

Search And Destroy' Radiotherapy For Prostate Cancer Being Hailed As A Game Changer

The pioneering technique involves up to six treatments, every six to eight weeks, costing around \$20,400

CHICAGO — A game-changing “search and destroy” treatment could offer hope of a longer life to thousands of men with incurable prostate cancer.

The first two British patients were treated last weekend, after research found that it could significantly extend survival for men with no other options.

Charities said they were “thrilled” by the promise shown by the treatment, which identifies and attacks a protein expressed on the surface of prostate cancer cells. One in five men lived for almost three years after receiving the targeted radiotherapy.

Medics at the world’s largest cancer conference in Chicago said the treatment was a “huge” breakthrough, giving hope to around 5,000 men diagnosed with advanced prostate cancer in Britain each year.

The method, which experts described as delivering “a bullet instead of a light”, is based on imaging techniques that light up tumours in order to plan treatment. The technique simultaneously delivers a radioactive payload.

The technique — called prostate-specific membrane antigen (PSMA) radiotherapy — has been dubbed a “search and destroy” method of treatment.

(Continued on page 2)

Medical Advisors

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Thanks!

Next Meeting:

Wednesday, July 17, 2019

Panel discussion with **patients** who have chosen different treatment modalities. Comparisons of their experiences.

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

Time: 7 – 9 pm.

(First hour for general discussion; second hour for expert guest speaker)

*Free Admission Everyone Welcome
Plenty of free parking ☆ Door prizes ☆*



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

Perseverance is also key to success in any endeavour, but without perseverance in combat, there can be no victory.

- Jocko Willink

(Continued from page 1)

It uses a radioactive isotope, which binds to a protein on the surface of malignant cells, attacking them without damaging surrounding tissues.

Prof. Johann de Bono of the Institute of Cancer Research in London, who is co-leading a global study, said: "It is a huge deal... one of the next big things."

"There is no doubt it is causing substantially durable remission."

Arun Azad, an Australian oncologist involved in one of 10 trials now taking place, said: "It is potentially game changing. If the results are positive it really will change the landscape of how we treat prostate cancer."

He said about half of the 10,000 men diagnosed with advanced prostate cancer in Britain each year may benefit and the treatment could ultimately be offered to patients at an earlier stage.

"If we can bring it forward, then it really is transformational," he said.

Prof. Stefano Fanti of the University of Bologna, said: "The concept is very

simple. What we see is what you treat. Essentially what you have is a bullet instead of a light."

An Australian study of 50 men found that on average it extended survival from nine to over 13 months. One in five was alive almost three years later.

The pioneering technique is being offered privately in the U.K., but is more widely available in Australia and Germany. It involves up to six treatments, every six to eight weeks, costing around \$20,400 (pounds 12,000) each in the U.K.

Experts hope that it will be rolled out on the NHS, if trials prove successful.

Dr Matthew Hobbs, from Prostate Cancer U.K., said he was "thrilled" to see the trial results.

Last weekend, Hans Schaupp, 77, became the first man in Britain to be treated with the new technique.

Mr Schaupp, from Liphook, Hants, said he had suffered no side effects since undergoing treatment at a clinic in Windsor run by GenesisCare.

"The treatment is fantastic. Because it is targeted it makes so much more sense," he said. "Rather than poisoning your whole body with chemotherapy, it goes straight to the tumours."

A separate study by researchers in Australia and New Zealand found giving men treatment earlier with the drug enzalutamide could cut the chance of an early death by a third.

THE TELEGRAPH June 4, 2019

<https://ottawacitizen.com/health/search-and-destroy-radiotherapy-for-prostate-cancer-being-hailed-as-a-game-changer/wcm/49223dc3-59ed-4ffd-bdfb-e6c017c21ca6>

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"You Can Help Spread The Word About Prostate Cancer"

Prostate cancer is one of the most common cancers in men. Discovered early, it can be successfully treated in the majority of cases. Such early discovery is dependent on men being aware of the facts about this disease and getting checked. *Early discovery saves lives.*

To help raise awareness and encourage "getting checked" the Manitoba Prostate Cancer Support Group is happy to provide speakers to make presentations to interested groups in the community. There is no charge for this service and

the size of the group doesn't matter. If you are involved with a group that would like to learn more about prostate cancer, and perhaps save some lives in the process, please contact Pat Feschuk (tel: 204-654-3898; email: lizpat@shaw.ca).

Remember that if a man has prostate cancer the sooner he learns about it the better. Not knowing about it simply allows it to grow and spread. So do something about it help spread the word.

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Breast Cancer Drug Could Save Thousands Of Men From Prostate Cancer

A BREAST cancer drug could boost survival for thousands of men with deadly prostate tumours, “hugely exciting” results suggest. Medics claim it is set to revolutionise treatment by offering men the first personalised therapy for the killer.

Olaparib was designed to tackle the faulty cancer gene affecting Angelina Jolie – known as a BRCA mutation. The targeted treatment works by stopping tumour cells from repairing themselves after chemotherapy or radiotherapy.

Experts said the drug is set to become the first precision medicine against prostate tumours - and predicted it could be available within two years. It is already prescribed on the NHS for women with ovarian cancer fuelled by defective BRCA mutations, and officials are set to review it for breast cancer use.

Now research has found it works in four in five men with advanced prostate tumours who have the same faulty DNA.

The study, presented at the world’s biggest cancer conference, found olaparib halted the disease for an

average of eight months in these patients.

And a third of men with a BRCA mutation saw their tumour’s frozen for more than a year.

Up to four thousand Brits a year with advanced prostate cancer could benefit from the pioneering drug.

We should see olaparib starting to reach the clinic for men with prostate cancer in the next couple of years

Speaking at the American Society of Clinical Oncology annual conference [must keep] in Chicago, lead researcher Professor Johann de Bono of the Institute of Cancer Research in London, said: “Our study is exciting because it shows just how powerful genetic targeting and precision medicine can be.

“We were delighted to see such strong responses in men with very advanced cancers, where BRCA mutations and other faults in DNA repair genes were present within their tumours.

“The next phase of the trials is now under way and, if the results look as good as we hope, we should see

olaparib starting to reach the clinic for men with prostate cancer in the next couple of years.”

The team also found more than half of men with mutations in a gene called PALB2 responded to the drug.

'NEW ERA'

Experts said it opens up an exciting new era of personalised treatment in prostate cancer.

Men could soon be gene tested to see if faulty DNA is driving their disease, allowing doctors to pick the most suitable treatment.

The approach is already common in breast cancer.

Four other similar drugs are currently in trials and Prof de Bono said targeted therapies will one day replace hormone-blocking treatment as men’s first option, which causes loss of sex drive.

By Nick McDermott, Health Editor

4 Jun 2019

<https://www.thesun.co.uk/news/9224025/breast-cancer-drug-save-thousands-men/>

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Ten-Minute Scan May Become Universal Screening Tool For Prostate Cancer

The MRI test does not need any injection, radiation or help from a doctor

A new one-off prostate cancer test at the age of 55 promises to give men “peace of mind” that they will never develop the disease, scientists have revealed.

The 10-minute scan, which could be rolled out in supermarkets and shopping centres, detects dangerous cancers years before they cause any harm, while ignoring growths that do not pose a threat.

Subject to a government-funded trial beginning this summer, the new MRI technique should enable the world’s first universal screening program for prostate cancer.

The disease currently kills more than 11,600 men in the U.K. each year.

All women in England are invited for a mammogram to check for breast cancer every three years from the age of 50 to 70. However, the current screening test for prostate cancer is so unreliable that applying it to symptomless men across the board would do more harm than good.

If your prostate comes back looking very clean at 55 or 60, you’re probably very unlikely to get prostate cancer

The prostate-specific antigen (PSA) blood test is thought to miss around 15 per cent of cancers, while flagging up many that will never pose a risk.

In contrast, the MRI test, which

involves no injection or radiation and does not require a doctor, has been honed to diagnose only cancers that will affect “quantity or quality of life”, according to Professor Mark Emberton, from University College London (UCL), who is co-leading the project.



The MRI test, which involves no injection or radiation and does not require a doctor, has been honed to diagnose only cancers that will affect "quantity or quality of life", according to Professor Mark Emberton, from University College London (UCL), who is co-leading the project.

He believes that around 90 per cent of men who take the test before they reach retirement age can be told with confidence they need never worry about the disease. “Prostate cancer is pretty slow-growing, so if your prostate comes back looking very clean at 55 or 60, you’re probably very unlikely to get prostate cancer,” he said. “What’s beautiful about MRI is it overlooks the many, many cancers which don’t need to be diagnosed. That’s the revolution.”

Emberton described the test as “pretty close” to perfect, although conceded that policymakers may opt for

screening once a decade out of an abundance of caution.

Results of the scans will be classified on a traffic light basis – green indicating all clear, yellow suggesting a need for further tests, and red meaning an urgent referral to a cancer specialist – and they should cost less than pounds 150 each.

Survival for men who develop prostate cancer has barely changed in recent decades, although the side-effects of surgery and other treatment are becoming less devastating. Around 84 per cent of all prostate cancer patients survive for more than 10 years following diagnosis.

The Institute of Cancer Research (ICR), the UK’s leading research body, said currently it does not support the introduction of universal screening. However, a spokesman said the ICR may change its position depending on the results of the forthcoming trial.

A NHS England spokesman said: “NHS England is already rolling out some of the latest developments in MRI scanning for prostate cancer diagnosis and care. This new test is potentially an exciting development that the NHS will look at as more evidence becomes available.”

The Telegraph June 10, 2019

<https://nationalpost.com/health/10-minute-scan-may-become-universal-screening-tool-for-prostate-cancer>

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Maintaining Quality of Life With Darolutamide in Nonmetastatic Prostate Cancer

The androgen receptor (AR) antagonist darolutamide is generally well tolerated, helps patients maintain quality of life, and delays worsening of pain and disease-related symptoms in men with nonmetastatic castration-resistant prostate cancer (CRPC), according to an analysis of the ARAMIS trial.

The AR-targeted agents apalutamide and enzalutamide have demonstrated improvements in metastasis-free survival (MFS), but are also associated with increased rates of fatigue, falls, fractures, mental impairment, and other adverse events. “Because most men with nonmetastatic CRPC are asymptomatic, the major objective in these men is to prevent cancer progression while avoiding side effects,” said Karim Fizazi, MD, PhD, of the Institut Gustave-Roussy in France.

The ARAMIS trial previously showed that MFS was significantly improved with darolutamide compared with placebo. Fizazi presented results of an analysis on quality of life and related outcomes from the trial at the 2019 American Society of Clinical Oncology (ASCO) Annual Meeting (abstract 5000).

The study included 955 patients who received darolutamide and 554 patients who received placebo. The median age in both groups was 74 years, and other baseline characteristics were similar.

The time to pain progression was significantly

extended with darolutamide, at a median of 40.3 months compared with 25.4 months with placebo, for a hazard ratio (HR) of 0.65 (95% CI, 0.53–0.79; $P < .0001$). The time to first symptomatic skeletal event was also extended; the median was not reached in either group, though the HR favored darolutamide, at 0.43 (95% CI, 0.22–0.84; $P = .011$).

Though it was considered an exploratory endpoint, Fizazi also noted that the time to deterioration on the Functional Assessment of Cancer Therapy-Prostate (FACT-P) subscale was improved with darolutamide, at 11.1 months compared with 7.9 months with placebo, for an HR of 0.80 (95% CI, 0.70–0.91; $P = .0005$).

“We are now showing that darolutamide delays worsening of pain and disease-related symptoms compared with placebo, and maintains quality of life,” Fizazi said. “This could make darolutamide an attractive treatment option for nonmetastatic CRPC.”

Daniel E. Spratt, MD, of the University

of Michigan in Ann Arbor, was the discussant for the abstract. He said that the improvements in MFS and delayed prostate-specific antigen progression also represent improvements in quality of life, and longer follow-up will help confirm this. He noted, though, that the trial could not capture financial toxicity, which can be substantial.

Still, Spratt noted that the quality-of-life improvements were meaningful, and pointed out that sub-domain analyses showed improved outcomes in urinary and bowel symptoms with darolutamide, along with the skeletal outcomes and quality-of-life measures. “To me, this nominates darolutamide to be amongst the armamentarium of treating N0 CRPC, alongside apalutamide and enzalutamide,” he said.

Dave Levitan June 17, 2019

<https://www.cancernetwork.com/prostate-cancer/maintaining-quality-life-darolutamide-nonmetastatic-prostate-cancer>

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2019 Ride-For-Dad Manitoba 11th Annual And A Huge Success!

On Saturday May 25 under a blue sky filled with bright sunshine some 1547 motorcycles roared out of the Polo Park parking lot onto Winnipeg's Portage avenue as part of the annual Ride-For-Dad. From there the riders, clad mostly in black leather, wended their way north to Gimli and then back to eastside Winnipeg for a celebration at Windsor Park Canad Inn. This annual

motorcycle ride is one of a series of such rides in multiple cities across Canada, raising money in support of prostate cancer research and education.

All funds raised by RFD Manitoba stay in Manitoba supporting local researchers and raising awareness about this disease. Since it first started 11 years ago over 2.3 million dollars has

been raised through pledges. This year projections are for some \$350,000 raised. And perhaps the best part.... the sheer joy of riding their Harley's (and others of course) with the "wind in their face". What a great show of community pride and spirit!

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Please help us to serve you better.....

We are working on improving our ability to reach all of you in a timely, cost-effective and convenient manner. To do this we need to update our contact information and go electronic as much as possible. Towards that end, if you are not yet connected to us via email, please provide us with your email address. It's easy... .. simply send us an email (addressed to manpros@mts.net) with "contact info" in the subject line. After

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Your Good Health: Prostate Screening Has Benefits, Risks

Dear Dr. Roach: Every year, I used to get a physical, which included a prostate exam as well as blood tests with PSA. When my doctor retired, I had a hard time finding a new one I liked. It has been three or four years since my prostate was checked, but my new doctor doesn't do the prostate exams (I am 63). He says that recent studies do not recommend them, and I have seen news reports about the unreliability of the PSA test. How do you find out if you have prostate cancer if you don't look for it? My brother-in-law found out he had it at 52, and it was successfully treated. I don't really want to wait until I am showing symptoms, and there is no history in my direct family. What do you think about this?

T.D.

Prostate cancer isn't really one disease. It can be very aggressive — both with local invasion and spreading to bones quickly — but it also can be very indolent, hardly growing at all over years. Yearly prostate-cancer screening with PSA is more likely to find the slower-growing cancers, since they are around for a long time. The goal of screening is to find aggressive cancers, the fast-growing ones that can go from undetectable to too-late-to-do-anything-about in a very short time.

But a downside is that screening may lead to unnecessary treatment of the more-indolent cancers, most of which can be carefully monitored and will not need surgery or radiation, at least not for years.

If a man elects to undergo prostate-cancer screening, he should understand the benefits (finding prostate cancer early enough so that it can be cured)

and the risks (treatment for prostate cancer causes complications frequently; these can include incontinence and loss of sexual function). Not treating low-risk prostate cancer reduces the risks.

Low-risk prostate cancer is defined by a PSA below 10, a very small or non-detectable tumour by palpation or imaging and a low Gleason score, which is based on how the tissue looks to the pathologist.

Six or less is low risk. Most men in this situation do not need immediate treatment. Some men have difficulty not treating cancer, but treatment does not appear to improve the already good prognosis. Choosing not to treat is hard for some men.



Dear Dr. Roach: My partner and I are in our 60s, exercise regularly (three to five times per week), eat a well-balanced diet and are of average weight. Recently, we went bowling for two games and found ourselves sore in the area right below our buttocks. We were very sore for several days, making walking difficult, especially up and down stairs. What would have caused this area to get so sore? We named it “bowling butt” for lack of a medical term.

M.B.

Starting a new activity will often cause people to overuse some muscles that aren't used to the strain. Bowling involves forceful extension of the thigh, which is the gluteus maximus muscle, as well as other muscles in the hip to maintain stability. Two games were enough to exhaust that muscle, and the untrained muscle will often suffer small tears, which take days to heal properly.

The fact that you were sore with activities involving thigh extension helps confirm the diagnosis. Some people think it's lactic acid in the muscle, but that is gone after a few hours.

Naming a disease is serious business, and I did a look for similar names in the literature. I did find “Wii butt,” a pain sensation after playing games, including bowling, on the Wii video game system, but none for actual bowling. I'm not sure “bowling butt” will catch on, however.

Dr. Keith Roach

JUNE 13, 2019

Dr. Roach regrets that he is unable to answer individual letters, but will incorporate them in the column whenever possible. Readers can email questions to ToYourGoodHealth@med.cornell.edu

Dr. Keith Roach writes a medical question-and-answer column weekdays.

<https://www.timescolonist.com/life/health/your-good-health-prostate-screening-has-benefits-risks-1.23853347>

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FUTURE MEETINGS 2019

21 Aug. Speaker: **Dr. Shantanu Banerji, MD,**
 FRPC **Topic:** "Genomics: what it is and the
 promise it offers for better prostate cancer
 treatment"

18 Sep. Our highlight event of the year,
 examining future therapies that are on the
 horizon. *Watch for details.*

16 Oct. Speaker: Jessica Wylychenko, Dietitian
Topic: *Nutritional considerations in prostate
 cancer*

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

All meetings are 7 – 9 pm.
 (First hour for general discussion;
 second hour for expert guest speaker)

Everyone Welcome Plenty of free parking

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