Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Thought of The Day

The opportunity to develop resilience comes through difficult circumstances that both highlight and challenge existing mindsets.

Devra Davis,
Through Grief and Beyond

Public meetings cancelled until further notice

Covid-19 Update February 2022

Another month has gone by, and omicron continues to be in the news every day. Most important from our perspective is that the incidence of infection in Manitoba is still very high. Thankfully the illness associated with this variant is generally mild, still the all-clear from the health authorities remains some distance in the future. Thus we continue to wait and hope that "it will end soon". When that happy day arrives we'll all give thanks and move towards resuming our normal range of activities. Watch for it here.

In the meantime stay strong….and cheerful.

The Board

New Study Investigates Treatment-Associated Regrets In Prostate Cancer

Men who are newly diagnosed with prostate cancer have difficult choices to make about medical therapy, and the last thing any of them want is to regret their treatment decisions later. But unfortunately, treatment-related regrets are quite common, according to a new study.

After looking into the experiences of 2,072 men diagnosed with prostate cancer between 2011 and 2012, the investigators found that more than one in 10 were unhappy with their chosen treatment.

The men were all younger than 80, with an average age of 64. Nearly half of them had slow-growing cancers with a low risk of recurrence or spread after treatment. The rest were in intermediate- or higher-risk categories.

All the men were treated in one of three different ways: surgery to remove the prostate (a procedure called radical prostatectomy); radiation therapy; or active surveillance, which entails monitoring prostate tumors with routine PSA checks and imaging, and treating only when, or if, the cancer progresses. More than half the men chose surgery regardless of their cancer risk at the time of diagnosis. Most of the others chose

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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.

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radiation, and about 13% of the men -- the majority of them in low- or intermediate-risk categories -- chose active surveillance. Then, at periodic intervals afterwards, the men filled out questionnaires asking if they felt they might have been better off with a different approach, or if the treatment they had chosen was the wrong one.

What the results showed

Results showed that after five years, 279 of the men (13% of the entire group) had regrets about what they had chosen. The surgically-treated men were most likely to voice unhappiness with their decision; 183 of them (13%) felt they would have been better off with a different approach. By contrast, regrets were expressed by 76 (11%) of the radiation-treated men and 20 (7%) of men who chose active surveillance. Men in the low-to intermediate-risk categories were more likely to regret having chosen immediate treatment with surgery or radiation instead of active surveillance. The men with high-risk cancer, however, did not regret being treated immediately.

The study was led by Dr. Christopher Wallis, a urologic oncologist at Mount Sinai Hospital in Toronto, Canada. Wallis and his team didn't explore which specific disease outcomes or complications led to the regrets associated with particular treatments. However, the study did find that sexual dysfunction was significantly associated with treatment regrets in general. "And patients on active surveillance may develop regret if their disease progresses and they then come to believe that they may have been better suited by getting treatment earlier," Wallis wrote in an email.

The study's key finding, according to the investigators, is that regrets arise from discrepancies between what men expect from a particular approach and their actual experiences over time. "That's the important take-away," Wallis said.

In an accompanying editorial, Randy Jones, PhD., RN, a professor at the University of Virginia School of Nursing, emphasized that improved treatment counseling at the time of diagnosis can help to minimize the likelihood of regret later. This communication, he wrote, should consider the patient's personal values, stress shared decision-making between patients and doctors, and aim for an "understanding of realistic expectations and adverse effects that are possible during treatment."

"This study underscores the importance of not rushing into a decision, and fully understanding the time course of side effects and what can be expected from them," said Dr. Marc Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, editor of the Harvard Health Publishing Annual Report on Prostate Diseases, and editor in chief of HarvardProstateKnowledge.org. "Only when these consequences of treatment(s) or surveillance are fully understood is the patient able to make a truly informed decision." All too often, newly diagnosed patients respond by "wanting to take care of this as soon as emergently possible." But with prostate cancer, patients have the time to fully understand what is at stake. "I urge my patients to speak with members of prostate support groups and other prostate cancer patients about the issues they are likely to face, not necessarily in the immediate future, but years later. The fact that this study evaluated individuals 10+ years following their decision is an important feature in helping us better understand the time course during which regrets may be experienced."

Charlie Schmidt - Jan 7

Harvard Health Publishing

Source: https://www.msn.com/en-us/health/medical/new-study-investigates-treatment-associated-regrets-in-prostate-cancer/ar-AASx9Yw

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Hormone Therapy Treatments May Increase Survival Rate in Prostate Cancer Patients

First-of-its-kind meta-analysis published in The Lancet Oncology. Prostate cancer is the leading cause of cancer in men worldwide, and radiotherapy is one of the common forms of treatment. In a first-of-its kind meta-analysis, published today in The Lancet Oncology, researchers from University Hospitals (UH) and Case Western Reserve University show that there is consistent improvement in overall survival in men with intermediate- and high-risk prostate cancer with the addition of hormone therapy to radiotherapy treatments.

Throughout the past 40 years, randomized trials have been conducted on the impact of adding hormone therapy to prostate cancer treatments. While these trials individually show the benefit of hormone therapy, there are inconsistencies in timing and duration of treatment recommendations.

“Our research team set out to conduct a first-of-its-kind, comprehensive analysis by collecting individual patient data from each and every randomized trial conducted around the world, and performed a meta-analysis of the impact of various treatment intensification strategies using hormone therapy with radiation therapy for localized prostate cancer,” said senior author Daniel E. Spratt, MD, Vincent

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K. Smith Chair in Radiation Oncology at UH Seidman Cancer Center, Professor in the Department of Radiation Oncology at Case Western Reserve School of Medicine, and Member of the Developmental Therapeutics Program at Case Comprehensive Cancer Center. "Our goal is to better personalize therapy for prostate cancer patients, by providing the most precise and accurate estimates of the benefit of hormone therapy."

In this analysis, the team made three key discoveries:

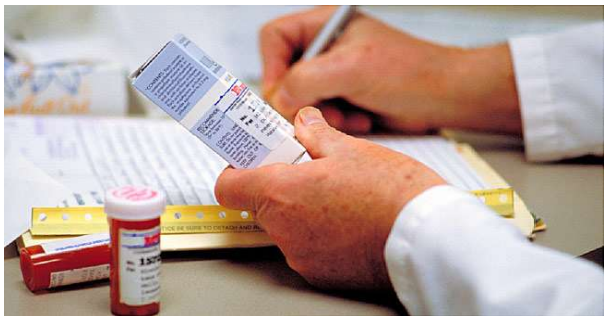
1) Men with intermediate- and high-risk prostate cancer have an increased survival rate from the addition of hormone therapy to radiotherapy. This was seen in both younger and older men, and in men treated with lower and higher doses of radiotherapy.

2) Survival rate in men with prostate cancer improves with the prolongation of adjuvant hormone therapy to radiotherapy. This benefit was seen in both younger and older men, in men treated with lower and higher doses of radiotherapy, and in men with both intermediate- and high-risk prostate cancer. Prior to this analysis, no trial was large enough to show a clear benefit in intermediate risk disease from extending the duration of adjuvant hormone therapy.

3) The prolongation of neoadjuvant hormone therapy before radiotherapy did not benefit men in any outcome measured. This is an important finding, because some countries routinely give extended durations of hormone therapy before radiotherapy. The team showed that this method isn't advantageous over shorter durations.

"We now have estimates that show the benefit of adding and prolonging adjuvant hormone therapy for clinically relevant subsets of patients," explained Dr. Spratt. "Our team showed that treating a group of approximately ten to 15 men with hormone therapy or extended adjuvant hormone therapy, for at least 18 months, prevented one man from developing metastatic disease ten years after treatment. This is dependent on patient and tumor specific factors, but gives us a more precise estimate to work with when it comes to recommending treatment options."

The Meta-Analysis of Randomized Trials in Cancer of the Prostate



(MARCAP) Consortium, is the first, comprehensive, international collaboration of randomized phase III clinical trial individual patient data. The ability to analyze data from every clinical trial group in the world, investigating the impact of hormone therapy with radiotherapy, demonstrates immense progress in the prostate oncology field.
"This work from the MARCAP consortium will bring confidence in recommending various treatment intensification strategies, and allow providers to have more accurate, shared-decision making conversations with patients about the benefits of using hormone therapy with radiotherapy for prostate cancer treatment," emphasized Dr. Spratt.

In this MARCAP analysis, 12 randomized trials were included. The research team now has more than 20 trials, and that number is continuing to grow, from groups from around the world that have agreed to share data. In the next steps for this research, this repository will be used to investigate additional clinically relevant questions regarding optimal dosing of radiotherapy, fractionation, use of pelvic nodal radiotherapy, and extending studies into the recurrent and advanced disease states.

Reference: "Androgen deprivation therapy use and duration with definitive radiotherapy for localized prostate cancer: an individual patient data meta-analysis" by Amar U Kishan, MD; Yilun Sun, PhD; Holly Hartman, PhD; Prof Thomas M Pisansky, MD; Prof Michel Bolla, MD; Anouk Neven, MSc; Allison Steigler, BMath; Prof James W Denham, FRANZCR; Prof Felix Y Feng, MD; Almudena Zapatero, MD PhD; Prof John G Armstrong, MD; Abdenour Nabid, MD; Nathalie Carrier, MSc; Prof Luis Souhami, MD; Mary T Dunne, MSc; Prof Jason A Efstathiou, MD; Prof Howard M Sandler, MD; Araceli Guerrero, MD; Prof David Joseph, MD; Prof Philippe Maingon, MD; Theo M de Reijke, PhD; Xavier Maldonado, MD; Ting Martin Ma, PhD; Tahmineh Romero, MS; Xiaoyan Wang, PhD; Matthew B Rettig, MD; Prof Robert E Reiter, MD; Nicholas G Zaorsky, MD; Prof Michael L Steinberg, MD; Nicholas G Nickols, PhD; Angela Y Jia, MD and Prof Jorge A Garcia, MD, 17 January 2022, The Lancet Oncology.
DOI: 10.1016/S1470-2045(21)00705-1

The Prostate Cancer Program at UH Seidman Cancer Center is one of the leading clinical and research programs nationally, and serves as one of the two international data repositories for the MARCAP consortium.

A special thanks to Dr. Jorge Garcia, Chief of Medical Oncology, UH Seidman Cancer Center; Dr. Nicholas Zaorsky, Vice Chair of Medical Education, UH Seidman Cancer Center Department of Radiation Oncology; Dr. Jonathan Shoag, UH Seidman Cancer Center, Department of Urology; Dr. Holly Hartman, Assistant Professor at Case Western Reserve University; and Dr. Yilun Sun, Director of Biostatistics at UH Seidman Cancer Center Department of Radiation Oncology, and Assistant Professor at Case Western Reserve University.

By UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER JANUARY 18, 2022

Source: https://scitechdaily.com/hormone-therapy-treatments-may-increase-survival-rate-in-prostate-cancer-patients

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Inflammation and Prostate Cancer: Why your diet is so important

Cancer and inflammation are long-term allies. Inflammation is a normal process used by the body to fight off microbes. But it quickly turns against us in many ways. Prostate cancer uses inflammation to its benefits, increasing the risk of malignancy.

In this article, we're covering the topic of inflammation in prostate cancer. After this consideration, we're recommending a type of diet to reduce the risk of prostate cancer.

It is known as the anti-inflammatory diet. Have you heard of it?

Let us dive into the topic and discuss the benefits of an anti inflammatory diet for prostate cancer.

Chronic inflammation

There are different types of inflammation. For educational purposes, we can narrow it down to two types: acute and chronic. Acute inflammation appears suddenly and is usually required to heal wounds. Chronic inflammation is sustained for months or years, and our metabolism generally triggers it.

In acute inflammation, you usually feel pain. The tissue becomes reddened and hot. You have probably experienced this type of inflammation after enduring a lesion. It is also the type of inflammation that results from fractures, trauma, and other life events we all have.

Despite hurting so much sometimes, acute inflammation usually works for us. It increases the blood flow to the trouble area in an attempt to heal faster. It also increases the migration capacity of white blood cells to trigger an immune response against microbes. However, sometimes acute inflammation hurts too much, and we need non-steroidal anti-inflammatories to counter this side effect.

If we understand acute inflammation, it will be easier to understand chronic inflammation. In this case, it will be low-grade inflammation. It is a type of inflammation that is not severe and won't cause any immediate pain. If you had low-grade inflammation for a while, nothing would happen. But this one is sustained for weeks, months, or years. Thus, the effects of this type of inflammation are not usually associated with pain. Instead, it wears down internal organs and increases the risk of disease.

For example, chronic inflammation facilitates the migration of white blood cells all over the body. When sustained for a long time, it triggers inflammation by including macrophages into the blood vessels' fat plaques. These macrophages eat oxidized LDL particles and turn them into foam cells. Without them, the progression of atherosclerosis would not be possible. Thus, instead of being a good thing, chronic inflammation contributes badly to our health.

But how does chronic inflammation end up in cancer? Cancer cells grow disproportionately to the surrounding tissues. To keep growing, these aberrant cells need more nutrients and more blood flow. They also need new blood vessels to feed the growing tumor. Otherwise, it would not continue growing, and distant cells would die away from starvation.

Chronic inflammation contributes in many ways. In the short term, it increases the blood flow and feeds cancer cells with more nutrients. In the long term, inflammatory substances trigger blood vessel formation. Thus, it allows tumors to keep growing and facilitates the process of metastasis-no wonder why many books and authors say that cancer feeds off inflammation (1).

Inflammation and prostate cancer
The prostate can undergo acute and chronic inflammation as two distinct processes noted above. Different lines of evidence show that the prostate undergoes inflammation in different ways. The worst type of inflammation in the prostate is prostatitis, which can also be acute or chronic.

We have four main types of prostatitis:

Acute bacterial prostatitis: Symptomatic inflammation triggered by bacterial invasion of the prostate.

Chronic bacterial prostatitis: Prolonged inflammation, sometimes mildly symptomatic, triggered by bacterial invasion of the prostate.

Chronic prostatitis with chronic pelvic pain syndrome: A type of chronic prostatitis whose primary symptom is chronic pelvic pain. This pain is continuous and sometimes severe, affecting the patient's quality of life.

Asymptomatic prostatitis: Patients with ongoing inflammation who do not feel symptoms.

We would initially think that acute bacterial prostatitis is the most common type. But that's not the case. Only 5-10% of cases fall into the acute bacterial category. On the other hand, asymptomatic prostatitis is much more common than we think (2).

Asymptomatic prostatitis and prostate cancer
A clinical trial that evaluated the effects of dutasteride on prostate cancer used prostate biopsies in various patients.

According to their results, a striking 80% of prostate biopsy results had mild, moderate, or severe inflammation. This has been reproduced in other studies featuring patients with low PSA levels and normal results in a digital rectal examination.

The results are also very high, letting us know how common inflammation can be in the prostate. There are unexplained bouts of inflammation in the prostate continuously. We can even find inflammation-associated lesions in apparently healthy individuals (3).

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We don't know precisely why the prostate is inflamed in a healthy individual, but we do have some clues.

The leading causes are related to prostate infections and dietary habits. Let us review each one:

Prostate infections

Bacterial species in the prostate induce inflammation. The most common agents are E. coli and Enterococcus species. It can also become inflamed by sexually transmitted organisms, especially Chlamydia trachomatis.

An asymptomatic inflammation of the prostate can even raise a man's PSA level. According to a study on patients with high PSA levels, patients with leucocytes in their prostatic secretions reduced their PSA levels with antibiotics and anti-inflammatories. This only highlights the contribution of asymptomatic prostatic infections in prostate health (4).

Dietary habits

Certain nutritional components can have an essential role in modulating inflammation. By doing so, they also increase or reduce prostate cancer risk. For example, there is a dietary mutagen known as heterocyclic amine or HCA. We have many HCA generated in meat cooked in high temperatures.

According to studies, these particles can trigger chronic inflammation and facilitate prostate cancer, breast cancer, colorectal cancer, etc. It also increases the risk of aggressive prostate cancer in patients who develop this condition. It causes an increase in mutation frequency and cancerous lesions mostly located on the prostate's ventral lobe.

Along with cancer cells, the investigators also found macrophages and mast cells. They are activated under inflammatory conditions triggered by HCAs. More inflammatory infiltrates were found throughout the prostate, even in areas where no tumor or cancer cells were found (5, 6, 7).

But is the link between prostate cancer and inflammation active in the prostate? Some studies suggest that it certainly is. Patients with a history of prostatitis in a multiracial study had a higher risk of prostate cancer. Even having sexually transmitted diseases can be a risk factor for prostate cancer in some racial groups (8).

But what if your inflammation is subclinical, not symptomatic? Even in that case, inflammation triggered by E. coli can increase the risk of prostate cancer and BPH. What happens is that inflammation triggers metabolic stress in the tissue. In turn, the natural response of the body is to induce proliferation of epithelial tissue. After a while, this turns into dysplasia and DNA damage caused by free radicals (9, 10).

Dietary-induced inflammation has also been proven as a trigger of prostate cancer. Some study lines show that people who consume more polyunsaturated fats increase their risk of cancer. The risk of high-grade prostate cancer is higher as compared to the general population. Linoleic acid, the most common polyunsaturated fat in our diet, is the building block to create proinflammatory substances. It is used to synthesize prostaglandin E2 and leukotriene B4. Thus, the association has been confirmed between diet, inflammation, and prostate cancer (11).

How does inflammation turn into prostate cancer?

One of the most important links between inflammation and prostate cancer is cytokines. They are inflammatory substances that create signals between cells and modulate inflammation. One of them is known as Macrophage Inhibitory Cytokine or MIC-1. This substance is up-regulated in prostate cancer and predicts cancer prognosis.

Another is interleukin 6, commonly known as IL-6. This inflammatory cytokine has many roles in prostate cancer. In prostate cancer patients, it is found all over the tumor. In patients with metastasis, IL-6 is increased in the blood. In patients with poor prognosis, IL-6 levels are still higher. And recent studies suggest that this inflammatory substance helps to activate androgen receptors in the prostate tissue. In other words, IL-6 contributes to the initiation and progression of cancer into the most aggressive types (12).

As a result of prolonged inflammation, there are lesions in the prostate tissue that, in time, turn into cancer. They are known as PIA or proliferative inflammatory atrophy. These areas contain atrophic cells. These cells underwent damage and are trying to regenerate. In trying to regenerate, they sometimes turn into adenocarcinomas of the prostate. This is especially the case when prostate damage has affected the cell's DNA (13).

In a nutshell, the transition between inflammation and prostate cancer goes like this:

1. You have inflammatory risk factors such as infections and dietary factors
2. Inflammation causes damage to the prostate tissue and triggers cytokines
3. The inflammatory tissue undergoes atrophy in lesions known as PIA
4. Cytokines contribute to activating androgen receptors and rapid growth
5. PIA tissue tries to regenerate. If there was genetic damage, cancer starts to grow
6. Inflammatory cytokines continue facilitating tumor growth and metastasis

How could we stop this from happening?

One way could be readily treating any urologic infection. It is very important to give special attention to sexually transmitted diseases. Solve any prostatitis issue as soon as possible and do not neglect urinary symptoms.

However, there's another measure we can take. Dietary factors stand as an important cause of inflammation in the prostate. So, let us review why the anti-

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inflammatory foods is now considered an ally to prevent prostate cancer. How could you adapt this diet to you? What is it about?

Anti-inflammatory diet for prostate cancer

The anti-inflammatory diet is a very flexible eating pattern. The main goal is to eat more antioxidant and anti-inflammatory foods. It is also essential to avoid all types of inflammatory foods, such as polyunsaturated fats. Antioxidants also play a significant role in the anti-inflammatory diet.

What they do in an anti-inflammatory diet is neutralizing free radicals. Otherwise, they would be causing DNA damage. This may turn PIA lesions into prostate cancer, as reviewed above in step 5 of the progression.

With anti-inflammatory substances, the anti-inflammatory diet prevents the creation of aggressive inflammatory cytokines. For example, Omega-3 fatty acids can be taken instead of linoleic acid to create cytokines. But cytokines made with Omega-3 use inflammation more wisely. They are not as aggressive as those created with linoleic acid. Thus, inflammatory damage is less likely to appear. This would neutralize step 2 of the progression.

Yes, with the anti-inflammatory diet, we're halting cancer progression in at least two ways. That's why phytonutrients in fruits and vegetables have been associated with a reduction in prostate cancer. That's why tomato products reduce prostate cancer risk in many studies.

How can you start an anti-inflammatory diet for cancer today? It is merely knowing what to eat and what to avoid. Make changes slowly and get used to the inflammatory diet as a new lifestyle. That's the best way to get the benefits of the inflammatory diet in your particular case.

You will notice that this is not a strict diet plan. If you want one, you could consider the Mediterranean Diet, which has a similar approach.

What to eat

- ◊ Whole grains and legumes such as lentils and beans
- ◊ Fruits and vegetables
- ◊ Fish instead of red meat
- ◊ Nuts and seeds
- ◊ Low-fat dairy
- ◊ Olive oil

What to avoid

- ◊ Ultra-processed foods, including hot dogs, microwaveable food, dehydrated soup, baked goods, processed meat, highly processed cereals, and others.
- ◊ Added sugars and sweeteners
- ◊ Too much salt
- ◊ Products made with refined flour
- ◊ High-fat foods, including butter, cream, and many salad dressings

Conclusion

There is a close association between inflammation and cancer. We can see that in colon cancer, invasive breast cancer, prostate cancer, and other types. The link is also apparent in heart disease, atherosclerosis, and other conditions.

The immune system uses inflammation to work against pathogens. But when it is sustained for a long time, low-grade inflammation can wear us down. Inflammatory markers in the blood can predict the aggressiveness of cancer and the onset of chronic disease. High inflammatory potential can also increase prostate cancer risk.

Anti-inflammatory diets use anti-inflammatory foods (fatty fish, whole foods, fruits, and vegetables) while reducing inflammatory foods' consumption (saturated fat, processed food, sugar).

Omega 3 fatty acids, for example, have an anti-inflammatory effect by creating less harmful cytokines. And the anti-inflammatory properties of this diet is completed with antioxidants. Together they stop the progression of cancer through the inflammatory way. Thus, this diet is an excellent asset for prostate cancer prevention.

The best aspect of the anti-inflammatory diet is that it is not a strict eating regime. Instead, you get a list of foods to eat and another list of foods to avoid. The diet gives importance to choosing healthy fats, whole foods, and natural foods. Combining this type of diet with physical activity and a prostate healthy foods will reduce prostate cancer risk and other conditions.

Still, it would help if you remembered that reducing the risk is not the same as bringing it down to zero. You should still trust your doctor and get yourself tested if you are at risk. So, do not neglect your urinary symptoms and talk to your doctor if you have a doubt about prostate cancer screening.

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Source: www.bensnaturalhealth.com/blog/anti-inflammatory-diet-for-cancer/

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New Meta-Analysis May Help Guide Treatment Planning For Patients With High-Risk Prostate Cancer

Results of a large study led by UCLA Jonsson Comprehensive Cancer Center researchers could help guide treatment planning for patients with high-risk prostate cancer.

An international effort consisting of a consortium of 16 research centers in collaboration with two international cooperative trial groups found that patients receiving high-dose external beam radiation therapy alone may benefit from androgen deprivation therapy (ADT) lasting longer than 18 months, while those with external beam radiation therapy and a brachytherapy boost—the implantation of radioactive seeds to deliver a higher total dose to the prostate—may be optimally managed with 18 months of ADT or possibly less. Results are published in the Jan. 20 issue of JAMA Oncology.

"Adding androgen deprivation therapy to radiation therapy has been consistently shown to improve survival when treating men with high-risk prostate cancer. However, lowering testosterone levels is associated with a number of side effects, including not only a decrement in quality of life, but possibly more serious adverse events when longer durations are used. While it has long been hypothesized that by delivering extremely high doses of radiation, one might be able to shorten the required duration of ADT, this has never been proven," said lead author Amar Kishan, MD, associate professor and vice chair of clinical and translational research in the Department of Radiation Oncology at UCLA and a researcher at the UCLA Jonsson Comprehensive Cancer Center.

The researchers analyzed individual patient data from three cohorts of patients: a retrospective cohort of patients from 16 cancer treatment referral centers between 2000 and 2014 who received either high-dose external beam radiotherapy or external beam radiotherapy with a brachytherapy boost; a cohort of patients enrolled in a randomized phase 3 trial that included patients from 23 treatment centers in Australia and New Zealand; and a cohort of patients enrolled in a randomized phase 3 trial conducted across 10 treatment centers in Spain. This is the only analysis to include both retrospective and prospective data in evaluating optimal ADT duration in high-risk prostate patients receiving these two forms of radiation therapy.

"Because of androgen deprivation therapy's unpleasant side effects, it is often underutilized, with men receiving considerably shorter durations of ADT than might be recommended. To discern the ADT duration thresholds that provide the greatest metastasis-free survival benefit for these patients, we analyzed a multi-institutional database of patients, developed hypotheses, and then evaluated our findings by analyzing individual patient data from randomized trials," said Kishan.

"The consistency of our results across multiple different patient cohorts greatly strengthens our findings," said Tahmineh Romero, senior statistician in the UCLA Department of Medicine Statistics Core and the senior author of the article.

In the retrospective cohort—looking at ADT durations of less than six months, six to 18 months, and greater than 18 months—a significant interaction was seen between treatment type and ADT duration. A duration of 18 months or more was associated with improved outcomes, relative to shorter durations, for patients receiving high-dose external beam radiation therapy without a brachytherapy boost. In contrast, among patients receiving radiation therapy and brachytherapy, an ADT duration of at least six months but less than 18 months was associated with improved metastasis-free survival and overall survival, compared to receipt of less than six months of ADT. But there appeared to be no improvement in metastasis-free survival for those receiving both forms of radiation therapy and more than 18 months of ADT.

With further analysis, the researchers determined that for patients receiving radiation therapy without brachytherapy, the optimal ADT duration was 26.3 months; for those treated with radiation therapy and a brachytherapy boost, the minimum threshold was 12 months. Their hypotheses drawn from the retrospective study appeared to be supported by effects observed in the randomized clinical trials.

"Contrary to findings in a previous study, our results suggest that optimal duration of ADT for patients receiving high-dose radiation therapy may be more than 18 months. This is implied by findings from all the cohorts we analyzed. A secondary conclusion, based on the retrospective dataset, is that ADT duration shorter than 18 months may be sufficient for patients undergoing both radiation therapy and brachytherapy. Although current and future studies will continue to offer clarification, individual patient meta-analyses incorporating data from various trials may provide the best current guidance for doctors and patients. We have additional studies underway to explore this concept further," said Kishan.

University of California, Los Angeles

JANUARY 20, 2022

Source: https://medicalxpress.com/news/2022-01-meta-analysis-treatment-patients-high-risk-prostate.html

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MANITOBA MOTORCYCLE RIDE FOR DAD

MCSC
MANITOBA COMMUNITY SERVICES COUNCIL INC.

TerSera Canada

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***

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.

MPCSG BOARD

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

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