "power point presentations" to any organization, company or group interested in learning about the disease.

The support group started this practice shortly after the support group's incorporation in 1992. The presentations began by the support group founder, Norm Oman. Tom Boomer recalls attending a presentation by Norm Oman in the fall of 2008 at the Masons Temple on Kimberly Ave. in Winnipeg. The presentations were carried on by Tom Boomer and Len Bueckert when both were on the board of the support group. They did many presentations to Manitoba Hydro employees in the Winnipeg, Dorsey Substation and at Lac du Bonnet as well to other groups in the Winnipeg, Selkirk, Headingly, and at various rural communities as far west as Swan Lake and Neepawa, Manitoba.

To date the power point presentation, that Tom and Len adapted using Norm Oman's original presentation, is used with minor changes that reflect the statics and conditions of today. The presentations, which take approximately 45-60 minutes, include the following:

- Power Point Presentation
- Discussion
- Question & answer
- Handouts

Examples of presentations made in 2017 & 2018 include the following with attendance in brackets:

- February 1- Community Health Group on Grant (35)
- October 5-Air Canada Retirees (90)
- November 11- Afro-Caribbean Association (35)
- January 3- CN Pensioner's Association of Manitoba (67)
- January 25-Transcona Sizzling Seniors Lunch and Learn (17)

Part of the support group mission is to spread awareness of prostate cancer and encourage males 40 years and older to be checked for prostate cancer. The presentations are very effective in meeting this part of the support group's mission. Most presentation attendees are introduced to prostate cancer for the first time and providing this information and raising awareness could make a difference in whether they or their significant other gets checked early. Early detection saves lives.

The support group board requests your assistance in making the community at large aware that the support group will, at no cost, make a presentation on prostate cancer to any group that so requests. When you have a contact who would like a presentation refer them (or do it on their behalf) to Patrick Feschuk at lizpat@shaw.ca or at 204-654-3898, or contact one of the other members of the support group board.

• • •

New Treatment Approved for Prostate Cancer That Resists Hormone Therapy

Erleada (apalutamide) has been approved by the U.S. Food and Drug Administration to treat non-spreading prostate cancer that continues to grow despite hormone therapy.

Prostate cancer is the second-most-common form of the disease among men in the United States, the National Cancer Institute says. More than 161,000 men were diagnosed in 2017, and nearly 27,000 men were projected to die of prostate cancer last year, the NCI estimates.

Erleada is designed to block the effects of a type of tumor-spurring hormone known as an androgen. An example of an androgen is the male hormone testosterone, the FDA said in a media release.

The drug was evaluated in clinical studies involving more than 1,200 participants with this type of prostate cancer. Average survival before the tumor spread was 40.5 months among men who took Erleada, compared to 16.2 months among those who took a placebo.

The most common side effects of the drug included fatigue, high blood pressure, rash, diarrhea, nausea, weight loss, joint pain, hot flushes and loss of appetite. More serious adverse reactions included falls, bone fractures and seizures, the FDA said.

Erleada is produced by Belgium-based Janssen Pharmaceutical Companies.

For more information visit the FDA at https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm596768.htm to find out more.

source: HealthDay News

Feb. 14, 2018

https://www.upi.com/Health_News/2018/02/14/New-treatment-approved-for-prostate-cancer-that-resists-hormone-therapy/5251518659317/

• • •

7 Ways to Fight Cancer Fatigue

Many cancer patients report varying levels of fatigue during and after their treatment. Simple steps can ease the condition.

As cancer treatment continues to improve, there are more cancer survivors. The number of people with a history of cancer in the United States has increased from 3 million in 1971 to about 14 million today.

With more people living with cancer come more reported long-term side effects. Also known as late effects, such symptoms include chemo brain, lymphedema, peripheral neuropathy and problems with digestion, bones and the heart.

One of the most common: fatigue.

A byproduct of chemotherapy, radiation therapy and biologic therapy, fatigue can sometimes affect people for a long time after treatment ends. Several ways to ease the exhaustion are shown in the table in the next column.

Cancer treatment can also worsen other health conditions you may have, such as diabetes or heart disease. Your doctor will be able to tell you if you are at risk for developing any late effects based on your cancer type, the treatment you have received and your overall health.

Stay as active as you can. Walking and, if you're able, regular exercise are beneficial.	Get adequate rest, but not too much. Take short naps of 30 minutes or less if needed.
Save your energy and prioritize which tasks are most important each day.	Ask for help when needed. Friends and family want to help you.
Eat healthfully and drink plenty of water.	Beat stress via relaxation exercises, counseling and stress management training.
Talk to your cancer care team if fatigue persists.	

Whether your consultation concerns fatigue or other long-term side effects, consider asking these questions:

What are the most common late effects that may develop based on my treatment plan?

What should I do if I notice a late effect?

What can be done to manage any side effects that continue after treatment?

What screening tests do you recommend based on my cancer history?

Are there other doctors or specialists I should see, such as a cardiologist or endocrinologist?

What is my risk of developing another type of cancer?

Many hospitals have programs designed to treat patients experiencing symptoms from cancer treatment that impact their lives. An example of this type of program is the University of Michigan's Cancer Rehabilitation program, which helps patients have a better quality of life.

Still, not everyone who has cancer treatment experiences long-term side effects. And if you do, the symptoms may vary. Talk with your cancer team to develop a follow-up plan that can be shared with your primary care physician, too.

ANNETTE SCHORK, RN, CANCER ANSWERLINE
September 02, 2016

source: https://healthblog.uofmhealth.org/cancer-care/7-ways-to-fight-cancer-fatigue

• • •

BOARD VOLUNTEERS WANTED

As a result of undertaking several new initiatives / activities we require volunteer Board members to assist in general volunteering, advertising, fund raising, public meetings, special events, planning and all other activities that provide awareness and support to our members and the general public. The only qualification is a willingness to help. Please contact any Board member listed on the last page for further details and to volunteer.

• • •

Return undeliverable Canadian addresses to
Manitoba Prostate Cancer Support Group
315-971 Corydon Ave.,
Winnipeg R3M 3S7

Publications Agreement
40037332

MANITOBA PROSTATE CANCER SUPPORT GROUP TAX DEDUCTIBLE DONATION

NAME:_____

ADDRESS:_____ POSTAL CODE_____

THIS GIFT IS IN MEMORY/HONOUR OF_____ PLEASE SEND NOTIFICATION TO:_____

NAME:_____

ADDRESS:_____ POSTAL CODE_____

***Make payment to**: Manitoba Prostate Cancer Support Group;*
Box 315 – 971 Corydon Ave., Winnipeg, Manitoba, R3M 3S7
**A tax deductible receipt will be issued. Charity number: 88907 1882 RR0001*

***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_____*

Email - manpros@mts.net ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL
Answering Machine - (204) 989-3433 ***Help us lower our costs :***
Receive this newsletter by email ~ Please notify us and we'll make the changes. *Thank-you*

2018 MEETINGS

21-Mar
Speaker: Dr. Sean Ceaser, ND
Title: "Naturopathic medicine and prostate cancer"

18-Apr
Speaker: Dr. Vladimir Ruzhynsky
Title: "Advances in treating urinary incontinence"

All meetings (except September)
will be held at :
The First Unitarian Universalist Church of Winnipeg,
603 Wellington Crescent

All meetings are 7 – 9 pm.
Everyone Welcome *Plenty of free parking*

MPCSG BOARD

Jim Leddy - Outreach	(204) 326-1477
Al Petkau - Treasurer	(204) 736-4398
Betty O'Grodnik – Secretary	(204) 661-8549
Jos Borsa - Chair	(204) 219-7726
Liz Feschuk - Special Projects	(204) 654-3898
Ernie Schade – Member at Large	(204) 489-1648
Pat Feschuk – Special Events	(204) 654-3898
John O'Grodnik - Vice Chair	(204) 661-8549

Volunteers On Committees

Irek Iskat — membership

Patrick Treacy — speakers

This newsletter is a
Bottom Line Computer Services
publication
Bottom Line Computer Services is not responsible for content
www.misterpete.com