Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Public meetings cancelled until further notice

Covid is still with us.
Be patient.
It will end.
Stay safe.

We will be resuming our regular public meetings as soon as the Covid situation allows. Watch our newsletter for updates on this changing situation.

The Board

Thought of The Day

"Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence."

– Helen Keller

IN THIS ISSUE:

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.

Enzalutamide plus ADT effective in Metastatic Prostate Cancer, Finds study

Researchers from the Duke Cancer Institute Center for Prostate & Urologic Cancers, Durham, North Carolina have recently noted that treatment with enzalutamide plus ADT provides improvements in men with bone and/or lymph node metastases, but may be less effective in men with visceral patterns of spread, according to the study published in the Journal of Urology.

Enzalutamide plus ADT has previously been shown to improve clinical outcomes in men with metastatic hormone sensitive prostate cancer. Hence, Andrew J Armstrong and colleagues conducted this study to assess if and how the pattern of metastatic spread impacts efficacy of enzalutamide plus ADT in men enrolled in ARCHES.

Men with metastatic hormone sensitive prostate cancer were randomized 1:1 to enzalutamide (160 mg/day) plus ADT or placebo plus ADT, stratified by disease volume and prior docetaxel treatment. The primary end point was radiographic progression-free survival. Secondary end points included time to prostate specific antigen progression, initiation of new antineoplastic therapy, first symptomatic skeletal event and castration resistance. Post hoc analyses were performed by pattern of metastatic spread based on study entry imaging.

The following results were observed

a. Of the overall population with metastases identified at enrollment (n=1,146), the largest patient subgroups were those with bone metastases only (n=513) and those with bone plus lymph node metastases (n=351); there were fewer men with lymph node metastases only (n=154) and men with visceral±bone or lymph node metastases (n=128).

b. Enzalutamide plus ADT reduced the risk of radiographic progression versus placebo plus ADT in men with bone metastases only (HR 0.33) and bone plus lymph node metastases (HR 0.31).

c. Similar improvements in secondary end points were also observed in these subgroups.

Therefore, the investigators concluded that "treatment with enzalutamide plus ADT provides improvements in men with bone and/or lymph node metastases,but may be less effective in men with visceral patterns of spread."

For further reference, log in to:
Armstrong AJ, Shore ND, Szmulewitz RZ, Petrylak DP, Holzbeierlein J, Villers A, Azad A, Alcaraz A, Alekseev B, Iguchi T, Gomez-Veiga F, Rosbrook B, Lee HJ, Haas GP, Stenzl A. Efficacy of Enzalutamide plus Androgen Deprivation Therapy in Metastatic Hormone-Sensitive Prostate Cancer by Pattern of Metastatic Spread: ARCHES Post Hoc Analyses. J Urol. 2020 Dec 28:101097JU0000000000001568.

doi: 10.1097/JU.0000000000001568.

By Dr. Nandita Mohan 24 Jan 2021

Source : Journal of Urology

https://medicaldialogues.in/urology/news/enzalutamide-plus-adt-effective-in-metastatic-prostate-cancer-finds-study-73868

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Prostate Cancer Diet

Just a few simple changes in your daily eating habits can help support healthier living as you recover from prostate cancer, and may even decrease risk of your cancer coming back or getting worse. All of these recommendations also apply to maintaining overall health, for you and your family.

1. Vegetables. Incorporate cooked tomatoes (preferably cooked with olive oil) and cruciferous vegetables (like broccoli and cauliflower) into many of your weekly meals. Certain fruits and vegetables contain large amounts of antioxidants. Antioxidants benefit the body by removing free radicals. Free radicals can attack healthy cells and permanently disrupt their operation.
2. Fat. Try to keep the amount of fat that you get from red meat and dairy products to a minimum.

Several studies have reported that saturated fat intake is associated with an increased risk of developing advanced prostate cancer, while long-chain omega-3 fatty acids (the “good fat” found in fish such as salmon) are associated with lower risk. Avoid processed meats (lunchmeats) that contain nitrates, or charred meat, which have been shown to have cancer-promoting properties. Choose fish, lean poultry, or plant-based proteins such as nuts and beans instead.

3. Vitamins. Try to get your vitamins from food sources, that is, eating a diet rich in vegetables and whole grains, rather than relying on vitamin supplements. In particular, avoid calcium substitutes. Plant-based sources of calcium include dark green leafy vegetables, soy, and almonds.

https://www.pcf.org/patient-resources/living-prostate-cancer/prostate-cancer-diet/

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Study Supports Shorter Radiation Regimen in High-Risk Prostate Cancer

Stereotactic body radiotherapy produced similar efficacy without added toxicity compared with standard radiation in men with advanced prostate cancer.

Reducing a standard 45-day radiation treatment course to a 5-day course administered in higher doses results in comparable efficacy and safety in patients with advanced prostate cancer, according to a study published online in the International Journal of Radiation Oncology, Biology, Physics.[1,2]

The study was a consortium analysis of patients with high-risk prostate cancer who received stereotactic body radiotherapy (SBRT), a hypofractionated radiotherapy technique consisting of 5 or fewer high-dose treatments. The findings showed an estimated 4-year biochemical recurrence-free survival (BCRFS) rate of 81.7%, and an estimated 4-year distant metastasis–free survival (DMFS) rate of 89.1% with SBRT.

"The estimated 4-year BCRFS rate of 81.7% for patients receiving SBRT in this consortium is similar to the 5-year BCRFS rates for [high-risk prostate cancer] patients enrolled on ASCENDE-RT who received a brachytherapy boost (85.5%) or dose-escalated conventionally fractionated radiotherapy alone cohort (83.6%) along with 12 months of androgen-deprivation therapy (ADT), despite the inclusion of patients in the present consortium who either received no ADT or received shorter durations of ADT," the authors wrote.

For the study, researchers at UCLA Jonsson Comprehensive Cancer Center set up a consortium comprising 7 institutions that had phase 2 studies with prospective databases. Overall, efficacy and safety data were evaluated from 344 patients with high-risk prostate cancer. The minimum follow-up was 24 months. Statistical models, including Kaplan-Meier methods, were used to evaluate outcomes in these patients.

The median follow-up was 49.5 months (interquartile range [IQR], 35.8-61.9 months). The median PSA at baseline was 11 (range, 7-21.3) and almost 90% of patients had a disease stage of T1 or T2. About half (45%) of patients were Gleason grade group 4 and about one-fourth (24%) were Gleason grade group 5.

About three-fourths (72%) of patients received ADT for a median duration of 9 months (IQR, 9-18 months). Nineteen percent of patients had received nodal radiotherapy. Overall, BCR occurred in 59 patients (17%) and 26 patients (8%) had a DM.

There was a significant association between a 1-year increase in age at treatment and a higher BCR risk (HR, 1.04; P = .035). Receiving ADT was linked to significantly greater BCRFS (P = .009); however, there was not a similar association between ADT and DMFS (P = .097).

Regarding toxicity, 18% of patients experienced acute grade ≥2 genitourinary (GU) toxicity and 5% of patients experienced acute grade ≥2 gastrointestinal (GI) toxicity. There were no observed cases of acute grade ≥3 GU or GI adverse events.

The 4-year cumulative incidence estimates were 17.6% and 6.4% for late grade ≥2 GU and GI toxicity, respectively. The crude incidence of late grade 3 GU and GI toxicity was 2.3% and 0.9%, respectively. The median time to onset of late grade 3 GU and GI toxicity was 21 and 22 months, respectively.

"Conventional radiation, which requires daily visits for treatment, can be burdensome for many. Shortening radiation therapy from 6.5 weeks to 5 days is a significant advancement that can help improve the overall quality of life for men with prostate cancer," the authors wrote.

"These data support a favorable toxicity and efficacy profile for SBRT for high-risk prostate cancer. Further prospective studies are needed to evaluate the optimal dose and target volume in the context of SBRT for high-risk prostate cancer," added the authors.

Jason M. Broderick January 27, 2021

References

1. Study finds shorter radiation regimen safe, effective for men with advanced prostate cancer. Published online January 25, 2021. Accessed January 27, 2021. https://bit.ly/36is8rc

2. Van Dams R, Jiang NY, Fuller DB, et al. Stereotactic Body Radiotherapy for High-Risk Localized CARcinoma of the Prostate (SHARP) consortium: analysis of 344 prospectively treated patients [published online ahead of print January 22, 2021]. Int J Radiat Oncol Biol Phys. doi: 10.1016/j.ijrobp.2021.01.016

Source: www.urologytimes.com/view/study-supports-shorter-radiation-regimen-in-high-risk-prostate-cancer

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Non-Invasive Treatment For Prostate Cancer Prevents Side-Effects Related To Surgery And Is Described As The 'single Biggest Change In The Last 20 Years'

- **Researchers studied the results of 500 patients treated with focal therapy**
- **This treatment uses high doses of targeted energy to kill off cancerous cells**
- **There are forms that use extreme heat from ultrasounds to extreme cold**
- **The team say that the treatment allows people to recover at home and suffer fewer side effects such as sexual dysfunction and incontinence**

A new non-invasive treatment for prostate cancer is the 'single biggest change in 20 years' and can prevent side-effects related to surgery, a new study found.

Researchers from Imperial College London studied the results of over 500 patient given the treatment - named focal therapy - to track its effectiveness.

Prostate cancer is the most common form of cancer among men in the UK, with around 48,500 new cases every year and traditional treatments come with life changing side effects including sexual dysfunction and incontinence.

Focal therapy uses ultrasound or cryotherapy to specifically target cancer cells in the prostate gland without damaging surrounding tissue.

The team say hospitals also stand to benefit, as the treatment can be delivered in a self-contained area and most patients can recover at home.

However, the treatment comes at a hefty price, with specialised machines costing around £500,000.

FOCAL THERAPY: TARGETED TREATMENT OF PROSTATE CANCER

Focal therapy specifically targets cancer cells in the prostate gland without damaging surrounding tissue.

This results in fewer side-effects, the ability to recover at home and so allows for those treated to live a normal life.

There are a number of different types of focal therapy but they all have the same basic principle - a high dose of targeted energy to kill cancer cells.

Cryotherapy

This was the first type of focal therapy and involves rapidly cooling the cancerous tissue to -40F and trigger hypothermia in the cancer cells.

High Intensity Focused Ultrasound

This technique uses high temperatures of over 140F generated by high energy sound waves to burn cancer cells.

Photodynamic therapy

Instead of sound, heat to kill cancer cells comes from light - laser beams activate a light-sensitive drug that kills prostate cancer cells.

While focal therapy has been available privately and on the NHS for several years, only 0.5 per cent of prostate cancer patients use it.

This is because few public hospitals are equipped to administer the novel treatment and doctors have remained sceptical due to the lack of long-term data.

Imperial College researchers gathered enough evidence to support what has been described as the 'single biggest change' in treating prostate cancer in 20 years.

Senior author Dr Matt Winkler said: 'As a prostate cancer surgeon I know far too well the devastating impact of erectile dysfunction or urine incontinence on the lives of many men after prostate cancer surgery.

'We are proud to provide colleagues and affected men with information that may make it easier to avoid radical prostate removal or radiotherapy.'

There are two kinds of focal therapy depending on the size and location of the tumour in the prostate - a small gland which sits below the bladder.

One uses a high intensity ultrasound (HFIU) to heat up cancer tissue with millimetre precision, while the other uses cryotherapy to cool it down.

420 patients who were treated with HIFU and 81 with cryotherapy and in both cases the risk of sexual dysfunction and incontinence was much lower than with traditional treatments.

Professor Hashim Ahmed, a leading prostate cancer expert from Imperial, said focal therapy carries up to ten-fold reductions in urine leak and sexual problems.

'Importantly, for the first time we have shown that it has similar cancer control at radical prostatectomy, at five to eight years after treatment,' he added.

Focal therapy specifically targets cancer cells in the prostate gland without damaging surrounding tissue, allowing those treated to live a normal life.

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'While focal therapy is not suitable for all patients, there are thousands every year who are suitable and they should be fully informed about it.'

Equipping the NHS to provide focal therapy for every man who chooses this option is the next hurdle, the researchers say.

Looking to overcome this challenge, the charity Prost8 UK has launched a campaign to fund six new focal therapy suites at hospitals around the country.

Each suite costs £500,000, which is much less than the millions needed for surgical and radiotherapy equipment. Prost8 UK's founder Paul Sayer chose focal therapy when he was diagnosed with prostate cancer in 2018 at the age of 62 and said 'i am all but unchanged from my pre-cancer self'.

'As a result, I am now driven to make sure as many men as possible know about focal therapy and, more importantly, can access it when needed.'

The findings could improve quality of life for the 12,000 men who are diagnosed with prostate cancer early every year and 10,000 who return for treatment after radiotherapy.

Promoting focal therapy when possible would also free up hospital beds, which have been in short supply during the pandemic, the researchers say.

Dr Winkler said: 'After diligently collecting data over the last 10-years, we can now for the first time provide comparative evidence of equivalent cancer control rates for up to five to eight years.

'While our method does not provide the highest level of evidence, a randomised controlled trial, it is as good as it gets at this point in time.'

The findings were published in the journal Nature.

By RYAN MORRISON
FOR MAILONLINE

28 January 2021

Source: https://www.dailymail.co.uk/sciencetech/article-9196973/Non-invasive-treatment-prostate-cancer-prevents-effects-study-finds.html

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Lynparza Leads to Longer Survival in Men With Prostate Cancer

Lynparza demonstrates a significantly longer duration of survival compared Xtandi or Zytiga for men with metastatic prostate cancer, one study found.

Treatment with Lynparza (olaparib) at 300 mg twice daily effectively improved survival in men with metastatic castration-resistant prostate cancer, according to findings published in The New England Journal of Medicine.

This phase three trial randomly assigned 256 patients to receive Lynparza and 131 patients to receive either Xtandi (enzalutamide) at 160 mg once daily or Zytiga (abiraterone) at 1,000 mg once daily in addition to prednisone at 5 mg twice daily as the control therapy.

Cohort A had 245 patients with at least one alteration in BRCA1, BRCA2 or ATM. Cohort B had 142 patients with at least one alteration of the 12 other prespecified genes.

Results showed that in cohort A, the median overall survival was 19.1 months for those who received Lynparza , and 14.7 months for those in the control group. In cohort B, median overall survival was 14.1 months with Lynparza and 11.5 months in the control group.

Those in cohort A who received Lynparza had a significantly longer survival than those in the control group, and death risk was 31% lower with Lynparza than in the control group. There were 148 and 100 deaths in cohorts A and B, respectively.

Overall population survival was 17.3 months with Lynparza and 14 months in the control group. In the control group 86 out of 131 patients switched over to receive Lynparza, 56 of them in cohort A. Although authors note, "earlier treatment with olaparib may have an advantage over its use late in the disease course."

Median time until second progression or death for those in cohort A was 15.5 months with Lynparza and 10.6 months in control therapy. For those in cohort B was 9.9 months and 7.9 months, and overall population was 13.4 months and 9.7 months.

The most common side effects related to Lynparza were amenia, nausea and fatigue or asthenia (feeling weak or overly tired). Side effects from the control therapy were fatigue or asthenia, nausea and decreased appetite.

Colleen Moretti January 12, 2021

Source: https://www.curetoday.com/view/lynparza-leads-to-longer-survival-in-men-with-prostate-cancer

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Promising New Treatment Strategy For Men With Drug-Resistant Prostate Cancer

A new experimental drug could offer a promising approach to treating men with advanced prostate cancer which does not respond to existing treatments, or develops resistance to them, researchers report.

Their study reveals the chemical structure of a new targeted drug known as CCS1477 and its method of action – and suggests it could be used to stop the growth of late-stage prostate cancers.

CCS1477 is now being evaluated in clinical trials as a monotherapy for patients with prostate cancer, and also in combination with existing drugs like enzalutamide and abiraterone. Researchers hope it can help to delay or prevent resistance to these treatments.

Potential to treat prostate cancer
The new research, pioneered by a team at The Institute of Cancer Research, London, and the Royal Marsden NHS Foundation Trust, has unveiled the drug's mechanism of action – explaining how CCS1477 acts on its targets and highlighting its potential to treat prostate cancer.

CCS1477 was discovered by Cambridge-based CellCentric Ltd. The study is published in the journal Cancer Discovery and was funded by the Prostate Cancer Foundation, Movember, Prostate Cancer UK, Cancer Research UK and CellCentric Ltd. Other collaborators on the study include researchers from the Sidney Kimmel Cancer Center at Thomas Jefferson University, Philadelphia.

Therapeutic strategies for prostate cancer aim to block a network of signals called the androgen receptor pathway, preventing androgens – or male hormones – like testosterone from fuelling the growth of prostate tumours.

The problem is that cancers can evolve to develop changes in the androgen receptor so that it continues to drive growth while avoiding the effects of treatments designed to block its activity. Cancers may stop responding to treatments targeted against androgen signalling – such as abiraterone, which was discovered by The Institute of Cancer Research (ICR), and enzalutamide, which the ICR and The Royal Marsden helped develop in clinical trials.

'Delay or prevent drug resistance'
The researchers studied cell lines and tumour biopsies from 43 patients in the lab. They showed that the new drug, CCS1477, works by binding itself to two cancer gene regulators, the proteins p300 and CBP, which help activate androgen receptor signalling. The drug blocks the activity of these two proteins by inhibiting their bromodomains, which help turn other genes on or off. Doing so stops prostate cancer's growth and has the potential to delay or prevent drug resistance.

Patients in the study who had higher levels of the p300 protein lived less long before their cancer progressed and became drug resistant than those with lower levels of the protein – 10 months compared with 21 months.

To confirm that blocking the CBP and p300 proteins in prostate cancer had an effect on cancer's growth, researchers blocked the activity of the CBP and p300 genes – either separately or in combination – in cells in the lab.

As a result, they saw decreased activity of the androgen receptor and c-Myc and slower growth of prostate cancer cells taken from patients, confirming that targeting those two proteins had an effect on androgen receptor signalling.

Re-activating p300 and CBP in patient samples turned back on signalling through the androgen receptor and c-Myc, helping fuel the growth of cancer cells.

Tested in tumour samples and mice
Scientists used the drug CCS1477 to block p300 and CBP in mice with prostate cancer and found that it had a biological effect on androgen receptor signalling and was able to stop tumour growth.

Importantly, the study suggests that CCS1477 is not only able to target androgen receptor signalling, but also the potential genomic changes and adaptations prostate cancer may undergo to evade treatment. For this reason, researchers hope it could be used in combination with modern hormone drugs to overcome or delay resistance to treatment.

The results of this study have led to the evaluation of CCS1477 in an ongoing clinical trial in men with hormone-resistant prostate cancer. The new drug is also being trialled in patients with blood cancers, including multiple myeloma and lymphomas, and in patients whose tumours have a range of mutations, including changes in genes such as p300, CBP or c-Myc – often altered in breast, bladder and lung cancers.

'Already evaluating the new drug in a clinical trial'
Study leader Professor Johann de Bono, Professor of Experimental Cancer Medicine at The Institute of Cancer Research, London, and Consultant Medical Oncologist at The Royal Marsden NHS Foundation Trust, said:

"Our study offers a potentially exciting new approach to treating prostate cancer. For the first time, we have shown that blocking two proteins known as p300 and CBP with a new targeted drug can disrupt signals that help fuel the growth of prostate cancers.

"These initial results are very promising, and suggest that the drug could help delay or prevent resistance to the modern hormone treatments abiraterone and enzalutamide, which have already played a critical role in helping patients to live for much longer. My team and I are already evaluating the new drug in a clinical trial to assess its safety and anti-tumour

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activity in men with advanced prostate cancer."

'A huge achievement'
Study author Dr Adam Sharp, Team Leader in Translational Therapeutics at The Institute of Cancer Research, London, and Consultant Medical Oncologist at The Royal Marsden NHS Foundation Trust, said:

"We have shown that a new targeted drug can block androgen receptor signalling – which plays a key role in prostate cancer – as well as its treatment-resistant altered forms and another important cancer gene known as c-Myc.

"Being able to target both androgen receptor signalling and its adaptions is an important step forward, as it helps us tackle the huge challenge posed by cancer's ability to evolve resistance to modern hormone treatments."

'First-in-class drug agent'
Professor Paul Workman, Chief Executive of The Institute of Cancer Research, London, said:

"These early clinical findings are very encouraging. It is exciting to have validated a major new drug target in prostate cancer through collaborations with industry and to already have a promising, mechanistically innovative, 'first-in-class' drug agent undergoing clinical trials.

"At the ICR, we have a track record of excellence in drug discovery, and our drug abiraterone has already been used to treat hundreds of thousands of men with prostate cancer around the world. Importantly, this drug has the potential to overcome drug resistance to androgen receptor-based therapies – and thus has the promise of changing many men's lives."

Jonathan W. Simons, MD, Prostate Cancer Foundation President and CEO, said:

"This marks another great leap ahead in precision medicine to help men with advanced prostate cancer. PCF is proud to have funded this research that has launched this promising therapeutic into clinical trials, bringing us closer to our mission to eliminate death and suffering from prostate cancer."

Source: https://www.icr.ac.uk/news-archive/promising-new-treatment-strategy-for-men-with-drug-resistant-prostate-cancer

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Men with Prostate Cancer Experience Higher Levels of Fatigue Due to Inflammation

Men who are receiving androgen deprivation therapy treatment for prostate cancer experience higher levels of fatigue and depression when compared to men who are not receiving treatment and who have no history of cancer.

Men with prostate cancer and are receiving androgen deprivation therapy (ADT), a treatment that eliminates testosterone, may experience symptoms of fatigue due to an increase in the protein interleukin 6 (IL-6, a circulating marker of inflammation that helps regulate immune response), according to a study published in Cancer.

"To our knowledge, there have been no studies examining the association between inflammation and androgen deprivation therapy symptomology even though testosterone is known to modulate inflammation," authors say. "These efforts are important to improving the quality of life in the large and growing population of patients with prostate cancer receiving androgen deprivation therapy."

The study compared two groups: one of 47 men with prostate cancer who received ADT and another group of 82 men who did not receive treatment and had no history of cancer. Participants were assessed with the Fatigue Symptom Inventory, the Center for Epidemiological Studies Depression Scale, and a batter of neuropsychological tests, at the time of ADT therapy initiation, six months later, and 12 months later in those who received therapy, and comparable times in those who did not.

Results showed that fatigue and depression increased significantly over 12 months in men who received treatment when compared to those without cancer. Cognitive impairment rates stayed stable for men receiving treatment, while authors found a decrease in the other group of men.

Additionally, researchers saw a significant increase of IL-6 in men with prostate cancer who received ADT, and concluded that this increase could lead to an increase of fatigue symptoms over time. They however do not attribute the symptoms of depression and cognitive impairment to IL-6, but to treatment overall.

"Exercise has been shown to reduce fatigue in patients with prostate cancer, perhaps because of its effects on interleukin 6," researchers note. "Research is needed to determine whether additional interventions to reduce overall inflammation or interleukin 6 specifically exert beneficial effect on fatigue among androgen deprivation therapy patients with prostate cancer who are unable or unwilling to exercise."

The authors noted that the study was limited by its small sample size of 129 men, and concluded that a larger sample size is needed in future research examining whether a reduction in overall inflammation or IL-6 in particular could help relieve fatigue in men with prostate cancer, ultimately improving their quality of life during treatment and beyond.

Colleen Moretti January 13, 2021

Source: https://www.curetoday.com/view/men-with-prostate-cancer-experience-higher-levels-of-fatigue-due-to-inflammation

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Our public meetings will not resume until the covid-19 restrictions are lifted.

Watch this space for information on the latest status.

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