

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

Two words
will help you cope
when you run low
on hope:
accept and trust.

Charles R. Swindoll

July Meeting:
CANCELLED

* Due to Covid-19 crisis all public meetings of MPCSG are suspended until further notice.

Getting Our Activities Back On Track

While most of the social restrictions flowing from the Covid-19 crisis are still with us there appears to be a “light at the end of the tunnel” with normal activities gradually emerging. We are optimistic that our own meetings will be possible within perhaps a couple of months or so.

When that happens we’ll be delighted to resume our regular monthly schedule of real, as opposed to virtual, meetings. Watch this newsletter for information about progress towards that happy day. In the meantime stay safe.

The Board

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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.

A Patient-Centered Look at Prostate Cancer

For the past few months, the COVID-19 pandemic has dominated the news cycle—especially coverage of health. But as big an issue as COVID is, it's not the only disease we have to worry about. Heart disease, cancer, and diabetes are still significant causes of disability and death and will continue to be long after the COVID crisis has passed. And for men in particular, there's one more serious illness that we shouldn't overlook: Prostate cancer. Every year, nearly 200,000 men are diagnosed with the disease and more than 33,000 will die.

While public and private spending on female-specific cancers dwarfs spending on male-specific cancers, one organization, the Patient-Centered Outcomes Research Institute (PCORI—a U.S.-based non-profit created through the 2010 Patient Protection and Affordable Care Act) has funded a number of important prostate-cancer studies designed to “help patients and those who care for them make better-informed healthcare decisions.” Let's take a look at a few of them.

“**H**elping Men with Prostate Cancer Determine Their Preferences for Treatment.” This 2019 study, published in the *Journal of Clinical Oncology*, provided an overview of the major treatment options for men with localized prostate cancer (meaning that it hasn't spread to other areas of the body). These include: surgery (to remove the prostate gland), radiation (to destroy cancerous tissue in the prostate), and active surveillance (frequent monitoring by a doctor to ensure that the cancer isn't progressing and/or spreading). To help patients and their healthcare providers assess the risks, benefits, and possible side effects of each treatment option, the researchers developed a web-based

intervention called PreProCare. They then compared a group of patients who used PreProCare with a control group that didn't. Compared to the control group, those who used the intervention were: more satisfied with their care and choice of treatment; more likely to choose active surveillance if they were at low risk of the cancer spreading; less likely to have severe urologic problems; able to get back to daily physical tasks sooner; less likely to have high levels of depression.

“**C**omparing the Effects of Surgery, Radiation Therapy, and Active Surveillance on Men with Localized Prostate Cancer—The CEASAR Study.” This 2019 study of 2,550 men with localized prostate cancer, published by PCORI, examined the three treatment options discussed above, with a focus on sexual function, urinary issues, and bowel problems in the three years after treatment. The researchers found that, “men who had surgery reported lower sexual function than the men who had radiation or active surveillance. Men who had radiation and those who had active surveillance reported similar sexual function.” In addition, “[m]en who had surgery reported more leaking of urine than the men who had radiation or active surveillance. Men who had radiation and those who had active surveillance reported similar leaking of urine.” None of the treatment options produced any significant impact on bowel function.

“**T**reatment Decision Support for Men with Prostate Cancer and Their Caregivers.” This 2019 study, published by PCORI, compared two groups of men with prostate cancer and

their caregivers (usually a partner or spouse). One group used a mobile app (the Personalized Health Information Navigator) that had information about the benefits and risks of various treatment options. The other group received a printed booklet with similar information. Both groups also worked with a community support person who helped explain the content in the app or booklet. The researchers found difference between the app and the booklet in terms of what men and their caregivers learned or how they made their treatment

decision. “But in both groups, almost all the men and caregivers reported increased satisfaction with their treatment decisions. At the end of the study, caregivers from both groups knew

more about prostate cancer than they did at the start.”

“**D**epression and Prostate Cancer: Examining Comorbidity and Male-Specific Symptoms.” This 2018 study, published in the *American Journal of Men's Health*, studied the well-documented issue of depression in men with prostate cancer. The researchers found “potential benefits of evaluating male-specific symptoms as part of depression and suicide risk screening in men with prostate cancer and the need to be mindful of the heightened risk for depression among men with prostate cancer who have comorbidity.”

You can find more information on these and many other PCORI-funded studies and projects at <https://www.pcori.org/>

Apr 25, 2020

Source: <http://healthymomentoday.com/a-patient-centered-look-at-prostate-cancer/>

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New Formulation Dramatically Improves Quality Of Life In Prostate Cancer

Researchers at University of South Australia have found that a novel formulation of prostate cancer drug abiraterone acetate - currently marketed as Zytiga - will dramatically improve the quality of life for people suffering from prostate cancer.

The new formulation improves the drug's effectiveness by 40 per cent, they found. The new research has been published in the International Journal of Pharmaceutics. Advertisement Abiraterone acetate (AbA) has an oral bioavailability of <10% due to its poor water solubility. The new formulation has more bioavailability. Prostate cancer is the most commonly diagnosed cancer in men, with one in six at risk of diagnosis before the age of 85. In 2019, more than 19,500 cases of prostate cancer were diagnosed in Australia. Globally, prostate cancer cases reached 1.28 million in 2018.

Despite Zytiga being the leading formulation to treat prostate cancer, lead researcher, Dr Hayley Schultz says the new formulation will ultimately provide a better treatment for patients with prostate cancer. Developed by Professor Clive Prestidge's Nanostructure and Drug Delivery research group at UniSA's Cancer Research Institute, the breakthrough discovery uses an oil-based oral formulation that not only enables a smaller dose of the drug to be effective, but also has the potential to dramatically reduce possible side effects, such as joint swelling and diarrhoea.

"Many drugs are poorly water soluble, so when they're ingested, they enter the

gut but don't dissolve, which means that their therapeutic effect is limited," Dr Schultz says. "This is the case for Zytiga. Here, only 10 per cent of the dose is absorbed, leaving the other 90 per cent undissolved, where it simply passes through the body as waste. "On top of this, patients taking Zytiga must fast for two hours prior to taking the drug, and another hour after taking the drug to achieve predictable absorption. And as you can imagine, this can be painstakingly inconvenient.



"Our new formulation changes this. By using oils to mimic pharmaceutical food effects, we're able to significantly increase the drug's solubilisation and absorption, making it more effective and a far less invasive treatment for patients." The new formulation uses very high levels of abiraterone acetate dissolved within a specific oil and encapsulated within porous silica microparticles to form a powder that can be made into tablets or filled into capsules. Applied to human treatment, it could reduce the dose from 1000mg to 700mg per day, without the need for fasting. Prof Prestidge says if the team can secure funding, clinical trials in humans could be just two years away. "Based on our knowledge of this drug's pharmaceutical food effect, we hypothesise its absorption in humans will be extensively improved using this

technology", Prof Prestidge says.

"Anything we can do to contribute to the development of a commercialised product to improve the lives of patients, is invaluable. "This novel formulation is flexible enough to be adopted by thousands of different medicines; its potential to help patients of all kinds is exponential."

For further reference log on to:
<http://dx.doi.org/10.1016/j.ijpharm.2020.119264>

Source : International Journal of Pharmaceutics

Dr Kamal Kant Kohli-MBBS, DTCD- a chest specialist with more than 30 years of practice and a flair for writing clinical articles, Dr Kamal Kant Kohli joined Medical Dialogues as an Editor-in-Chief for the Speciality Medical Dialogues section. Besides writing articles, as

an editor, he proofreads and verifies all the medical content published on Medical Dialogues including those coming from journals, studies, medical conferences, guidelines etc. Before Joining Medical Dialogues, he has served at important positions in the medical industry in India including as the Hony. Secretary of the Delhi Medical Association as well as the chairman of Anti-Quackery Committee in Delhi and worked with other Medical Councils in India.

By Dr. Kamal Kant Kohli 22 Jun

Source: <https://medicaldialogues.in/urology/news/new-formulation-dramatically-improves-quality-of-life-in-prostate-cancer-66907>

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Now Breast, Lung, Bowel And Prostate Cancer Can All Be Treated In A Week As Patients Receive Shorter - And More Convenient - Courses Of Radiotherapy

Thousands of cancer patients are set to be spared from weeks of back-to-back hospital visits – after studies and trials have shown that five days of treatment, or even less, can be just as effective at blasting away tumours.

People having radiotherapy, which uses powerful radiation beams to kill cancer cells, would once have had their lives turned upside down.

Daily visits to hospital, often for up to six weeks, were the norm – with work and family life put on hold.

But now – thanks to advances in technology and precision techniques – this no longer has to be the case.

Over the past two decades, UK doctors have led efforts to show that delivering bigger doses of radiation over fewer sessions can be just as successful at treating some cancer types.

And trials are repeatedly showing it to be safe, without additional side effects, despite concerns that higher doses could cause greater damage to healthy tissue.

As NHS clinics looked for ways to make treatment for cancer patients more efficient during the pandemic, many have now adopted these methods.

As a result, a growing number of NHS patients with cancer in the breast, bowel, prostate and lung are now receiving shorter – and more convenient – courses of radiotherapy.

‘Patients want the best treatment,’ says

Dr Jeanette Dickson, President of the Royal College of Radiologists and a consultant lung oncologist.

‘But they also want minimal disruption to their lives. If four weeks is as good as six weeks, or one week as good as three weeks, they prefer the shorter option.’

In December, The Mail on Sunday reported on how specialists hoped that breast cancer could soon be beaten in a week.

And the findings of a new UK study, published this April in medical journal The Lancet, has now proved that to be the case.

But the FAST-Forward trial, led by a team at the Institute of Cancer Research in London, found that giving five larger daily doses over the course of one week is just as safe and effective.

It is hoped this will change standard practice in the UK – and make the treatment of breast cancer more convenient for women.

Karen Davis, 52, from Newcastle-under-Lyme, Staffordshire, was diagnosed with breast cancer in August 2013, after discovering a tiny lump in her left breast.

‘I was 45 years old and I just thought I was going to die – it was horrible,’ she says. Karen, who runs a hairdressing and beauty business, as well as a wig studio for women who lose their hair through cancer, was offered the chance to take part in the trial.

The lump, which measured 1.6cm, was surgically removed just a few weeks later.

In November 2013, she began radiotherapy and received five doses over the course of a week. ‘I think it was easier for me mentally to know that it was only five days,’ she says. ‘I used to get so nervous going into the cancer centre, my tummy would get churned up.’

The week-long course also meant she could get back to running her business sooner.

(Continued on page 5)



There are about 55,200 new cases of breast cancer in the UK every year – and 63 per cent of patients will go on to have radiotherapy as part of their initial treatment.

Normally, women with early-stage breast cancer receive 15 doses of radiation to their tumour after surgery, delivered over three weeks.

(Continued from page 4)

‘I thought that after my radiotherapy treatment in the morning, I’d be able to go to work, but it made me really, really tired,’ she says.

Karen has been free from cancer ever since. The only side effect she experienced was a slight numbness in parts of her breast, but this has eased over time.

‘After my radiotherapy finished I was a bit worried that I hadn’t had the three-week course,’ she says.

‘But now, I feel so lucky.’

Cancer care has been hit hard by Covid-19. According to Cancer Research UK, 12,750 people are waiting for cancer surgery, 6,000 fewer have received chemotherapy during lockdown and 2,800 fewer have had radiotherapy.

Some services were suspended as a result of staff shortages, but it was also feared treatments such as chemotherapy could make cancer patients more susceptible to the virus.

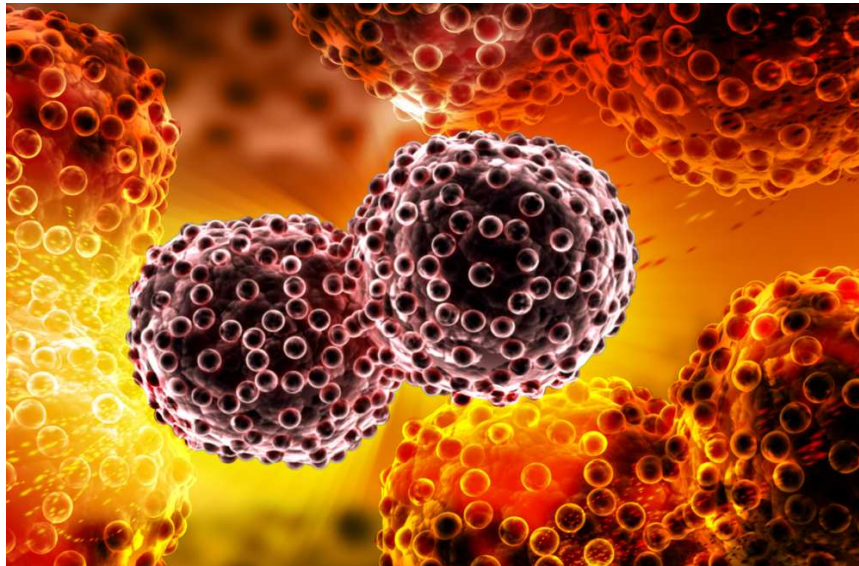
Regular hospital visits are also likely to increase the risk of exposure to it, so a shake-up of radiotherapy services could not have come at a better time.

Many NHS hospitals had already adapted so patients could continue receiving treatment in a less risky way.

Dr Dickson says: ‘The fewer visits you have to make to the oncology centre, the less chance you have of catching an infection such as Covid-19 – either from other patients, staff, or by just being out of your home.’

Shorter treatments also reduce the burden on services, and not just for breast cancer.

During the coronavirus pandemic, an international panel of experts recommended that people with some forms of bowel cancer should also have shorter radiotherapy treatment.



It followed a major study led by David Sebag-Montefiore, professor of clinical oncology at the University of Leeds, into treatments for patients with tumours in their rectum, where most bowel cancers are found.

The research, published in *The Lancet* in 2009, found a one-week course of radiotherapy before surgery significantly reduced the risk of the disease coming back, compared to surgery alone.

But before the pandemic patients had been given a choice between this approach, and a five-week course of chemotherapy and radiotherapy – involving up to 28 hospital trips.

‘There has not been a definitive steer in one direction or another, so both methods have been used,’ explains Prof Sebag-Montefiore.

‘But with Covid, we considered that the one-week course reduced the risks associated with travelling to hospital and being exposed to staff, and that additional chemotherapy could also potentially have a negative impact on a patient’s immune system.’

Patients with lung cancer have also seen their radiotherapy treatment shortened – from six weeks to four weeks for bigger tumours.

Three to five sessions of stereotactic ablative radiotherapy – a new, more targeted treatment, also known as SABR – would have previously been recommended to treat lung tumours smaller than one centimetre. Now, it’s just one

session. Prostate cancer treatment times using SABR have also been cut from 20-30 treatments to six.

Dr Dickson is keen to stress that changes in care have only been made where there is evidence to support them.

But she admits Covid has ‘accelerated’ the adoption of these new, quicker approaches to treating cancer. And many experts hope they will be here to stay.

‘Regardless of Covid, one week of treatment versus three weeks is an advantage for the patient,’ she says.

By SALLY WARDLE
FOR THE MAIL June 2020

Source: <https://www.dailymail.co.uk/health/article-8442699/Now-breast-lung-bowel-prostate-cancer-treated-WEEK.html>

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Looking at Immunotherapies for Patients with Metastatic Prostate Cancer

Immunotherapy could help a segment of patients with metastatic prostate cancer, a study found.

A subset of patients with metastatic prostate cancer experienced prolonged survival as a result of treatment with the immunotherapy Yervoy (ipilimumab), according to study findings published in *Science Translational Medicine*.

Researchers in the phase 2 trial found that certain patients with metastatic castration-resistant prostate cancer, which typically has a limited response to immunotherapy, could benefit from treatment with Yervoy. The investigation also uncovered biomarkers in the tumors that could help doctors identify patients most likely to respond to the medication. The participants who fared best were those whose tumors, before treatment, had a higher density of active T cells, also known as immune cells.

Yervoy is among a class of drugs known as checkpoint inhibitors, which interfere with the activity of proteins that otherwise keep the immune system in check. Yervoy targets the protein CTLA-4. These kinds of drugs free up the immune system to better recognize and kill cancer cells and tend to work best in tumors that have numerous mutations, such as melanoma and lung cancer. Prostate tumors have fairly low mutation levels, the authors pointed out, but immunotherapy also can be more effective in some tumors that express the protein PD-L1 or contain T cells.

The researchers, all from The University of Texas MD Anderson Cancer Center in Houston, knew that previous clinical trials had found some responses to immunotherapy among patients with prostate cancer, so they focused on whether checkpoint

inhibition could stimulate effective immune responses in tumors with low mutation levels. Their trial included 30 patients with metastatic castration-resistant prostate cancer; 29 were treated with Yervoy between January 2015 and May 2018, and one did not receive treatment.

After a median follow-up of 45.5 months, the researchers separated the patients into two groups based on length of life and time until disease grew or spread while receiving Yervoy. In the group that showed favorable results, six of nine patients were alive at the time of analysis, with survival ranging from 33 to 54 months. All 10 patients in the group with unfavorable results died of their disease, with survival ranging from 0.6 to 10.3 months from the start of treatment.

Across all participants, the median time until disease progression was three months and median overall survival was 24.3 months.

The researchers found a couple of reasons for the better outcomes. The men in the favorable group had a high level of cancer-killing CD8 T cells in their tumors and greater expression of the protein interferon gamma, another key to immunity. Furthermore, their T cells recognized and responded to the antigens produced by tumor cells, whereas T cells from patients in the unfavorable group did not appear to have those capabilities.

Eight patients (28%) experienced serious side effects from receiving Yervoy, with dermatitis and diarrhea among the most common.

“We were encouraged to see that prostate cancers with a low mutational burden do in fact express neoantigens that elicit T-cell responses that lead to favorable clinical outcomes,” co-lead corresponding author Dr. Padmanee Sharma said in a press release. “Our findings indicate that anti-CTLA-4

immune checkpoint therapy warrants additional studies in order to develop treatment strategies that may improve survival of patients with metastatic prostate cancer.” One immunotherapy is already approved for patients with prostate cancer, but it works differently from Yervoy. Provenge (sipuleucel-T) is made from a patient’s own harvested immune cells, which are exposed in a lab to a



cancer-fighting protein and then infused back into the patient. Provenge is indicated to treat minimally symptomatic lower-burden metastatic prostate cancer and is not widely used.

BY MATTHEW FOWLER
AND BETH FAND INCOLLINGO

JUNE 24, 2020

Source: <https://www.curetoday.com/articles/looking-at-immunotherapies-for-patients-with-metastatic-prostate-cancer>

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Prostate Cancer Hormone Therapy Not Recommended For NHS in England

A hormone therapy has been rejected as a treatment for some adults with newly-diagnosed, advanced prostate cancer by the National Institute of Health and Care Excellence (NICE).

As it stands, doctors in England can only prescribe the hormone therapy abiraterone for men whose prostate cancer has spread to other parts of the body, once standard hormone treatment or chemotherapy has failed.

Clinical trial data suggests that combining abiraterone with either steroids or steroids and hormone therapies as a first-line treatment improves survival compared with the current standard of care for newly-diagnosed patients. However, NICE raised concerns that the drug's effectiveness was overestimated in these trials.

Emlyn Samuel, head of policy development at Cancer Research UK, said NICE had questioned whether abiraterone could be more effective if used at a later stage of patients' treatment, but noted the decision would still be "enormously disappointing" for people affected by the disease.

Combination therapy

Abiraterone works by stopping the body making testosterone, which can help slow the grow of hormone-sensitive prostate cancers.

"Our research played a leading role in the discovery and development of abiraterone," Samuel commented, "and clinical trials have shown that using abiraterone as a patient's first treatment can slow down cancer growth, improve survival, and help maintain their quality of life."

Combining abiraterone with prednisone or prednisolone plus androgen deprivation therapy has been trialled as a treatment for adults with high risk, hormone

sensitive prostate cancer that's spread to other parts of the body.

The current standard care for this group of newly-diagnosed patients is another hormone therapy, or a combination of hormone therapy plus the chemotherapy drug docetaxel. Around 2 in 3 patients have hormone therapy by itself, either because they are not fit enough to have chemotherapy, or they choose not to.

Clinical trial results suggest that abiraterone combinations increase both the time it takes for the cancer to grow significantly (progression-free survival) and overall survival, compared to hormone therapy by itself.

The treatment also improves progression-free survival, but not overall survival, when compared to hormone therapy plus docetaxel.

Concerns over effectiveness

But looking at the trials, NICE raised concerns that these results may overestimate the effectiveness of abiraterone, noting that some treatments offered after disease progression in the trials were not considered as effective as what is offered on the NHS.

NICE also noted that using abiraterone early on in the treatment pathway, instead of standard therapy, would limit options for patients whose cancer comes back or continues to grow, as they wouldn't be able to be treated with abiraterone again later.

"Abiraterone is already available for some patients when other treatments have stopped working, and NICE have concluded there's still not enough evidence to say using hormone therapies like abiraterone earlier in a patient's treatment would have a bigger impact on patients' survival." – Emlyn Samuel, head of policy at Cancer Research UK.

Not recommended

In addition to the uncertainties about the drug's effectiveness, NHS England and the manufacturer were unable to agree a pricing arrangement that would make abiraterone a cost-effective use of NHS resources.

NICE were therefore unable to recommend the use of abiraterone for treating patients with newly-diagnosed prostate cancer, and there are currently no plans to review this decision again in NICE's current review of the drug's effectiveness.

However, Samuel expressed hope that conversations could continue, and make the treatment available for patients in the future if this was found to be beneficial. "We urge NHS England, NICE and the manufacturer to continue working together to help resolve these uncertainties and ensure all patients can be offered the best possible treatment."

NICE decisions are usually adopted in Wales and Northern Ireland as well as England, so the decision is likely to affect patients in all 3 nations. But in Scotland, abiraterone has been available for patients with newly-diagnosed advanced prostate cancer since January.

References

NICE (2020) Abiraterone for treating newly diagnosed high risk metastatic hormone-naive prostate cancer [ID945]

www.nice.org.uk/guidance/indevelopment/gid-ta10122/documents

26 June 2020

Source: www.cancerresearchuk.org/about-us/cancer-news/news-report/2020-06-26-prostate-cancer-hormone-therapy-not-recommended-for-nhs-in-england

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FUTURE MEETINGS 2020

Watch this space for speakers for future meetings which will resume once the Covid-19 crisis passes

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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For general information please contact Jos Borsa at number listed above



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