Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Thought of The Day

"The battle, sir, is not to the strong alone; it is to the vigilant, the active, the brave."

~ Patrick Henry

Public meetings cancelled until further notice

Covid-19 Update March 2022

Hallelujah! It appears that the terrible days of the pandemic are about to end here in Manitoba. Many of the public health mandates and personal restrictions are about to be removed or at least reduced. If things go according to plan we may be back to "almost normal" before the end of March. Not that covid will disappear entirely, but the pandemic will have evolved into an endemic situation. Like the familiar influenza virus. Not perfect, but better by far than what we've had to deal with for the last two years. We're crossing our fingers that this will come to pass, and not be de-railed yet again by yet another variant.
So as things stand we tentatively intend to hold a much needed board meeting in April to fire-up our activities plan, followed by a public meeting in May. If things change we'll make whatever adjustments are required. We've waited this long, we can wait a bit more. Please watch this space for further developments.

The Board

New Hope For Later Stage Prostate Cancer Patients: The PARP Inhibitor Olaparib Approved By The FDA

Olaparib For Prostate Cancer
>>The FDA has approved Olaparib, a PARP Inhibitor for men battling advanced metastatic prostate cancer with specific gene-mutations.
>>Experts say the approval of Olaparib will allow doctors to determine the best treatment options for patients
>>The drug represents a new option that may prolong patients' lives and stop the cancer from progressing

"[Olparib] can be an important drug with life-prolonging properties for prostate cancer patients," says Dr. Stephen Freedland of Cedars-Sinai Medical Center.

Olaparib *(brand name LYNPARZA)* was just approved by the Food and Drug Administration as a treatment for men who have a form of advanced prostate cancer that is not responding to therapy with hormones. Specifically, these men are classified as having metastatic castration-resistant prostate cancer (mCRPC).

The drug is part of a class of medications called PARP inhibitors that selectively target and kills cancer cells associated with tumors that have defects in their ability to repair their DNA. This helps block prostate cancer growth.

This new approval of the PARP Inhibitor specifically covers men with homologous

(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.

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recombination repair (HRR) MCRPC, which is a process that repairs damaged DNA strands.

"This FDA approval will benefit patients by providing a new option that delays progression and prolongs life in a subset of patients," Dr. Freedland says. "More importantly, for the many men with mCRPC, more active drugs means more hope — that it can delay progression and prolong life, allowing them to live longer and better and continue to hope for even more breakthroughs in the future."

Dr. Stephen Freedland explains how hormonal therapies work for advanced prostate cancer patients

For mCRPC patients, the approval of Olaparib represents a step towards more personalized therapies, where doctors will be able to examine genetic markers in patients' tumors in order to provide suitable and accurate treatment options. For those within a specific subgroup, this can be life-saving.

"It is an important step forward in the goal of personalized medicine – to understand someone's tumor at the genomic level and pick the best treatment for them based upon their tumor," Dr. Freedland explains. "This approval clearly establishes that HRR mutations are important in prostate cancer and opens the door to testing these agents even earlier in the disease as well as in combination with other therapies."

The Importance Of Genetic Testing In Prostate Cancer

For advanced prostate cancer patients, genetic testing not only provides clues as to how to treat the disease, but it may also reveal the cancer's genetic tendency to behave in a certain way. This means genetic testing may be critical way oncologists can tailor patients' treatments in order to have the best results.

Additionally, learning whether you have a genetic cancer gene will be extremely significant for other family members, since men with a family history are considered high risk and need to be screened at a much younger age.

Dr. Eli Van Allen explains why genetic testing is critical for advanced prostate cancer patients

"We think there are actually a diverse set of drugs that we can apply to men [with genetic mutations], and that's actually paving the way for a lot of innovative new clinical trials to match patients to those drugs based off of their genetics, which again sort of emphasizes our goal of actually bringing precision medicine to prostate cancer," Dr. Eli Van Allen, a medical oncologist specializing in prostate, bladder, kidney and testicular cancers at Dana-Farber Cancer Institute, tells SurvivorNet.

Shelby Black

Source: www.survivornet.com/articles/new-hope-for-later-stage-prostate-cancer-patients-the-parp-inhibitor-olaparib-approved-by-the-fda/

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A New Prostate Cancer "Homing Device" for Drug Delivery

A new prostate cancer "homing device" could improve detection and allow for the first targeted treatment of the disease. A team of Purdue University researchers has synthesized a molecule that finds and penetrates prostate cancer cells and has created imaging agents and therapeutic drugs that can link to the molecule and be carried with it as cargo.

A radioimaging application used for body scans is expected to enter clinical trials this fall, and an optical imaging application used to measure prostate cancer cells in blood samples is already in clinical trials.

Philip Low, the Ralph C. Corley Distinguished Professor of Biochemistry who led the team, said a targeted treatment could be much more effective in treating cancer and would greatly reduce the harmful side effects associated with current treatments.

"Currently none of the drugs available to treat prostate cancer are targeted, which means they go everywhere in the body as opposed to only the tumor, and so are quite toxic for the patient," said Low, who is a member of the Purdue Cancer Center. "By being able to target only the cancer cells, we could eliminate toxic side effects of treatments. In addition, the ability to target only the cancer cells can greatly improve imaging of the cancer to diagnose the disease, determine if it has spread or is responding to treatment."

Prostate cancer is the most common cancer, other than skin cancers, and is the second leading cause of cancer death in American men, according to the American Cancer Society. It is estimated that about 192,280 new cases will be diagnosed and 27,360 men will die of prostate cancer in the United States this year.

The molecule Low's team created attaches to prostate-specific membrane antigen, or PSMA, a protein that is found on the membrane of more than 90 percent of all prostate cancers. It also is found on the blood vessels of most solid tumors and could provide a way to cut off the tumor blood supply, Low said.

"A lot of new drugs are being designed to destroy the vasculature of solid tumors, and, if they could be linked to this new targeting molecule, we could have a two-pronged attack for prostate cancer," he said. "We could not only

(Continued on page 3)

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kill the prostate cancer cells directly, we could also destroy the vasculature that feeds the tumors."

There also is potential for the targeting molecule to be used to attack the vasculature of solid tumors of other types of cancers, Low said.

Two papers detailing the work of the Purdue team were published in the June 1 issue of Molecular Pharmaceutics. Endocyte Inc. funded the work.

The team's animal study data shows an ability to eliminate human prostate cancer cells in mice with no evidence of collateral toxicity in normal tissue.

Sumith Kularatne, a graduate student in Purdue's chemistry department and first author of both papers, compared the targeting molecule to a homing device.

"The molecule acts like a homing device for prostate cancer," he said. "PSMA, which is found only on prostate cancer cells and tumor blood vessels, acts as the homing signal that the molecule targets. The molecule and its cargo go only to cancerous tissue, leaving healthy tissue unharmed."

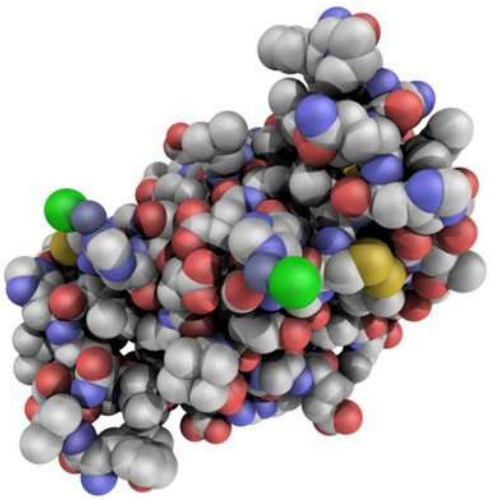
Once the molecule reaches the PSMA protein, it binds to it. The molecule is designed with a specific shape that fits with the protein like a key to a lock, Kularatne said. The molecule and its cargo are then carried inside the cell with the protein as it goes through its normal cycle.

In 1995 Low developed a similar method to infiltrate cancer cells by attaching treatments to the vitamin folate, which many cancers rapidly consume. This method provided a "Trojan Horse" entry of large treatment molecules that otherwise would not be able to enter cancer cells.

Low was inspired to find a similar way to target prostate cancer, which does not have the same appetite for folate, he said.

A clinical trial of the radioimaging application is expected to begin at the Indiana University Medical Center in the fall through a collaboration between the Purdue Cancer Center and the Indiana University Cancer Center with additional support from Endocyte Inc.

A radioimaging agent linked to the targeting molecule will be injected into prostate cancer patients and pictures will be taken using a special camera that detects radioactivity. The pictures show where the cancer is present to help doctors determine if it has metastasized, or spread, to any other areas of the body. It also will help doctors decide on the best course of treatment, Low said.



There is currently only one radioimaging agent for prostate cancer approved by the Food and Drug Administration.

"The current imaging capabilities available for prostate cancer are very poor," Low said. "The existing imaging agent is limited because of its large size, which is difficult to get into a solid tumor. Also it seeks out a target located inside the cancer cell and is only able to mark injured cells that are falling apart as opposed to actively growing cancer cells."

The targeting molecule and radioimaging agent combination designed by Low's group is more than 150 times smaller than the existing agent and has much easier penetration through a solid tumor to reach all of the cells inside, he said. It also has the advantage of targeting an area of PSMA exposed on the outside of cancer cells.

Already in clinical trials is an optical imaging application that involves attaching a fluorescent dye to the targeting molecule and mixing it with a patient's blood sample. Circulating prostate cancer cells in the sample fluoresce and are easily measured to help in diagnosing patients with prostate cancer. Researchers also are investigating whether this could be used to evaluate a patient's response to therapy, Low said.

Low's research group modeled the targeting molecule after a naturally occurring molecule that strongly binds to PSMA, called DUPA. Several alterations were necessary to create a molecule that fit the needs of a homing device and delivery vehicle, Kularatne said. The team created an area on the molecule that would link to various imaging or therapeutic agents to bring them along as cargo and created a spacer that would stretch the molecule so that its cargo would not keep it from properly fitting into the binding site. The spacer also was designed to improve binding of the targeting molecule to PSMA.

Source: www.purdue.edu Jul 6 2009

Source: https://www.news-medical.net/news/20090706/A-new-prostate-cancer-homing-device-for-drug-delivery.aspx

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Ultrasound Scan 'mpUSS' Can Be Used As An Alternative To MRI To Detect Prostate Cancer: Researchers

One in six men will be diagnosed with prostate cancer in their lifetimes

Researchers suggested that multiparametric ultrasound (mpUSS) can used as a first test for prostate cancer in areas where people do not have easy access to high quality MRI scans.

Prostate cancer is identified as the second most commonly occurring cancer in men, and the fourth most common type of cancer worldwide. Prostate cancer has the best chance for successful treatment, when it is detected early i.e. when the cancer is still confined to the prostate gland. But magnetic resonance imaging (MRI) scans, which are currently used to detect prostate cancer, are expensive and time-consuming. Moreover, high-quality MRI scans are not easily available in low- and middle-income countries. Presenting a solution to this problem, a new study has suggested that an ultrasound scan can be used to detect clinically significant cases of prostate cancer.

According to the study published in Lancet Oncology, a new type of ultrasound scan can diagnose most prostate cancer cases with good accuracy. In a clinical trial involving 370 men, the ultrasound scan missed only 4.3 per cent more clinically important prostate cancer cases - cancer that should be treated rather than monitored - compared to MRI scans.

The researchers suggested that this special type of ultrasound scan can used as a first test for prostate cancer in areas where people do not have easy access to high quality MRI scans. It could also be used in combination with current MRI scans to maximise cancer detection, they stated.

Multiparametric ultrasound (mpUSS) can detect prostate cancer

A team of researchers from Imperial College London, University College London and Imperial College Healthcare NHS Trust studied the effectiveness of multiparametric ultrasound (mpUSS) to detect prostate cancer cases. mpUSS uses soundwaves to look at the prostate and make the images of the organ. It involves the use of a probe called a transducer that is placed into the rectum.

mpUSS is more widely available than multi-parametric MRI (mpMRI) scan, one of the main methods to diagnose prostate cancer. mpMRI takes 40 minutes and costs 350-450.

For the new study, the team recruited 370 men at risk of prostate cancer. They were given both mpUSS and mpMRI scans at separate visits. They took biopsies for patients who had a positive mpUSS or mpMRI test result and then compared the results from the tests.

mpUSS was able to detect 66 cases of clinically significant cancer as compared to mpMRI which detected 77 cases.

Based on the study results, the researchers suggested that mpUSS can be used as an alternative to mpMRI as a first test for patients at risk of prostate cancer, particularly where mpMRI cannot be carried out. Using both tests would increase the detection of clinically-important prostate cancers compared to using each test alone, they added.

Prostate cancer cases likely to rise
Prostate cancer is the most commonly diagnosed cancer in the UK, with around 52,300 new cases diagnosed each year.

One in six men will be diagnosed with prostate cancer in their lifetimes and this figure is expected to rise, said lead author Professor Hashim Ahmed, Chair of Urology at Imperial College London.

This is the first study to show that an ultrasound scan can be used as a potential test to detect clinically significant cases of prostate cancer. Although MRI scans are slightly better, Professor Ahmed stated that this special type of ultrasound scan can detect most cases of prostate cancer with good accuracy.

With the COVID-19 pandemic further increasing the cancer waiting lists, there is a real need to find more efficient and cheaper tests to diagnose prostate cancer, Professor Ahmed noted.

Some more facts about Prostate cancer
Prostate cancer develops when cells in the prostate grow in an uncontrolled way. It develops slowly and may not show any signs or symptoms in its early stages. Signs and symptoms associated with advanced prostate cancer include

- ◊ Trouble urinating
- ◊ Decreased force in the stream of urine
- ◊ Blood in the urine
- ◊ Blood in the semen
- ◊ Bone pain
- ◊ Losing weight without trying
- ◊ Erectile dysfunction

Prostate cancer commonly affects men over 50, often in men with a family history of the disease.

by Longjam Dineshwori March 2, 2022

Source: www.thehealthsite.com/diseases-conditions/prostate-cancer/ultrasound-scan-mpuss-can-be-used-as-an-alternative-to-mri-to-detect-prostate-cancer-researchers-866632/

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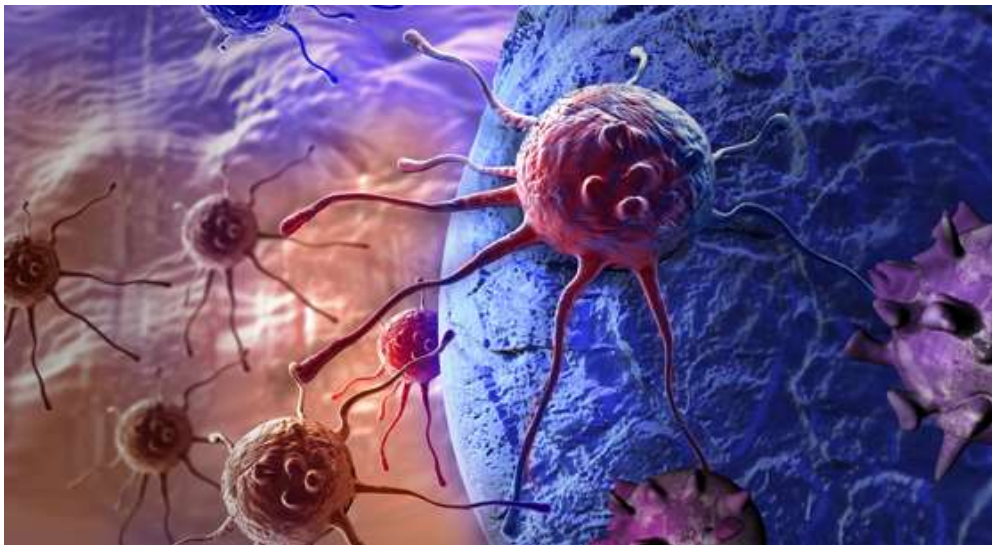
Team Targets Protein To Prevent Spread of Prostate Cancer

Targeting a specific protein that is often overexpressed in prostate cancer can help prevent or delay the disease from spreading to other parts of the body, according to a study led by Cedars-Sinai Cancer investigators.

The research, published in the peer-reviewed journal Nature Communications, opens the possibility of using available commercial drugs, including one approved by the Food and Drug Administration for leukemia, to shut down a protein known as receptor-interacting protein kinase 2—or RIPK2. If confirmed in human clinical trials, the finding could have a major impact on the treatment of men with advanced prostate cancer.



"About 90% of cancer deaths are caused by the recurrence of metastatic cancer, which occurs when cancer spreads to other organs," said Wei Yang, PhD, associate professor of Surgery and Biomedical Sciences. "So, if we can prevent the occurrence of metastatic cancer, we can substantially extend the lives and improve the quality of life for men with this disease."

To better understand the genetic drivers of disease development and potential treatment targets, the Cedars-Sinai team examined the molecular profiles of cancer tissue in men with advanced prostate cancer. The investigators discovered that RIPK2 was amplified in about 65% of lethal prostate cancers, which kill approximately 34,000 U.S. men each year.

"We found the amplification of the protein RIPK2 increased along with cancer progression, which showed us that this protein may have a very important role in cancer progression," said Yiwu Yan, PhD, a project scientist in the Yang Laboratory and first author of the study.

While this protein has been studied in inflammatory disorders, little is known about its molecular functions in the context of cancer progression and metastasis, Yang said.

Once the protein was identified, the team conducted a large-scale analysis to help decode how RIPK2 might alter the activity of other functions in the cell. Investigators found that RIPK2 activates another protein, which in turn triggers a crucial driver named c-Myc that fuels the progression and metastasis of many cancer types, including prostate cancer.

In a series of experiments in mice, investigators found that inhibiting the RIPK2 function with both small molecular inhibitors (drugs) and a gene-editing system—known as CRISPR/Cas9—substantially reduced the spread of prostate cancer.

They found that targeting RIPK2 with ponatinib, an existing FDA-approved protein inhibitor, reduced prostate cancer metastasis by 92% in mice.

"Administrating RIPK2 small molecular inhibitors is a high-value strategy that reduced the metastasis in mice by over tenfold," Yang said. "If we can translate this to human patients, we may extend patients' lives by several years, instead of just several months."

The next step is to identify biomarkers that can help guide investigators and clinicians to select the group of patients that would benefit most from this treatment. In addition, investigators will evaluate the effects of RIPK2 inhibition on immune cells to see if the protein can potentially improve immune cells' ability to attack tumors.

"Targeting RIPK2 in preselected patients, either alone or in combination with standard or emerging therapies, might hold the potential for improving the survival time and quality of life of cancer patients," Yang said.

Reference: Yan Y, Zhou B, Qian C, et al. Receptor-interacting protein kinase 2 (RIPK2) stabilizes c-Myc and is a therapeutic target in prostate cancer metastasis. Nat Commun. 2022;13(1):669. doi: 10.1038/s41467-022-28340-6

February 28, 2022

Original story from Cedars-Sinai

Source:www.technologynetworks.com/tn/news/team-targets-protein-to-prevent-spread-of-prostate-cancer-359026

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Ease Cancer Treatment Side Effects

Inflammation plays a role in tumor development and the side effects from cancer treatment. Research studies are mixed on whether omega-3s can actually help prevent cancers, such as prostate cancer.

However, a 2013 study showed omega-3 supplementation along with chemotherapy may help improve patient outcomes by reducing inflammation and chemotherapy side effects.

Reduce Inflammation

Research suggests omega-3s play an important role in preventing inflammation. When the body breaks down omega-3s, it uses them to create anti-inflammatory compounds and antioxidants. So, it helps reduce inflammation and protects cells from damage.

It's believed that inflammation plays a role in the development of many chronic conditions like heart disease, diabetes, cancer, and arthritis. So reducing inflammation may help lower your risk for these chronic diseases and their symptoms.

14 Foods High in Omega-3s

Usually, it's best to try and consume essential nutrients through food when possible. In general, animal omega-3 sources provide EPA and DHA, while plant sources tend to have ALA.

Food high in omega-3 fatty acids include:

- ◊ Salmon
- ◊ Oysters
- ◊ Walnuts
- ◊ Sardines
- ◊ Tuna
- ◊ Shrimp
- ◊ Fish liver oils, such as cod liver oil and krill oil
- ◊ Algae
- ◊ Algal oil
- ◊ Kidney beans
- ◊ Soybean oil
- ◊ Chia seeds
- ◊ Flaxseeds
- ◊ Flaxseed oil

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Zivkovic AM, Telis N, German JB, Hammock BD. Dietary omega-3 fatty acids aid in the modulation of inflammation and metabolic health. Calif Agric (Berkeley). 2014;65(3):106-111. doi:10.3733/ca.v065n03p106
Laviano A, Rianda S, Molfino A, Rossi Fanelli F. Omega-3 fatty acids in cancer. Curr Opin Clin Nutr Metab Care. 2013;16(2):156-161. doi:10.1097/MCO.0b013e32835d2d99

Source: www.verywellhealth.com/omega-3-fatty-acids-5216288

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How Does Androgen Deprivation Therapy, Or ADT, Affect Your Heart?

Research has not shown that androgen deprivation therapy definitively causes cardiovascular disease. However, we do know that men who receive hormone therapy have a higher likelihood of developing conditions that increase their chance of cardiovascular disease.

For example, ADT has been shown to:

- ◊ Raise cholesterol levels
- ◊ Raise blood sugar levels
- ◊ Reduce the body's ability to process sugar
- ◊ Increase body fat
- ◊ Reduce muscle mass
- ◊ Increase the thickness of the walls of blood vessels

Having higher levels of blood sugar and difficulty processing blood sugar can cause diabetes. If you have diabetes, you are more likely to develop heart disease or have a stroke.

In men with prostate cancer who already have a buildup of plaque—made up of cholesterol, fatty substances and calcium—in their arteries (atherosclerosis), ADT might increase the chance that patients may suffer from a heart attack.

ADT also can make you have low counts of red blood cells, a condition called anemia, which may stress your heart. If you have anemia, less oxygen goes to your heart muscle.

Reducing testosterone to very low levels also may increase the chance of blood clots forming in your blood vessels, known as deep venous thrombosis.

Symptoms of Heart Disease

Cardiovascular disease can cause many different symptoms including:

- ◊ Chest pain (including pressure, tightness, heaviness)
- ◊ Shortness of breath
- ◊ Tiredness
- ◊ Dizziness or light-headedness
- ◊ Passing out
- ◊ Swelling in the legs
- ◊ Pain or cramping of the legs with walking

Cardiovascular disease can also result in a stroke or mini-stroke (also called transient ischemic attack). Symptoms include: trouble speaking, loss of vision, weakness or inability to move part of the body, or abnormal feeling (sensation) in part of the body.

Treatment With ADT

Although the link between ADT and cardiovascular disease has not been proved, if you are on ADT, it's important to take steps to protect your heart. Adopt healthy habits and try to control conditions that are major risk factors for developing cardiovascular disease:

- ◊ Blood pressure
- ◊ Cholesterol
- ◊ Diabetes
- ◊ Weight
- ◊ Tobacco use
- ◊ Physical inactivity

If you already have cardiovascular disease and need androgen deprivation therapy, it is important to continue your treatment and, if needed, take medicines proven to help lower the chances the disease gets worse.

09/30/2019

Source: www.cardiosmart.org/topics/cancer-treatment-and-your-heart/prostate-cancer-and-your-heart/possible-heart-effects

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Study Finds The Optimal Duration Of Treatments For Patients With High-Risk Prostate Cancer

Patients receiving radiotherapy to treat high-risk prostate cancer also benefit from androgen deprivation therapy. The ideal duration of treatment may be roughly two years if receiving external beam radiation and one year if receiving external beam radiation with a brachytherapy boost, according to a study published in JAMA Oncology.

The use of androgen deprivation therapy (ADT) combined with radiation therapy improves cancer outcomes, but comes with significant side effects including effects on the cardiovascular system, mood, lowered libido and loss of muscle mass. This forces clinicians and patients to weight benefits versus costs for use and duration of treatment with ADT, according to Ashley Ross, MD, PhD, associate professor of Urology and a co-author of the study.

"Determining the optimal balance for length of therapy is paramount," said Ross, who is also a member of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University.

High-risk prostate cancer is disease with the ability to progress and spread outside of the prostate. When clinically localized prostate cancer is treated with radiation, ADT, which cuts off the androgens that prostate cancer relies on, should be employed to optimize the treatment, according to Ross. Current guidelines suggest 18 to 36 months of ADT, but given its adverse effects, it's commonly administered in shorter durations than indicated. In the current study, investigators sought to determine minimum thresholds of effectiveness as measured by improved survival among patients with high-risk prostate cancer. The study included one retrospective cohort and two trial cohorts, totaling more than 3,400 patients. The retrospective cohort was assembled by querying databases for patients who received ADT alongside radiotherapy, and the trial cohorts were two studies in which patients were randomized to receive varying durations of ADT alongside radiotherapy, ranging from 4 to 28 months. Patients who received radiation received therapy either with external beam radiation therapy (EBRT) alone or with external beam radiation combined with brachytherapy (seed implants).

Longer durations of ADT were associated with increased survival: Patients receiving EBRT alongside ADT for 28 months had improved survival compared with patients receiving ADT for just 18 months. This can be modified by additional therapies, according to Ross, as patients also undergoing brachytherapy may only need 12 months of ADT to see benefit. However, for other patients, 18 months should be the floor and roughly 2 years of therapy is preferred.

For men with high-risk non-metastatic prostate cancer receiving radiation therapy, the optimal length of androgen deprivation is likely over 18 months. Further research to better risk stratify subsets of men with high risk prostate cancer and identify tumors that might be more sensitive to radiation or ADT is ongoing and will lead to more individualized therapeutic regimens that balance cancer control with overall morbidity and quality of life."

Reviewed by Emily Henderson, B.Sc.

Feb 25 2022

Ashley Ross, MD, PhD, Associate Professor of Urology and Study's Co-Author

Source: Northwestern University

Journal reference: Kishan, A.U., et al. (2022) Interplay Between Duration of Androgen Deprivation Therapy and External Beam Radiotherapy With or Without a Brachytherapy Boost for Optimal Treatment of High-risk Prostate Cancer A Patient-Level Data Analysis of 3 Cohorts. JAMA Oncology. doi. org/10.1001/jamaoncol.2021.6871.

Source: www.news-medical.net/news/20220225/Study-finds-the-optimal-duration-of-treatments-for-patients-with-high-risk-prostate-cancer.aspx

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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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