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Thanks!

Thought of The Day

No matter what kind of challenges or difficulties or painful situations you go through in your life, we all have something deep within us that we can reach down and find the inner strength to get through them.

-Alana Stewart

Resumption of Public Meetings

Our first public meeting post-covid will be held on **Wednesday, June 8, 2022** at the **First Unitarian Church** of Winnipeg, **603 Wellington Crescent**, Winnipeg, starting at **7 pm**.

June 8, 2022 is the second Wednesday of the month. For the June meeting only we will be meeting on the second Wednesday of the month in order to accommodate our speaker who will be visiting family in Winnipeg at that time. Public meetings for July and subsequent months will be held on the third Wednesday of the month as has been our past practice.

Our speaker on June 8th will be **Dr. Douglas W. Ankrom**. Dr. Ankrom is a urologist in **Sonora, California**. He is a 1983 graduate of the University of Manitoba Faculty of Medicine and has been in practise for more than 39 years.

Dr. Ankrom has the following 7 areas of expertise – prostate cancer, erectile dysfunction, prostatitis, bladder issues, kidney stones, overactive urinary bladder, and urologic emergencies. Dr. Ankron will give an informal talk on prostate cancer and related issues.

Because of Covid-19 you will be required to sanitize your hands and wear your mask at the meeting.

Come out to the meeting and give Dr. Ankrom a warm Winnipeg welcome.

P.S. Please pass on information by e-mail, phone, or in person to your acquaintances and persons who may wish to come to our first meeting of 2022 on June 8th.

Thank you.
MPCSG Board



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.

***** In Memoriam *****

John O'Grodnik

January 3, 1948--May 18, 2022

With exemplary dedication John served as vice-chair of the board of directors of the Manitoba Prostate Cancer Support Group for many years. Along with his wife Betty he provided an invaluable service to the sustained functioning of the group. He could always be counted on to do whatever needed doing. John shall be missed.

Rest in peace.

Common Prostate Cancer Medications May Be Less Safe Than Previously Thought

Men with advanced prostate cancer taking abiraterone or enzalutamide plus hormone therapy were at higher risk of serious medical issues than their peers undergoing hormone therapy alone.

Men taking either of the two most common oral medications for advanced prostate cancer who had also undergone hormone therapy to treat their disease were at higher risk of serious metabolic or cardiovascular issues than patients who were only receiving hormone therapy, Michigan Medicine researchers found.

Patients taking abiraterone had 1.77 times the risk of being admitted to the emergency room or the hospital due to diabetes, hypertension or heart disease

compared to those who were only on hormone therapy. Those receiving enzalutamide were at 1.22 times the risk of these issues.



Compared to patients not receiving abiraterone, those taking abiraterone were also more likely to need an outpatient visit with their physician related to at least one of these health conditions. That was not the case if the man was taking enzalutamide.

Abiraterone and enzalutamide were both found to be relatively safe in clinical trials, but concerns that the

population of patients who participated in the trials was different than those in real-life settings prompted the researchers to take another look at the effects of the drugs.

For instance, this research exclusively analyzed patients with Medicare health insurance, and the majority of men studied were significantly older than those in the drugs' clinical trials.

"Patients enrolled in clinical trials tend to be highly selected and often times do not reflect the patient population in day-to-day practice," said Lillian Y. Lai, M.D., M.S., a National Institutes of Health T32 Urologic Oncology Research Fellow at Michigan Medicine

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and the first author of the study. “Trial participants also undergo stringent safety evaluations that some of our patients do not have access to. By studying adverse events in real-life settings, we can better understand the risks of these life-prolonging cancer treatments and help clinicians and patients make informed decisions regarding treatment.”

Since metabolic and cardiovascular conditions tend to be under the purview of primary care providers, Lai and her

fellow authors recommend team-based care that involves PCPs for patients with advanced prostate cancer as a way to manage these higher risks.

“With continued expansion of the indications for abiraterone and enzalutamide to earlier stages of the disease, increasing numbers of men will be receiving these therapies for longer periods of time,” Lai said. “This will potentially amplify the scope of men affected and increase the magnitude of the risks of adverse events, making careful attention to

management of these issues crucial.”

Other authors include Mary K. Oerline, M.S.; Megan E.V. Caram, M.D., M.S.; Phoebe A. Tsao, M.D.; Samuel R. Kaufman, M.A.; Brent K. Hollenbeck, M.D., M.S.; and Vahakn B. Shahinian, M.D., M.S.

Paper cited: “Risk of metabolic and cardiovascular adverse events with abiraterone or enzalutamide among men with advanced prostate cancer,” *Journal of the National Cancer Institute*. DOI: 10.1093/jnci/djac081

Mary Clare Fischer May 20, 2022

Source: <https://labblog.uofmhealth.org/lab-notes/common-prostate-cancer-medications-may-be-less-safe-than-previously-thought>

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Men With Prostate Cancer Have Higher Risk Of Serious Blood Clots

New research published in the online journal *BMJ Open* suggests that men with prostate cancer have a 50% higher risk of developing serious and potentially fatal blood clots during the five years after their cancer diagnosis compared with men of the same age without prostate cancer.

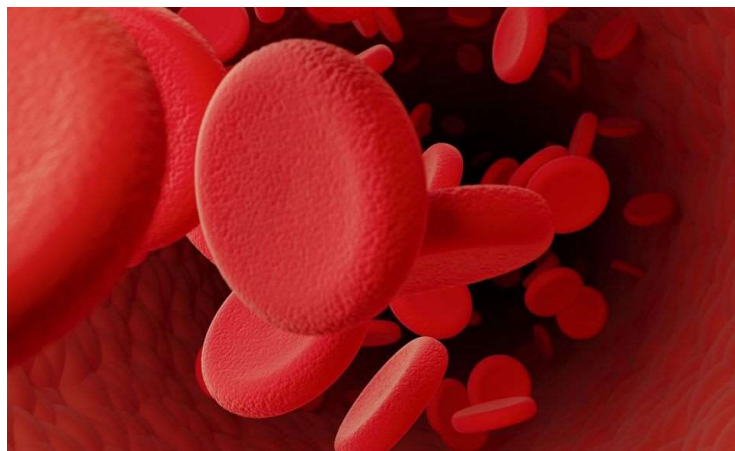
Although the level of risk is lower than that with other forms of cancer, researchers are encouraging clinicians to be alert to this risk to enable timely diagnosis and treatment, should a blood clot occur.

This is important because venous thromboembolism (VTE)—the type of blood clot in this study—is a leading cause of death among people with cancer, with the risk higher in those with more advanced disease.

Prostate cancer is the most commonly diagnosed cancer in middle-aged and older men, meaning that many men with this type of cancer could potentially experience a VTE.

People with cancer have a higher risk of developing venous thromboembolism (VTE)—dangerous

but treatable blood clots in the veins—than people without the disease and the risk varies depending on the type of cancer and what stage it has reached. VTEs are a leading cause of death in patients.



Prostate cancer is the most commonly diagnosed cancer in middle-aged and older men, meaning that men with prostate cancer are at risk of experiencing a VTE.

Some older studies have suggested that the risk of VTE is two to three times higher in men with prostate cancer than among men of similar age without cancer.

However, the researchers wanted to

obtain more recent data in light of the dramatic improvement over the last decade in how men with prostate cancer are managed. This includes the widespread uptake of newer anticoagulant drugs for other conditions, but which potentially could decrease the risk of VTE.

A team of European researchers, therefore, carried out a large-scale study using nationwide data from men across Sweden, collected during 2007–2017, to compare the occurrence of VTE among 92,105 men with prostate cancer and 466,241 men of the same age without prostate cancer (the comparison group).

They found that 3.2% of men in the prostate cancer group experienced a VTE within about five years of their cancer diagnosis, compared with 2.1% of men in the comparison group.

They calculated that for every 1,000 men with prostate cancer, around seven would develop a VTE each year, compared with around four

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among every 1,000 men without prostate cancer.

After taking into account factors that could affect VTE risk in their analysis (such as the presence of cardiovascular disease and socioeconomic factors), the researchers showed that the men with prostate cancer had a 50% higher risk than those in the comparison group over the five year study period, with the most risky period being the first six months following cancer diagnosis.

Because this was an observational study, it is uncertain how much of the increased risk was due to the prostate cancer itself or due to other differences

between the two groups of men that could have affected VTE risk and which could not be controlled for. For example, a limitation of the study was the absence of information on smoking status and alcohol intake.

However, this was a large study and the data sources used (various nationwide registers) are known to be of good quality. The use of data from men across the whole of Sweden means the findings are likely to be an accurate reflection of VTE risk among those with and without prostate cancer.

The authors concluded: "The magnitude of increased VTE risk among men with prostate cancer seen

in our study is lower than that seen for other cancer types as seen in previous studies, and is likely attributable to the high proportion of men with localised disease and at low risk of cancer progression.

"Notwithstanding this, physicians treating men with prostate cancer should be aware of the marked increase in VTE risk in these men, particularly in the first six months following cancer diagnosis, to help ensure timely VTE diagnosis."

by British Medical Journal MAY 24, 2022

Source: <https://medicalxpress.com/news/2022-05-men-prostate-cancer-higher-blood.html>

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Can Grape Seed Extract Slow Prostate Cancer Spread?

A small study at UHealth suggests the common supplement, grape seed extract, could help some men with non-metastatic prostate cancer at least delay treatment with serious side effects.

A recently completed study at two UHealth locations suggests that a commonly used, relatively inexpensive product, grape seed extract, could benefit some men with prostate cancer.

Grape seed extract is readily available in pill, capsule and liquid form on the aisles of health food and grocery stores. Many people take it as a dietary supplement – it contains antioxidants and may help to reduce inflammation and lower blood pressure, although studies of those benefits are sparse.

By contrast, grape seed extract has been the subject of National Institutes of Health-funded studies for well over a decade at the Skaggs School of Pharmacy and Pharmaceutical Sciences on the University of Colorado Anschutz Medical Campus. There, Drs. Chapla Agarwal and Rajesh Agarwal and their research colleagues isolated a specific compound in grape seed

extract that not only inhibits the growth of prostate cancer tumors but also causes the cells that drive the growth to die.



That success, published in 2014, followed many years of lab work by the Agarwals that established the cancer-fighting properties of grape seed extract in cell cultures and in mice. For example, in 2009, they published a study summarizing evidence from their own studies and others that grape seed extract administered to mice was effective in slowing the growth of not

only prostate but also skin, colorectal and breast cancers.

From bench to bedside: Grape seed extract for prostate cancer

This and other work provided the foundation for the current study, led by Dr. Paul Maroni, associate professor of Surgery-Urology at the University of Colorado School of Medicine. Maroni met with Rajesh Agarwal about the feasibility of a clinical trial that would test the effectiveness of grape seed extract in treating human patients with prostate cancer. They put together a trial protocol, based not on hope, but on the years of evidence the Agarwals had developed.

"The basic science suggested that grape seed extract might slow down the progression of prostate cancer," Maroni said.

In a relatively speedy seven-month period, the trial recruited 20 patients from UHealth University of Colorado Hospital on the Anschutz Medical Campus and UHealth Cancer Care

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and Hematology Clinic – Harmony Campus in Fort Collins. The subjects were men who had previously completed surgery, radiation treatment or both for their prostate cancer. They also had to have slowly increasing PSA (prostate specific antigen) numbers – a key marker for prostate cancer tumors – despite lacking evidence through imaging or other tests that the cancer had metastasized, or spread.

Slowing the next treatment step for prostate cancer

The idea was to see if taking 150 milligrams of grape seed extract twice a day for a year could slow the progression of the disease, as measured by the time it took for the patient's PSA level to double, Maroni said. The longer that period, the longer providers could hold off on administering androgen deprivation therapy (ADT), which suppresses the hormones that drive prostate cancer.

ADT can blunt the cancer's spread, but it also comes with a host of serious side effects, including hot flashes, fatigue, weight gain, weakened bones and increased risk for metabolic problems, heart disease and fractures, Maroni said.

Of course, some patients need that therapy to slow the spread of cancer to other parts of the body, he stressed.

"We don't mind if a treatment gives patients side effects if there is a lot of value for them in terms of a longer life or a decreased burden of treatment later," Maroni said. "But if the PSA is rising slowly, a patient may go for years before there are symptoms or detectable metastasis."

In that case, the strategy is to watch and wait, and if grape seed extract lengthens that period, that's a plus. The study suggests that the supplement treatment achieved at least partial success and deserves further study, Maroni said.

Using grape seed extract: posting the results

The American Association for Cancer Research accepted the findings of the study for a poster presentation, and Maroni summarized them in a recorded address at a June 22 virtual meeting of the organization. (View that poster presentation here.)

As Maroni and his study colleagues noted in the poster presentation, the "observation period" for patients with non-metastatic prostate cancer "presents an opportunity to treat patients with compounds that have a favorable side effect profile with the hope of delaying progression of disease" and the need for ADT.

The primary objective of the trial was for patients' PSA doubling time to increase by 30% or more. Nine of the 20 enrollees met that goal. Three patients saw their PSA levels decrease, Maroni added. Overall, the PSA doubling time rose from 5.4 months to 6.4 months – slightly less than 20% – suggesting the grape seed extract helped to slow the production of cancer cells.

The poster presentation noted that eight patients withdrew from the study because their PSA levels doubled in less than three months, requiring more aggressive therapy. There were some "adverse events" recorded in patients, notably hypertension and dehydration, but the researchers added that patients generally tolerated grape seed extract well.

More research needed for using grape seed extract to slow cancer

The team concluded with a call for more research into the potential benefits of the supplement for patients with non-metastatic prostate cancer who have otherwise exhausted their treatment options. That's now in the works, Maroni said, with the aim of

recruiting another cohort of 20 patients.

"We want to see if we can replicate the data from this study," Maroni said, adding that he is reasonably optimistic that the new patient recruitment phase can begin in August.

Rajesh Agarwal emphasized that whatever the ultimate findings of the trials, grape seed extract is not a stand-alone treatment for cancer of any kind and is never a substitute for standard medical care. The same goes for other natural substances with potential cancer-fighting properties that he has researched, including silibinin (a compound from milk thistle) and bitter melon juice, which shows promise in targeting pancreatic cancer cells.

"If you are on any kind of treatment regimen, don't do anything else without first consulting with your physician," he added.

But he is hopeful that the recent study leads to more options for clinicians treating prostate cancer patients.

"Grape seed extract is important because it is non-toxic and there is science and data behind using it," Agarwal said. "We hope to drive more research and produce more evidence. Our goal at the end of the day is to help patients."

For his part, Maroni said that he is encouraged that patients with slowly progressing prostate cancer may be able to avoid therapies with challenging side effects for longer periods of time, a boon for their quality of life.

"I like to think there is a lot of opportunity there," Maroni concluded.

By: Tyler Smith Aug. 10, 2020

Source: www.uchealth.org/today/can-grape-seed-extract-slow-prostate-cancer-spread/

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Sleep Disruptions Are Associated With Prostate Cancer

Difficulty sleeping is a common issue for men with prostate cancer, yet it's rarely discussed. The symptoms of prostate cancer, side effects of treatments and other issues associated with the disease may be causing sleep problems. This week's research blog looks at some of the latest research studying sleep for men with prostate cancer.

Sleep disorders

A sleep disorder is a condition that disrupts normal sleep patterns. There are many different types of sleep disorders that range in severity. Sleep disruptions can be caused by medical conditions, mental health issues, side effects from medications or lifestyle issues such as shift work. The chances of developing some types of sleep disorders increase with age.

Some common sleep disorders include:

Insomnia, which is the most common sleep disorder. People with insomnia either find it difficult to get to sleep or to stay asleep. They often feel sleepy during the day.

Circadian rhythm sleep disorders affect the timing of sleep. People affected by these disorders may have trouble staying awake during the day or falling asleep during the night.

Snoring, which gets worse with age or weight gain, can disrupt sleep.

Sleep apnoea occurs when normal breathing is partially blocked, and the struggle to breath normally leads to waking up.

Restless legs syndrome is an irresistible urge to move the legs that often disrupts sleep.

There are hundreds of other types of sleep disorders that can impact on a person's quality-of-life.

Does poor sleep cause prostate cancer?

Some studies have shown that men with sleep disorders are more likely to get prostate cancer. One particularly good study from Taiwan was published last year. The researchers followed the fate of over 80,000 men. They could do this by accessing a detailed database of



people using health insurance. They used this database to examine health records of men diagnosed with sleep disorders and compared them to men of similar ages, with similar health issues and medications – who did not have sleep disorders. In this study, diagnosis with any of hundreds of possible sleep disorders was recorded.

The results of the Taiwan study showed that men diagnosed with sleep disorders were more likely to be later diagnosed with prostate cancer. In the study, for each of 10,000 people followed-up per year, an average of 9.6 people were diagnosed with prostate cancer if they had a sleep disorder, compared to 6.4 people without a sleep disorder.

This type of study is very useful but can't tell us the direct cause of the prostate cancer in these men. It's unlikely that the poor sleep itself is directly causing the prostate cancer, but it might make some contribution. It's probably the case that these two groups of people have many differences, one or more of which may increase the risk of prostate cancer.

The researchers were able to adjust their findings for age, other diseases, medications and occupation types (classified as white collar versus blue collar). However differences in smoking and alcohol consumption weren't measured. Men who had these habits might have other unhealthy habits that put them at high risk of the cancer.

Despite some limitations, this large study showed a distinctly higher rate of prostate cancer for men diagnosed with sleep disorders. This could be useful information for identifying men who should consider PSA testing for early detection of prostate cancer.

Problems sleeping with prostate cancer

A recent study has asked how common sleep problems are, and the possible causes, for men with prostate cancer. Performed in Ireland, this study is part of a larger project called Prostate Cancer Treatment, your experience (PiCTure).

The researchers surveyed 3,348 men with prostate cancer about their sleep and other issues. Men joining the study were at least 2 years past their prostate cancer diagnosis. Most of the men were married and half were employed. Over half reported at least one other health problem. 51% of these men had radiotherapy, 47% reported taking hormone therapy (ADT) and 28% had prostate surgery.

Results from this study showed that 19% of these prostate cancer survivors reported significant problems sleeping.

The researchers identified aspects of prostate cancer that may be the causes of these sleep issues. In order of most influence, these are:

- ◇ Urinary symptoms, such as needing

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to go more often

- ◇ Depression and anxiety
- ◇ Side effects of hormone therapy (hot flushes and nocturia – waking due to needing to urinate)
- ◇ Pain
- ◇ Bowel issues

Results from the Irish study highlight a need that is seldomly addressed directly:

poor sleep is one of the most common issues for men diagnosed with prostate cancer.

Knowing the possible causes of poor sleep for these men gives them a chance of getting help. These men and their doctors may find it useful to discuss strategies for reducing the effects of hot flushes, excess urination at night and anxiety or depression. A pain

management plan may also help with sleep for people with cancer.

By Dr Wendy Winnall - Scientific writer for PCFA.
03 March 2020

Source: <https://www.prostate.org.au/news-media/news/sleep-disruptions-are-associated-with-prostate-cancer/>

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Men With Prostate Cancer More Likely To Die From Other Causes

Study Suggests Prostate Cancer Management Should Emphasize Healthy Lifestyle Changes

Boston, MA – Men diagnosed with prostate cancer are less likely to die from the disease than from largely preventable conditions such as heart disease, according to a new study from Harvard School of Public Health (HSPH). It is the largest study to date that looks at causes of death among men with prostate cancer, and suggests that encouraging healthy lifestyle changes should play an important role in prostate cancer management.

“Our results are relevant for several million men living with prostate cancer in the United States,” said first author Mara Epstein, a postdoctoral researcher at HSPH. “We hope this study will encourage physicians to use a prostate cancer diagnosis as a teachable moment to encourage a healthier lifestyle, which could improve the overall health of men with prostate cancer, increasing both the duration and quality of their life.”

The study was published July 25, 2012 in the Advance Access online Journal of the National Cancer Institute.

Prostate cancer is the most frequently diagnosed form of cancer, affecting one in six men during their lifetime. While incidence of prostate cancer has greatly increased in the United States, Sweden, and other Western countries in recent decades, the likelihood that a newly diagnosed man in these countries will

die from the disease has declined. The researchers attribute this to the widespread use of the prostate-specific antigen (PSA) test, which has resulted in a higher proportion of men diagnosed with lower-risk forms of the disease.

The researchers examined causes of death among prostate cancer cases recorded in the U.S. Surveillance, Epidemiology, and End Results Program (over 490,000 men from 1973 to 2008) and the nationwide Swedish Cancer and Cause of Death registries (over 210,000 men from 1961 to 2008).

The results showed that during the study period, prostate cancer accounted for 52% of all reported deaths in Sweden and 30% of reported deaths in the United States among men with prostate cancer; however, only 35% of Swedish men and 16% of U.S. men diagnosed with prostate cancer died from this disease. In both populations, the risk of prostate cancer-specific death declined, while the risk of death from heart disease and non-prostate cancer remained constant. The five-year cumulative incidence of death from prostate cancer was 29% in Sweden and 11% in the United States.

Death rates from prostate cancer varied by age and calendar year of diagnosis, with the highest number of deaths from the disease among men diagnosed at

older ages and those diagnosed in the earlier years of the surveys (especially in the years before the introduction of PSA screening).

“Our study shows that lifestyle changes such as losing weight, increasing physical activity, and quitting smoking, may indeed have a greater impact on patients’ survival than the treatment they receive for their prostate cancer,” said senior author [[Hans-Olov Adami]],

professor of epidemiology at HSPH.

The study was supported by Karolinska Institutet Distinguished

Professor Award, a National Institutes of Health research training grant (R25 CA098566), and a postdoctoral grant from Svenska Sällskapet för Medicinsk Forskning.

“Temporal Trends in Cause of Death among Swedish and US Men With Prostate Cancer,” Mara M. Epstein, Gustaf Edgren, Jennifer R. Rider, Lorelei A. Mucci, and Hans-Olov Adami, Journal of the National Cancer Institute, Advance Accessonline July 25, 2012.

Source: Harvard School of Public Health
www.hsph.harvard.edu/news/press-releases/prostate-cancer-adami-epstein/

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FUTURE MEETINGS 2022

Our first public meeting post-covid will be held on
Wednesday, June 8, 2022
 at the **First Unitarian Church** of Winnipeg,
603 Wellington Crescent, Winnipeg,
 starting at **7 pm**.

For more information see announcement on page 1.
 Please watch this space for particulars of future meetings.



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For general information please contact Jos Borsa at number listed above



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