Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Thought of The Day

"Like everything in life, it is not what happens to you but how you respond to it that counts."

- Steve Backley

Public meetings cancelled until further notice

Covid-19 Update July 2021

Vaccinations are way up. Case numbers are low and getting lower. We're not out of the woods yet but it shouldn't be much longer. Ultimately the official end of the lockdown will be decided and declared by the public health professionals. In all likelihood they will choose to be cautious and keep the restrictions in place until they are satisfied that it is safe for people to gather in public places. Undoubtedly the concerns about new variants will play into their decision.
We're hoping to get at least one or two meetings in during 2021, but we'll be patient until the pandemic is truly over. Until then stay safe and enjoy our Manitoba summer. And of course don't forget to get vaccinated if you haven't yet done so.

The Board

New Therapy for Aggressive Prostate Cancer Improves Survival

The experimental treatment relies on radioactive molecules that seek out tumor cells, a strategy that may be useful against other cancers.

An experimental therapy has prolonged life in men with aggressive prostate cancer that has resisted other treatments, offering new hope to patients with advanced illness and opening the door to a promising new form of cancer therapy.

Among men who received the new therapy, there was a nearly 40 percent reduction in deaths over the course of the clinical trial, compared with similar patients who received only standard treatment, researchers reported on Wednesday.

Prostate cancer is the second-leading cause of cancer death among American men, after lung cancer; an estimated 34,130 men will die of prostate cancer this year. One in eight men will be diagnosed with the disease at some point in their lives. The risk increases with age, and the cancer is more common in Black men.

The new treatment relies on a radioactive molecule to target a protein found on the surface of prostate cancer cells. The study, which followed 831 patients with advanced disease in 10 countries for a median period of 20 months, was published in The New England Journal of Medicine.

"This is something new — you're driving radiation right to the cancer itself," said Karen Knudsen, president and chief executive of the American Cancer Society. "It's a much more sophisticated strategy for targeting the tumor."

(Continued on page 2)

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.

(Continued from page 1)

"You're not just destroying the cancer cells — you're smart-bombing the place that the tumor has found for itself to live."

There is no definitive cure for metastatic prostate cancer, and there is an urgent need for new therapies, Dr. Knudsen said. Most life-extending treatments rely on suppressing or blocking androgens, the male hormones that fuel prostate cancer.

"This opens the door to precision radiotherapy targeted at other molecules that are on the surface of other cancer cells," said Dr. Philip Kantoff, chairman of medicine at Memorial Sloan Kettering Cancer Center in New York.

The investigational treatment, called lutetium-177-PSMA-617, combines a compound that targets a protein on the surface of prostate cancer cells, called prostate-specific membrane antigen, or P.S.M.A., with a radioactive particle that attacks the cells.

The P.S.M.A. protein, which can be detected by imaging scans, is almost exclusively on prostate cancer cells, and so the treatment causes less damage to surrounding tissue, said Dr. Oliver Sartor, the trial's co-principal investigator and medical director of Tulane Cancer Center in New Orleans.

Though the protein is not ubiquitous in prostate tumors, it is found in more than 80 percent of cases. Among patients screened for the trial, 87 percent were P.S.M.A.-positive. Only those men who were positive for the marker were included in the trial.

The study enrolled men with a form of metastatic prostate cancer called castration-resistant prostate cancer. All the patients had disease that progressed despite treatments with chemotherapy and hormonal therapy to suppress and block androgens.

Participants were randomly assigned to receive the experimental treatment, given every six weeks in up to six doses along with standard treatment, or to continue standard care alone, but without chemotherapy or other isotopes.

After a median follow-up period of 20.9 months, patients given the experimental treatment survived for a median of 15.3 months, compared with 11.3 months for those who received only standard care, a reduction of 38 percent.

Their tumors were more likely to shrink, their prostate-specific antigen levels were more likely to fall, and the risk of their cancer progressing was reduced by 60 percent.

Side effects — most commonly fatigue, dry mouth and nausea — were more prevalent among those receiving the compound than among those who did not, but did not appear to significantly affect quality of life, the researchers said.

The study had some limitations. It was a randomized trial, but because of the difficulties of running a double-blinded trial with a radioactive treatment, the trial was open-label: Both patients and physicians knew whether or not they were getting the treatment. That caused some problems early on, as patients who were disappointed by their assignment withdrew from the trial.

The investigational drug worked where other approaches had failed, Dr. Sartor emphasized. "These patients had received essentially all the available therapies," he said. "This is the first drug targeted to the tumor that actually results in overall survival benefit among incredibly, heavily pretreated patients."

Dr. Sartor was a co-principal investigator of the trial, along with Dr. Bernd Krause, of Rostock University Medical Center in Germany. The trial was sponsored by Endocyte Inc. and Advanced Accelerator Applications, which are Novartis companies; Dr. Sartor is a paid consultant to the company. The data were analyzed by the sponsor and provided confidentially to the authors.

Officials with Novartis said the company will apply to the Food and Drug Administration for approval of the new treatment later this year.

By Roni Caryn Rabin June 24, 2021

A version of this article appears in print on June 25, 2021, Section A, Page 10 of the New York edition with the headline:
New Therapy for Prostate Cancer Improves Survival.

Source: www.nytimes.com/2021/06/24/health/prostate-cancer-radiotherapy.html

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Immunotherapy May Be Effective for Subset of Prostate Cancer

Boston - In recent years, cancer immunotherapy has been effective in treating patients with immunogenic, or so-called "hot" tumors with increased levels of inflammation and the presence of immune cells in and around the tumors. Prostate cancer, however, is considered a "cold" tumor, with few immune cells recognizing and infiltrating prostate malignancies. Accordingly, prostate cancer has been found to respond poorly to the class of immunotherapies known as immune checkpoint inhibitors.

In previous work, a team led by medical oncologists at Beth Israel Deaconess Medical Center (BIDMC) identified a subset of prostate cancers that exhibited characteristics more typical of hot cancers. Now, in a paper appearing in the journal Clinical Cancer Research, researchers report that about a quarter of localized prostate cancers may demonstrate these immunologic traits, suggesting that a substantial number of patients with prostate cancer may, in fact, benefit from immunotherapies.

"We were surprised to find all the features of more traditionally immunogenic cancers in these prostate cancers, and that this is not a rare subtype, observed in about a quarter of high risk tumors," said co-corresponding author David J. Einstein, MD, a medical oncologist at BIDMC and an assistant professor of medicine at Harvard Medical School (HMS). "We're interested in whether there is a subset of patients with localized prostate cancer, especially more aggressive ones, whose cancers might be more recognized by the immune system and therefore more treatable with immunotherapies. These would also be some of the patients at greatest risk for relapse and metastatic spread."

Einstein and colleagues, including co-corresponding author Steven Balk, MD, PhD, a physician at BIDMC, focused on two characteristics that make traditionally immunogenic cancers susceptible to immunotherapy: PD-L1 expression and T cell infiltration. PD-L1 is a protein involved in tumor evasion of the immune system. T cells are the sentinels of the immune system, patrolling the body for potential pathogens or disease.

The researchers identified prostate cancers that had been removed from patients, looking for those that had areas of high PD-L1 expression and then looked for the presence of infiltrating T cells. Next, the team compared the T cell landscape in the more immunogenic prostate cancers to that of more typical prostate cancers, as well as to kidney cancer, one of the most immunogenic tumor types. Finally, the team used DNA sequencing to compare the genetic profiles from these immunologically hot areas to that of the so-called cold areas in the same tumors, as well as to the genomic landscape of immunogenic cancers in general.

The scientists were surprised to learn how many more T cells infiltrated the immunogenic prostate cancers compared with more typical prostate cancers, and to observe all the features of more traditionally immunogenic cancers like kidney cancer in these more immunogenic prostate cancers. They also noted significantly more loss of some key tumor suppressor genes in these immunogenic prostate cancers compared with typical prostate cancer, a difference that could potentially serve as markers to find cancers more treatable with immunotherapies.

"We're hoping to be able to identify patients with immunogenic tumors in advance of treatment, so that we can develop clinical trials for this subset of patients and offer a more personalized strategy than treating all-comers the same way," said Balk, who also a professor of medicine at HMS.

The team is currently conducting a clinical trial to test the effect of a PD-1 inhibitor in prostate cancer patients that will allow them to gather evidence as to whether any of these findings in immunogenic prostate cancer translate into clinical responses in response to PD-1 inhibition.

BETH ISRAEL DEACONESS MEDICAL CENTER
24-JUN-2021 Research News

Co-authors included first author Carla Calagua and Olga Voznesensky of BIDMC; Miriam Ficial and Sabina Signoretti of Brigham and Women's Hospital; Caroline S. Jansen, Luke Del Balzo and Haydn Kissick of Emory University; Scott Wilkinson, Ross Lake, Anson T. Ku and Adam G. Sowalsky of the National Cancer Institute; Taghreed Hirz, David B Sykes and Philip J. Saylor of Massachusetts General Hospital; Huihui Ye of the University of California, Los Angeles.

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About Beth Israel Deaconess Medical Center

Beth Israel Deaconess Medical Center is a patient care, teaching, and research affiliate of Harvard Medical School and consistently ranks as a national leader among independent hospitals in National Institutes of Health funding. BIDMC is the official hospital of the Boston Red Sox. For more information, visit http://www.bidmc.org.

Beth Israel Deaconess Medical Center is a part of Beth Israel Lahey Health, a health care system that brings together academic medical centers and teaching hospitals, community and specialty hospitals, more than 4,000 physicians and 35,000 employees in a shared mission to expand access to great care and advance the science and practice of medicine through groundbreaking research and education.

Source: www.eurekalert.org/pub_releases/2021-06/bidm-imb062421.php

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More Treatment Options Emerging for Some Men with Metastatic Prostate Cancer

Enzalutamide and apalutamide block the androgen receptor (AR) on cancer cells, blunting androgen's (A) ability to fuel prostate cancer growth.

On September 17, 2019, the Food and Drug Administration approved apalutamide (Erleada) for men with metastatic, castration-sensitive prostate cancer. The approval was based on the results from the TITAN trial, which showed that apalutamide combined with androgen deprivation therapy (ADT) improved overall survival and radiographic progression-free survival compared with ADT alone. Further details on the trial results are discussed in the article below.

The treatment landscape for metastatic prostate cancer is shifting and expanding yet again, according to new findings from two large clinical trials presented at the 2019 annual meeting of the American Society of Clinical Oncology (ASCO).

The ENZAMET trial tested the drug enzalutamide (Xtandi) and the TITAN trial tested apalutamide (Erleada) in men whose cancer is still responsive to hormone-suppressing therapies—also called castration-sensitive prostate cancer. In both trials, combining the respective drugs with the androgen deprivation therapy (ADT) substantially improved how long men lived overall and how long they lived without their cancer getting worse.

Results from both trials were also simultaneously published in the New England Journal of Medicine.

Enzalutamide and apalutamide are already approved by the Food and Drug Administration to treat prostate cancer that no longer responds to therapies that reduce levels of the hormone androgen, known as hormone-resistant (or castration-resistant) disease. Those approvals are expected to expand based on these new data.

From a treatment perspective, the trials' findings now mean that "there are more treatment options for patients," said William Dahut, M.D., the clinical director in NCI's Center for Cancer Research, who specializes in treating prostate cancer but was not involved in either study.

Speaking at the ASCO meeting, Tanya Dorff, M.D., head of the genitourinary cancers program at the City of Hope Comprehensive Cancer Center in California, agreed. The trials also confirm the value of intensifying treatment in men with hormone-sensitive metastatic prostate cancer, Dr. Dorff said, "rather than being reserved for castration-resistant patients."

In Five Years, a Major Treatment Shift

In men diagnosed with metastatic hormone-sensitive prostate cancer, the cancer is typically driven to grow and spread by androgens that are produced largely in the testes. For many years, treatments that block androgen production have been a mainstay for men initially diagnosed with metastatic prostate cancer.

Starting in 2014, that began to change after a large clinical trial showed that adding the chemotherapy drug docetaxel to ADT improved how long men with hormone-responsive disease lived. Shortly after, another clinical trial showed that adding abiraterone (Zytiga) to ADT also improved survival in these men, although primarily in men with many metastatic tumors, known as high-volume disease.

However, docetaxel, which works by directly killing cancer cells, can have substantial side effects, and some patients aren't healthy enough to tolerate it. And abiraterone—which blocks androgen production throughout the body—can also cause side effects, including those that affect the liver. It also has to be given in combination with the steroid prednisone, which carries its own toxicity.

Enzalutamide and apalutamide block the androgen receptor on cancer cells, blunting androgens' ability to fuel prostate cancer growth. The drugs' efficacy in hormone-resistant metastatic prostate cancer led researchers to test them in men with less advanced disease. The goal was to see if they could "provide more complete reduction of androgen signaling" in hormone-responsive prostate cancer cells, explained Kim Chi, M.D., of the BC Cancer Agency in Vancouver, a lead investigator on the TITAN trial.

Doing so, Dr. Chi said during a presentation of the TITAN data at the ASCO meeting, might help stave off the typically inevitable development of hormone-resistant cancer, which is more difficult to treat and a key driver of prostate cancer deaths.

Improving How Long Patients Live

The ENZAMET trial—funded in part by the drug's manufacturer, Astellas Pharma, as well as government health agencies in Canada and Australia—enrolled more than 1,100 men (largely outside of the United States) with hormone-sensitive metastatic prostate cancer. The men were randomly assigned to ADT combined with enzalutamide or with any of three other androgen-blocking drugs.

At a median follow-up of nearly 3 years, men who received ADT plus enzalutamide had a 33% reduced risk of death, with 80% still alive

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(Continued from page 4)

compared with 72% of men treated with ADT plus another antiandrogen drug, reported the trial's lead investigator, Christopher Sweeney, M. B.B.S., of the Dana-Farber Cancer Institute.

Men in the enzalutamide group also had better clinical progression-free survival (PFS), which the research team defined as the time until the return of disease-related symptoms, the detection of new metastases on imaging scans, or the initiation of another cancer treatment for prostate cancer, whichever came first. At 3 years, 63% of men in the enzalutamide group were alive without clinical progression of their disease, compared with 33% in the standard treatment group.

Although enzalutamide appeared to be effective regardless of whether men had high- or low-volume disease, one apparent differentiating factor was planned early treatment with docetaxel. Nearly half of the men in both treatment groups received early treatment with docetaxel and, for those men, enzalutamide was not associated with longer overall survival.

Side effects and serious side effects were more common in men treated with enzalutamide, including increased blood pressure and fatigue. In men who also received docetaxel, the rate of peripheral neuropathy was more than tripled in the enzalutamide group. Seven men treated with enzalutamide experienced seizures, compared with no men in the standard treatment group, and overall more than twice as many men receiving enzalutamide stopped treatment (33 versus 14).

From the standpoint of efficacy, similar results were seen in the TITAN trial with apalutamide. Funded by the drug's manufacturer, Janssen Pharmaceuticals, the trial enrolled more than 1,000 men with hormone-sensitive metastatic prostate cancer, with participants randomly assigned to receive ADT along with a placebo or ADT plus apalutamide.

At 2 years of follow-up, approximately 82% of men who received ADT plus apalutamide were still alive, compared with 74% in men treated with ADT plus placebo, for a 33% reduction in the risk of death. The trial's other primary measure was the amount time men lived without evidence on imaging scans that their disease had progressed, known as radiographic PFS. At a median follow-up of nearly 2 years, men treated with ADT plus apalutamide had a 50% improvement in radiographic PFS than men treated with ADT alone.

Rash was one of the most common side effects among men treated with apalutamide, with more than a quarter experiencing this problem. For most men, the rash did not cause symptoms, but it was still the primary reason for men stopping apalutamide treatment, Dr. Chi said.

The drug also appeared to be effective across different subgroups of patients, including men with low-volume and high-volume cancer. At the time of the last analysis of the data, Dr. Chi noted, approximately two-thirds of men in the apalutamide arm were still taking the drug.

How to Choose?

More treatment options also require clinicians and patients to make more decisions. In the case of enzalutamide and apalutamide, Dr. Dahut said, both drugs "may be particularly good choices for men with low-volume disease, who might shy away from docetaxel" due to concerns about side effects.

Unlike docetaxel, which must be administered intravenously in the hospital, enzalutamide, apalutamide, and abiraterone are oral drugs that can be taken at home, so they also offer greater convenience for patients. On the other hand, many patients tolerate docetaxel quite well, Dr. Dahut noted, and it's given for a fixed duration, not continuously like the other drugs.

Cost might also be a consideration when it comes to the three hormone therapy drugs, explained Michael Carducci, M.D., who specializes in treating prostate cancer at Johns Hopkins University Sidney Kimmel Cancer Center.

"Our underinsured patients have struggled to cover the cost of these medications," he said.

Speaking during an ASCO session on the TITAN findings, Dr. Carducci added that other factors, such as age, can influence treatment decisions. When older patients "hear about some of the side effects [of these drugs], they don't want to feel old or frail," he said. So while they are willing to undergo ADT, "the idea of adding more therapy … remains a problem."

Researchers are continuing to identify potential biomarkers or specific clinical factors that can identify which patients might be the best candidates for a given treatment, Dr. Dorff noted. In the meantime, she said, clinicians "will need shared, informed decision making with our patients."

And although there is the possibility of combining these different treatments, she stressed, "combinations have not yet proven to be beneficial and should not be offered outside of a clinical trial."

June 19, 2019, by NCI Staff

Source: www.cancer.gov/news-events/cancer-currents-blog/2019/enzalutamide-apalutamide-metastatic-prostate-cancer

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Multimodality Care Improves Treatment Outcomes for Aggressive Prostate Cancer

Men with high-risk prostate cancer with at least one additional aggressive feature have the best outcomes when treated with multiple healthcare disciplines, known as multimodality care, according to a UCLA study led by Dr. Amar Kishan, assistant professor of radiation oncology at the David Geffen School of Medicine at UCLA and a researcher at the UCLA Jonsson Comprehensive Cancer Center.

The study found no difference in prostate cancer-specific deaths across treatment modalities when patients received guideline-concordant multimodality therapy, which in this case was inclusion of hormone therapy for men receiving radiation and a low-bar for postoperative radiation in men undergoing surgery. The research team did however, find significant differences in deaths when guideline-concordant multimodality care was not delivered. Those treated with external beam radiotherapy or external beam radiotherapy with a brachytherapy boost were consistently associated with lower rates of distant metastasis (8% with EBRT+BT, 16% with EBRT, and 24% with RP, at 10 years).

The optimal treatment for patients with high-risk prostate cancer and additional aggressive features is currently unknown. It is important to understand whether multimodality care can help improve outcomes for this patient population without increasing side effects and lowering the quality of life. The researchers sought to find whether there was a difference in prostate cancer-specific mortality and distant metastasis associated with radiotherapy or radical prostatectomy.

UCLA investigators collaborated with 15 other institutions around the world to investigate treatment outcomes in 6,004 men with high-risk prostate cancer and at least one adverse clinicopathologic feature, which can include a Gleason grade group 4-5 diagnosis, disease extending into the seminal vesicles or tumor extending outside of the prostate capsule. Of the group, 3,175 underwent radiotherapy or upfront radical prostatectomy, 1,830 underwent external beam radiotherapy and 999 underwent external beam radiotherapy with a brachytherapy boost.

The study shows multimodality therapy is critical for treating more aggressive prostate cancers. While multimodality therapy resulted in equal drops in cancer-specific death, there were still lower rates of metastases in men receiving primary radiation, particularly with extremely high dose radiation, in conjunction with hormone therapy. This suggests men with very aggressive prostate cancers might have undetected disease outside the prostate. A type of systemic therapy that has an impact all throughout the bloodstream, such as hormonal therapy, might be helpful even in men receiving surgery.

The study was published in JAMA Network Open. JULY 1, 2021

by University of California, Los Angeles

Source: https://medicalxpress.com/news/2021-07-multimodality-treatment-outcomes-aggressive-prostate.html

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What Does Your Prostate Do?

Men hear a lot about the prostate gland and possible associated problems with it, but many may not understand exactly what it is and what it does.

What Is The Prostate?
The prostate is located in front of the rectum and below the bladder. It matures in size, which is about the size of a walnut, during puberty and begins to enlarge as men move into middle age.

While the prostate is one gland, it is made up of three parts.

- Transition Zone
- Central Zone
- Peripheral Zone

The transition zone is about five percent of the gland but is where enlarged prostates begin. The central zone occupies around 25 percent of the gland and surrounds the transition zone. About 70 percent of the prostate is the peripheral zone that encompasses both the transition and central zones. This is where prostate cancer starts.

What Does The Prostate Gland Do?
The prostate gland does many things but has two primary functions.

Produces fluid for sperm.
This gland produces prostatic fluid that mixes with the sperm and fluid from the seminal vesicle.

It keeps fluids where they should be.
Think of men's lower section as a series of waterways. The prostate opens and closes the urethra where semen can't get into the bladder and urine can't get into reproductive organs.

Problems With The Prostate
Statistics show that around 50 percent of men past age 50 have prostate swelling. Prostate enlargement allows the prostate to grow to the size of a lemon. Men can also have an inflamed prostate, called prostatitis. A bacterial infection causes prostatitis and it can be treated with antibiotics.

The third and most serious problem with the prostate is cancer. The risk of developing this type of cancer rises as you age. The prostate can be removed but that leads to impotence.

Source: www.healthymale.com/squad/wellness/what-does-your-prostate-do/

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Canadian Men Among the First in the World to Trial New At-Home Prostate Cancer Test

MOVEMBER-FUNDED TEST PREDICTS WHETHER PATIENTS WILL REQUIRE TREATMENT UP TO FIVE YEARS EARLIER THAN STANDARD CLINICAL METHODS

Movember, Canada's leading men's health organization, announced today that a group of 75 Canadian men have been selected to trial a home test kit for prostate cancer. The Prostate Urine Risk (PUR) test, which has been developed by a research team from the University of East Anglia in the United Kingdom, is intended to diagnose aggressive prostate cancer and in a pilot study predicted which patients required treatment up to five years earlier than standard clinical methods. Prostate Cancer is the most common cancer in Canadian men – 63 men are diagnosed, and 11 men die from the disease every day. The current trial thousands of men from around the world and, pending results, may mean the PUR test could be available to men within as little as three years.

The PUR test aims to identify biomarkers for prostate cancer present in men's urine, specifically the level of Gleason 4 within the prostate. The test hopes to minimize the overtreatment of prostate cancer, and instead help distinguish aggressive cancers requiring treatment from non-aggressive cancers that may not require treatment, right at the time of diagnosis. Although prostate cancer can be diagnosed via a blood test and biopsy, it can be difficult for clinicians to distinguish between indolent cases and those which may become life threatening. By identifying these nonaggressive cancers earlier, men can potentially avoid unnecessary treatment, specifically the commonly associated treatment side effects like impotence.

The PUR test has been previously tested on a small group of participants. However, in the next phase of the research study, it will be rolled out to men in the UK, Italy, Germany, and include 75 men participating through the University of Calgary who are undergoing active surveillance for prostate cancer. The test would revolutionize the diagnosis of prostate cancer, allowing men to provide a urine sample in the comfort of their own home, instead of going into a clinic or having to undergo an uncomfortable biopsy.

"Prostate cancer usually develops slowly and the majority of cancers will not require treatment in a man's lifetime. However doctors struggle to predict which tumors will become aggressive, making it hard to decide on treatment for many men," said lead researcher Dr. Jeremy Clark, from UEA's Norwich Medical School. "The PUR test can accurately predict when a man's disease will become aggressive and require treatment, with the added advantage of allowing men to complete it at home. Reducing doctor visits and stress levels will hopefully result in more patients getting tested and more lives being saved."

"The PUR test has great potential to transform the way prostate cancer is managed," said Todd Minerson, Country Director, Movember Canada. "Not only can it accurately predict when a man's disease will become aggressive and require treatment, but it has the added advantage of allowing men to complete it at home. It's a game-changer made possible in part from the thousands of Canadians that participate in Movember year over year."

The PUR test was funded through Movember's Global Action Plan (GAP), bringing together international researchers to collaborate on global initiatives aimed at addressing key issues affecting men with prostate or testicular cancer.

For more information, please visit Movember.com.

About Movember:

Movember is the leading charity changing the face of men's health on a global scale, focusing on mental health and suicide prevention, prostate cancer, and testicular cancer. The charity raises funds to deliver innovative, breakthrough research and support programmes that enable men to live happier, healthier and longer lives. Committed to disrupting the status quo, millions have joined the movement, helping fund over 1,250 projects around the world. In addition to tackling key health issues faced by men, Movember is working to encourage men to stay healthy in all areas of their life, with a focus on men staying socially connected and becoming more open to discussing their health and significant moments in their lives. The charity's vision is to have an everlasting impact on the face of men's health. To donate or learn more, please visit Movember.com.

Movember Canada
Jun 15, 2021 TORONTO

Source: https://www.newswire.ca/news-releases/canadian-men-among-the-first-in-the-world-to-trial-new-at-home-prostate-cancer-test-884194371.html

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FUTURE MEETINGS 2021

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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