Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 344 1,300 copies printed/e-mailed **August 2020**

Medical Advisors

Paul Daeninck M.D.
Medical Oncologist

Darrel Drachenberg M.D. Urologist

Arbind Dubey M.D.
Radiation Oncologist

Piotr Czaykowski M.D.
Medical Oncologist

Thanks!

Thought of The Day

Health is a vehicle, not a destination.

Joshua Fields Millburn

Public meetings cancelled until 2021

Covid-19: Status and Plans for our Future Activities

The covid-19 situation is both good and bad at the same time. The good thing is that vaccines are visible on the horizon, as are therapeutics. Once these become readily available the current restrictions and lockdowns should become a thing of the past. The bad thing is that these developments are still a few months down the road. Hopefully that will be sooner rather than later.

Today's reality, based on well established facts, is that covid-19 is most deadly for those "over 65" with "co-existing morbidities". That pretty well describes the majority of our people who attend our public meetings. These aspects bear heavily on the question of when we can resume our regular meetings without endangering the health and safety of those attending.

Your board has been wrestling with this question for some time, while monitoring developments in the Covid-19 universe. We've consulted with our medical advisory board and done a great deal of heavy soul-searching. The medical advisory board strongly recommends against moving forward at this time. After all that we've decided it best and most prudent to cancel the remaining public meetings for 2020 and to resume activity in 2021, provided that it's safe to do so. We're confidently optimistic that that will indeed be the case. In the meantime we will continue to: (i) publish our monthly newsletter; (ii) provide free information packages for newly diagnosed patients; (iii) provide telephone counselling for individual members who want to talk to someone about their situation; and (iv) provide online presentations via zoom or other computer wizardry whenever some group desires it.

So, play it safe for the next few months and be ready for the start of an exciting new program in 2021. Oh, and I almost forgot to mention, our financial sponsors too have suffered from the covid-19 financial disruption, placing our revenues in jeopardy. Thus any monetary support you'd like to provide will help greatly to buttress our financial position.

The Board
Manitoba Prostate Cancer Support Group

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.

Presentations And Health Fairs

For 2020 The Manitoba Prostate Cancer Support Group had scheduled 10 prostate cancer presentations to interested groups and registered to attend 3 health fairs. Two presentations were made early in the year- one at Reh-fit Centre which was attend by 30 individuals and second presentation to 24 members of the River Heights Community Health and Well-being group. Because of the Covid-19 restrictions the remaining support group activities including our monthly meetings have had to be cancelled.

One presentation, not affected by Covid-19 restrictions, took place on June 2 by a teleconference arranged by A & O: Support Services for Older Adults though their Senior Centre Without Walls Program. The program is designed to provide information on various topics to older adults who are unable to attend programs of interest to them outside their home. 22 individuals, from across the province, registered for the prostate cancer presentation. Participants were provided with a hard copy or e-mail copy of the power point slides. The presentation was recorded for those who were unable to listen to the live presentation. The presentation, including questions and answers, took 1 hour and 15 minutes.

If you know of a Manitoban 55+ who may be interested in the Senior Centre Without Walls Program, information on the program is available by calling 204-956-6440 (Winnipeg), 1-888-333-3121 (Toll-free).

For all programs offered by A & O: Support Services for Older Adults see their website - www.aosupportservices.ca

• • •

Report: In Recurrent Prostate Cancer, Psma Pet/Ct Changes Management In Two-thirds Of Cases

New research confirms the high impact of PSMA PET/CT in the detection and management of recurrent disease in prostate cancer patients. In initial results from a multicenter trial assessing the impact of 18F-DCFPyL prostate-specific membrane antigen positron emission tomography/computed tomography (PSMA PET/CT), a PET-directed change in management was observed in two-thirds of patients. The research was presented at the Society of Nuclear Medicine and Molecular Imaging's 2020 Virtual Annual Meeting.

Prostate cancer is the second most common cancer in men in the United States. According to the American Cancer Society, an estimated one in nine men will receive a prostate cancer diagnosis in his lifetime, and more than 191,000 men will be diagnosed with prostate cancer this year. Approximately 30 to 40 percent of men experience a biochemical recurrence of prostate cancer in which their prostate-specific antigen (PSA) levels rise after initial treatment.

DCFPyL (PSMA) PET/CT has been shown to be effective in diagnosing patients with prostate cancer. To assess its impact on the management of patients with suspected limited recurrent prostate cancer after primary therapy, researchers conducted a prospective, large-scale multicenter trial. The study included 410 men who had biochemical failure after primary therapy, had either no or limited disease on conventional imaging (CT and bone scintigraphy), and had undergone one of several prostate cancer treatments.

PSMA PET/CT identified disease in more than half of the men in whom CT and bone scan scintigraphy was negative. Additional sites of disease were observed in nearly two-thirds of patients in whom limited metastases were detected prior to PET. PSMA PET-directed management changes were recorded in 66 percent of the patients. The most common changes were conversion from observation or systemic therapy to surgery or radiation, or the addition of nodal-directed therapy to salvage surgery or radiation.

"The identification of extent of recurrence and specific sites of recurrence is crucial in determining the most appropriate mode of therapy for these men," noted Ur Metser, MD, professor of radiology at the University of Toronto in Ontario, Canada. "Findings from this study add to the body of evidence on the utility of PSMA PET in the management of prostate cancer patients."

He continued, "At this time, PSMA PET remains investigational in North American jurisdictions. Evidence generated from this study will help in seeking regulatory approvals to make molecular imaging with 18F-DCFPyL widely available and will pave the way for clinical studies that incorporate PSMA PET as a treatment planning tool to assess ultimate impact on patient outcomes."

By James M. Patterson

Abstract 40. "Preliminary results of a prospective, multicenter trial assessing the impact of 18F-DCFPyL-PET/CT on the management of patients with recurrent prostate cancer," Ur Metser, Joint Department of Medical Imaging, University of Toronto, Toronto, Ontario, Canada; Katherine Zukotynski, McMaster University, Ancaster, Ontario, Canada; Wei Liu, Oncology Western University, London, Ontario, Canada; Deanna Langer, Cancer Care Ontario, Toronto, Ontario, Canada; Pamela MacCrostie, Cancer Imaging Program, Cancer Care Ontario, Toronto, Ontario, Canada; L.K. Joseph Chin, Division of Urology, Department of Surgery Western University, London, Ontario, Canada; Antonio Finelli and Laurence H. Klotz, Division of Urology, Department of Surgery, University of Toronto, Toronto, Ontario, Canada; Anil Kapoor, Division of Urology, Department of Surgery, McMaster University, Hamilton, Ontario, Canada; Luke T. LaVallee, Division of Urology, Department of Surgery, University of Ottawa, Ottawa, Ontario, Canada; and Glenn Bauman, Department of Oncology, Western University, London, Ontario, Canada. SNMMI's 67th Annual Meeting, July 11-14, 2020.

All 2020 SNMMI Annual Meeting abstracts can be found online at http://jnm.snmjournals.org/content/61/supplement_1.toc.

Source: https://www.tunisiesoir.com/health/report-in-recurrent-prostate-cancer-psma-pet-ct-changes-management-in-two-thirds-of-cases-22533-2020/

• • •

Blood Test Can Guide Treatment For Most Aggressive Prostate Cancer

Scientists have developed a simple blood test that can show which men with the most aggressive type of prostate cancer should respond to conventional therapy, and those who need other options.

Researchers from Peter Mac and the Monash University School of Clinical Science, in collaboration with Chris O'Brien Lifehouse, have joined forces with California-based biotechnology company, Predicine, to apply a first-in-class liquid biopsy for men with metastatic castration-resistant prostate cancer (mCRPC).

From as little as 10ml of blood, the test can simultaneously profile the circulating DNA and RNA which is shed by cancer cells, offering important insights into the make-up of the cancer and treatments most likely work.

Nearly 20,000 men are diagnosed with prostate cancer every year in Australia, making up a quarter of all male cancer diagnoses, and mCRPC is the most aggressive form accounting for over 3000 deaths from this disease every year.

Metastatic prostate cancer has spread beyond the prostate, and it is "castration-resistant" if progression continues despite the patient starting therapy that deprives the cancer of androgen hormones, such as testosterone.

"While advances in therapeutic strategies have significantly improved quantity and quality of life for men with mCRPC, there remains a pressing need to find predictive and prognostic biomarkers," explains Prof. Arun Azad, senior author on the study and medical oncologist at Peter Mac.

"These blood tests, also called liquid biopsies, have emerged as a minimally-invasive alternative to conventional biopsy for interrogating the prostate tumor genome. Liquid biopsies have demonstrated strong congruence with tumor biopsies, whilst simultaneously encapsulating the genomic complexity often seen in mCRPC."

In this study, published in the journal European Urology, researchers applied Predicine's cell-free DNA and cell-free RNA next generation sequencing liquid biopsy technology to detect whether changes to the Androgen Receptor (AR) gene have occurred within mCRPCs.

They used this to test the blood of Australian men with mCRPC prior to treatment, accurately detecting some form of AR alteration in over half of patients.

"We found that abnormalities in the AR gene detected in the blood of men with advanced prostate cancer were associated with poor responses to available drug treatments and reduced survival," says Azad. "This information could be used to better guide treatment of advanced prostate cancer."

A simple test to detect AR abnormalities would help doctors determine optimal treatment selection, better design innovative clinical trials, and aid in discussions with patients and caregivers around realistic and expected outcomes.

The study results were further validated in a second cohort of prostate cancer patients in the United States.

The new liquid biopsy test from Predicine is also more informative than previous tests as it analyzes two types of genetic material—DNA and RNA—to give a more in-depth and accurate insight into AR abnormalities within the cancer.

More information: Heidi Fettke et al. Combined Cell-free DNA and RNA Profiling of the Androgen Receptor: Clinical Utility of a Novel Multianalyte Liquid Biopsy Assay for Metastatic Prostate Cancer, *European Urology* (2020). DOI: 10.1016/j.eururo.2020.03.044 http://dx.doi.org/10.1016/j.eururo.2020.03.044

Peter MacCallum Cancer Centre

JULY 7, 2020

Source: https://medicalxpress.com/news/2020-07-blood-treatment-aggressive-prostate-cancer.html

• • •

Multiparametric Prostate MRI Helps Detect Prostate Cancer Without Biopsy

A recent study published in the World Journal of Urology throws light on the use of multiparametric prostate MRI (mpMRI) for the management of prostate cancer.

According to the study, the incorporation of mpMRI of the prostate addresses the shortcomings of the prostate biopsy while providing several other advantages.

Multiparametric prostate magnetic resonance imaging (mpMRI) allows men to avoid an immediate biopsy and permits visualization of areas that are likely to harbor clinically significant cancer prior to biopsy to facilitate the use of MR-targeted prostate biopsies. This helps in improving detection and reducing the diagnosis of clinically insignificant disease, and better characterization of high-risk cancer. Also, it can be used for the selection and monitoring of patients for active surveillance and planning of treatment during focal therapy and surgery.

Magnetic resonance imaging (MRI) is a noninvasive test used to diagnose medical conditions. MRI uses a powerful magnetic field, radio waves and a computer to produce detailed pictures of internal body structures without using radiation (x-rays).

Prostate cancer is diagnosed by 1) elevation in prostate-specific antigen or 2) abnormal exam leading to a systematic transrectal ultrasound (TRUS)-guided biopsy. However, this diagnostic pathway over-diagnose clinically insignificant disease while underdiagnosing the clinically significant disease.

Multiparametric prostate magnetic resonance imaging consists of T2-weighted imaging (T2WI) combined with several functional sequences including diffusion-weighted imaging (DWI), perfusion or dynamic contrast-enhanced imaging (DCEI) and spectroscopic imaging. Recently, mp-MRI has been used to assess prostate cancer aggressiveness and to identify anteriorly located tumors before and during active surveillance.

Luke P. O'Connor, Urologic Oncology Branch, National Cancer Institute, NIH, Bethesda, MD, USA, and colleagues conducted this review to provide an overview of the recent literature regarding the role of multiparametric magnetic resonance imaging in the management of prostate cancer.

The researchers performed a thorough literature review using PubMed to identify articles that discussed the use of mpMRI of the prostate in the management of prostate cancer.

The study, "Role of multiparametric prostate MRI in the management of prostate cancer," is published in the World Journal of Urology. DOI: https://doi.org/10.1007/s00345-020-03310-z

By Medha Baranwal July 4, 2020

https://medicaldialogues.in/urology/news/multiparametric-prostate-mri-helps-detect-prostate-cancer-without-biopsy-67319

• • •

New Focus on ADT in Prostate Cancer Guideline

— AUA, SUO, ASTRO offer 38 recommendations across categories of advanced disease

For the first time in its long and storied history, hormonal therapy for advanced prostate cancer has received broad and detailed attention in a clinical practice guideline.

The new American Urological Association (AUA) guideline provides direction for the use of hormonal therapy (or androgen-deprivation therapy, ADT) for men with multiple categories of advanced and metastatic prostate cancer.

"[ADT] is a mainstay of management that we've known about since the Nobel Prize-winning work in the 1940s," said guideline co-chair Michael Cookson, MD, of the University of Oklahoma Health Sciences Center in Oklahoma City. "It's taken a long time to get there, and that's partly due to the fact that a lot of what we did was empiric. There weren't many trials designed to show the true benefit."

Another guideline first reflects the growing recognition of the different stages of disease evolution before the emergence of metastatic castration-resistant prostate cancer (mCRPC).

"There's a lot of excitement in the field about newly diagnosed metastatic disease," Cookson told MedPage Today. "Most of the early trials were in men who failed hormonal therapy. Now the trials have moved back to earlier in the disease, looking at conventional hormonal therapy, plus. That 'plus' initially included chemotherapy, which showed survival advantages of 12 to 18 months. That was big.

"Then additional androgen-active therapies, such as abiraterone (Zytiga) and then oral agents such as enzalutamide (Xtandi) and now

(Continued on page 5)

(Continued from page 4)
apalutamide (Erleada). That translated into a year or more of additional cancer control and survival when the disease was treated earlier with the combination," he said.

The guideline also addressed the evolutionary period before emergence of radiographically confirmed mCRPC, often associated with a rapid rise in prostate-specific antigen (PSA). Now known as nonmetastatic CRPC, the disease state has three FDA-approved options in the androgen receptor antagonist drug class: darolutamide (Nubeqa), in addition to enzalutamide and apalutamide. The drugs' approval was based primarily on the newly recognized endpoint of metastasis-free survival and relatively limited overall survival data, said Cookson. Subsequently, a survival advantage was reported for enzalutamide.

"That's been a real area of controversy," he continued. "Many clinicians were hesitant to fully embrace the therapy because they didn't really understand the true benefit of this new endpoint called metastasis-free survival. The 'purists' among oncologists, and maybe just the purists in general, want an overall survival benefit. Now we're starting to see that happen. There are three studies in that category, and as the data matures, I think we'll see more of that, since the drugs are pretty similar."

Frontline standard of care for mCRPC remains docetaxel for men with no prior exposure to the drug. Cabazitaxel (Jevtana) or a novel anti-androgen agent is appropriate in the setting of docetaxel failure.

New to guideline history -- and to many clinicians who treat prostate cancer -- is genetic testing. About a fourth of CRPC harbors germline or somatic mutations, said Cookson. New drugs that target the mutations continue to emerge on a regular basis, affording opportunities for precision-medicine approaches to treatment of CRPC. The most common mutation is BRCA2, and the FDA has already approved two drugs to treat CRPC harboring BRCA2 mutations, the PARP inhibitors olaparib (Lynparza) and rucaparib (Rubraca).

"There are instances in which men have been on conventional therapy -- chemotherapy or hormonal therapy -- and they've also failed the newer antiandrogens, such as abiraterone and enzalutamide," said Cookson. "In the past, we didn't have much hope for them. Now there is a class of drugs that if they have the right genetic makeup in their tumor, they're going to have a better chance to respond to the therapy."

Immunotherapy may also have a role for some men with CRPC. The PD-1 inhibitor pembrolizumab (Keytruda) has tumor-agnostic approval for treatment of heavily mutated solid tumors (microsatellite instability-high). The field of prostate cancer is "still in its infancy" with regard to use of drugs that target genetic alterations in tumors.

The key message in the guideline is for prostate cancer specialists to be aware of recommendations for genetic testing, particularly for men with aggressive disease that progresses rapidly through conventional therapies, Cookson added. Moreover, testing for germline mutations has implications for genetic counseling, including family members who might be at increased risk for several types of cancer.

The guideline was developed in collaboration with the Society of Urologic Oncology and the American Society for Radiation Oncology. The guideline panel made a total of 38 recommendations pertaining to the the prostate cancer continuum of care:

- Early evaluation and counseling
- Nonmetastatic biochemical recurrence after exhaustion of local treatment options
- Metastatic hormone-sensitive prostate cancer
- Nonmetastatic CRPC
- mCRPC
- Bone health

The complete guideline is available on the AUA website. Cookson and the other guideline co-chair, William Lowrance, MD, of the University of Utah School of Medicine and the Huntsman Cancer Institute in Salt Lake City, summarized the key points of the guideline during the AUA virtual meeting.

"For the past several years, the prostate cancer landscape has been rapidly evolving due to changes in PSA screening standards, as well as the approval of new classes of treatment options for use in various prostate cancer disease states," Lowrance said in a statement. "This guideline is comprised of clinical recommendations based on this new evidence and aims to further support the medical community and patients as they navigate through the various stages of this disease."

by Charles Bankhead,
Senior Editor, MedPage Today
June 30, 2020

Disclosures
Cookson disclosed relationships with TesoRx Pharma, Astellas, Merck, Bayer, Ferring, and Myovant; Lowrance disclosed relationships with Myriad Genetics and Stream Dx; several other members of the guideline panel also disclosed relationships with various commercial and noncommercial organizations.

Primary Source
American Urological Association

Source Reference: Lowrance W, et al "Advanced prostate cancer: AUA/ASTRO/ SUO Guideline" AUA 2020.

Source: www.medpagetoday.com/meetingcoverage/aua/87354

• • •

Link Confirmed Between a Healthy Diet and Prostate Cancer Prevention

The Canadian Cancer Society estimates that more than 23,000 Canadians will be diagnosed with prostate cancer in 2020. Among other risk factors, more and more studies point to diet as a major factor in the development of prostate cancer, as it is for cardiovascular disease, diabetes, and obesity. Using data from a study conducted in Montreal between 2005 and 2012, a research team led by Professor Marie-Élise Parent of Institut national de la recherche scientifique (INRS) has shown a link between diet and prostate cancer in the article "Dietary Patterns Are Associated with Risk of Prostate Cancer in a Population-Based Case-Control Study in Montreal, Canada," published in Nutrients in June.

Three main dietary profiles analyzed

INRS Ph.D. student Karine Trudeau, the lead author of the study, based her analysis on three main dietary profiles: healthy diet, salty Western diet including alcohol, and sugar-rich Western diet with beverages. The first profile leans heavily towards fruits, vegetables, and plant proteins like tofu and nuts. The salty Western diet with alcohol includes more meat and beverages such as beer and wine. The third profile is rich in pasta, pizza, desserts, and sugary carbonated drinks. The study took age, ethnicity, education, family history, and date of last prostate cancer screening into account.

Marie-Élise Parent and Karine Trudeau found a link between a healthy diet and a lower risk of prostate cancer. Conversely, a Western diet with sweets and beverages was associated with a higher risk and seemed to be a factor in more aggressive forms of cancer. The study did not show any clear link between a Western diet with salt and alcohol and the risk of developing the disease.

Moving away from the typical approach used in epidemiological studies, which involves looking at one nutrient or food group at a time, the researchers collected data from a broader dietary profile. "It's not easy to isolate the effect of a single nutrient," explained Ms. Trudeau. "For example, foods rich in vitamin C, such as citrus fruits, promote iron absorption. Calcium is often found in dairy products, which also contain vitamin D. Our more targeted approach takes this synergy into account to produce more meaningful results that public health authorities can use to formulate recommendations. Rather than counting on one miracle food, people should look at their overall diet."

"For a long time we've suspected that diet might play a role in the development of prostate cancer, but it was very hard to pinpoint the specific factors at play," said Professor Parent. "This study is significant because it looks at dietary habits as a whole. We've uncovered evidence that, we hope, can be used to develop prevention strategies for prostate cancer, the most common cancer among men in Canada and many other countries."

In addition to INRS faculty and students Marie-Élise Parent, Karine Trudeau, Christine Barul, and Marie-Claude Rousseau, Ilona Csizmadi (Cumming School of Medicine) participated in the research. The study was funded by the Canadian Cancer Society (CCS), the Cancer Research Society (CRS), Fonds de la recherche du Québec—Santé (FRQS), and Ministère de l'Économie et de l'Innovation (MEI).

by Institut national de la recherche scientifique - INRS

More information: Karine Trudeau et al, Dietary Patterns Are Associated with Risk of Prostate Cancer in a Population-Based Case-Control Study in Montreal, Canada, Nutrients (2020). http://dx.doi.org/10.3390/nu12071907

Provided by Institut national de la recherche scientifique - INRS

JULY 27, 2020

Source: https://medicalxpress.com/news/2020-07-link-healthy-diet-prostate-cancer.html

• • •

Radical Prostatectomy Curbs Cancer Risks but Ups Adverse Events Compared With Waiting, Monitoring

NEW YORK (Reuters Health) - Men with localized prostate cancer will likely have better oncological outcomes from radical prostatectomy (RP) versus deferring treatment, but they are also are more likely to experience urinary incontinence and erectile dysfunction, according to a new Cochrane Review.

"Given that men with localized prostate cancer are at relatively low risk for morbidity and mortality, there is a need to make difficult trade-offs between adverse events and disease-related progression," Dr. Robin Vernooij of the Netherlands Comprehensive Cancer Organization in Utrecht, told Reuters Health by email. "Therefore, patients and their healthcare providers should openly discuss the available evidence, using our review, on potential benefits and harms of different treatment options in the context of the patients' values and preferences and specific circumstances."

Dr. Vernooij and colleagues searched the literature through February 2020 for randomized controlled trials comparing RP versus deferred treatment. Localized prostate cancer was defined as T1-2, N0, M0 prostate cancer.

Definitions of both deferred treatments - watchful waiting (WW; observation) and active monitoring (AM) - are "often used inconsistently in the literature," the authors note.

As reported in the Cochrane Database of Systematic Reviews, four studies with 2,635 participants (average age between 60 to 70) were included. Three multicenter studies from Europe and the U.S. compared RP with WW (1,537), and one compared it with AM (1,098).

They found that RP probably reduces the risk of death from any cause (hazard ratio 0.79; moderate-certainty evidence). Based on overall mortality at 29 years, this corresponds to 764 deaths per 1,000 men with RP versus 839 deaths with WW.

RP probably also lowers the risk of death from prostate cancer (HR 0.57; moderate-certainty evidence). At 29 years, this corresponds to 195 deaths per 1,000 men with RP versus 316 with WW.

Further, RP may reduce the risk of progression (HR 0.43; low certainty evidence); at 19.5 years, this corresponds to 391 progressions per 1,000 men with RP compared with 684 with WW. RP also probably reduces the risk of developing metastatic disease (HR 0.56; moderate-certainty evidence); at 29 years, this corresponds to 271 metastatic diseases per 1,000 men for RP versus 431 with WW.

General quality of life at 12 years' follow-up is probably similar for both groups (risk ratio, 1.0; low-certainty evidence).

However, with RP, rates of urinary incontinence may be considerably higher (RR 3.97; low-certainty evidence), corresponding to 173 incontinent men per 1,000 versus 44 with WW. Findings were similar for rates of erectile dysfunction (RR 2.67; low-certainty evidence); at 10 years, this corresponds to 389 erectile dysfunction events per 1,000 versus 146 with WW.

Comparisons of RP with AM found that there are probably no differences in time to death from any cause or risk of death from prostate cancer, based on moderate evidence.

However, RP probably reduces the risk of progression (HR 0.39; moderate-certainty evidence); at 10 years, this corresponds to 86 progressions per 1,000 for RP versus 206 with AM), as well as the risk of developing metastatic disease (RR 0.39; moderate-certainty evidence).

Quality of life during follow-up was similar between the groups. However, urinary function was worse with RP.

Dr. Vernooij said the team will monitor the literature and update the review as new studies are published.

Dr. S. Adam Ramin, medical director of Urology Cancer Specialists in Los Angeles, noted in an email to Reuters Health, "Newer testing techniques...for biopsy specimen-containing prostate cancer cells may better predict possibility of cancer progression on AM. Therefore, incorporation of molecular testing in the evaluation of some patients with apparent low-risk features can better identify the true candidates for (this approach)."

"Unfortunately, some patients who chose AM develop a false sense of security and do not adhere to the follow-up plan," he said. "They may fail to return for their follow-up exams and eventually develop non-curable disease. Furthermore, there is no uniform protocol for follow-up of patients on AM."

"Many research articles with more than 15 years follow-up are based on the older technique of open radical prostatectomy," he added. "With the advent of robotic surgery, and consolidation of prostate surgery to surgeons with high levels of experience, the rates of incontinence and erectile dysfunction may be improved...and quality-of-life assessments...may be higher than reported in this study."

By Marilynn Larkin July 01, 2020

SOURCE: https://bit.ly/2Ai863i Cochrane Database of Systematic Reviews, online June 4, 2020.

www.medscape.com/viewarticle/933149

• • •

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***

Public meetings cancelled until 2021

MPCSG BOARD

Al Petkau - Treasurer	(204) 261-5303
Betty O'Grodnik – Secretary	(204) 661-8549
Jos Borsa - Chair	(204) 219-7726
Liz Feschuk - Special Projects	(204) 654-3898
Ernie Schade – Meeting Convener	(204) 489-1648
Pat Feschuk – Special Events	(204) 654-3898
John O'Grodnik - Vice Chair	(204) 661-8549
Wally Jackson - Member-at-large	(204) 668-1222
Deloris Ankrom - Member-at-large	(204) 667-4156
Don Murray - Member-at-large	(204) 487-0822

Volunteers On Committees

Irek Iskat — membership

For general information please contact Jos Borsa at number listed above

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