Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Thought of The Day

"One's doing well if age improves even slightly one's capacity to hold on to that vital truism: "This too shall pass."

- Alain de Botton

Public meetings cancelled until further notice

Covid-19 Update May 2022

Yet another month has gone. We're still waiting, not sure when the restrictions on access to the board meeting rooms will be lifted. Hopefully in May, or at worst next month. At least the snow has now largely disappeared……and the motorcycle Ride-For-Dad fund raising event for prostate cancer research has been scheduled for late May. That's a good sign.

Please continue checking this space for notice of further developments regarding resumption of our public meetings.

The Board

Discovery of Bacteria Linked to Prostate Cancer a Potential Breakthrough

Scientists don't yet know if the microbes are causative, but if proven it could save thousands of lives

Scientists have discovered bacteria linked to aggressive prostate cancer in work hailed as a potential revolution for the prevention and treatment of the most deadly form of the disease.

Researchers led by the University of East Anglia performed sophisticated genetic analyses on the urine and prostate tissue of more than 600 men with and without prostate cancer and found five species of bacteria linked to rapid progression of the disease.

The study does not prove that the bacteria drive or exacerbate prostate cancer, but if work now under way confirms their role, researchers can develop tests to identify men most at risk and potentially find antibiotics to prevent the cancer from claiming thousands of lives each year.

"This is an exciting discovery that has the potential to truly revolutionise treatment for men," said Dr Hayley Luxton of Prostate Cancer UK, which co-funded the research.

Writing in the journal European Urology Oncology, the scientists describe how their genetic investigations found five

(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)
species of bacteria – three new to science – that were associated with advanced prostate cancer. Men who had one or more of the species in their urine, prostate or tumour tissue were 2.6 times more likely to see their early stage cancer progress to advanced disease than men who did not.

Lead scientist Colin Cooper, a professor of cancer genetics at the University of East Anglia, said it was possible the bacteria are not involved in the disease. For example, men with more aggressive prostate cancer may have immune system deficiencies that allow certain bacteria to thrive. But the researchers strongly suspect the microbes are involved, just as Helicobacter pylori infections raise the risk of stomach cancer.

"If you knew for sure that a species of bacteria was causing prostate cancer, you could work out an antibiotic to remove it and that would prevent progression, one would hope," Cooper said. But this is not as straightforward as it sounds, he cautioned. "There are many complications. Antibiotics don't get into the prostate very well and you would need to choose an antibiotic that only kills certain bacteria," he said.

While prostate cancer is the most common form of the disease found in men, in many cases patients die with the disease rather than because of it. The more aggressive forms of prostate cancer claim about 12,000 lives in the UK each year.

Prof Rosalind Eeles, a cancer geneticist on the study at the Institute of Cancer Research in London, said it was a "very interesting result" to find "novel micro-organisms" in prostate cancer cases. "It is not yet known if they are causative but if this could be proven then we have a potential route for prevention," she said. "The way that we may be able to prove this is to look to see if these organisms are never found in prostate samples which have no cancer."

Genetic information on the microbes has already allowed the scientists to piece together how they may behave in the body, including what toxins and other substances they might release. This has led them to develop half a dozen hypotheses around how the bugs could cause prostate cancer.

"We currently have no way of reliably identifying aggressive prostate cancers, and this research could help make sure men get the right treatment for them," Luxton added.

"If the team can demonstrate that these newly identified bacteria can not only predict, but actually cause aggressive prostate cancer, for the first time we may actually be able to prevent prostate cancer occurring. This would be a huge breakthrough that could save thousands of lives each year."

Ian Sample Science editor
Wed 20 Apr 2022

Source: www.theguardian.com/society/2022/apr/20/discovery-of-bacteria-linked-to-prostate-cancer-hailed-as-potential-breakthrough

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Q. Can Cannabis Help Cure Prostate Cancer?

At the moment, we don't know if cannabis can help treat prostate cancer. Some studies have looked at the effect of chemicals in cannabis, called cannabinoids, on prostate cancer cells. There are two main cannabinoids that have been investigated – THC (tetrahydrocannabinol) and CBD (cannabidiol). The studies found that cannabinoids may stop prostate cancer cells from growing and dividing, cause prostate cancer cells to die, and stop prostate cancer cells from invading other tissues and spreading.

But these studies have only looked at prostate cancer cells grown in laboratories or in mice. There's a long way to go in understanding whether there might be similar effects in patients. Cells can behave very differently in humans, so we need clinical trials in humans to see if cannabinoids could be used to treat prostate cancer. We also don't yet understand the mechanism by which the cannabinoids prevent prostate cancer cells from growing or dividing either.

Also, cannabinoids can have side effects that are unpleasant or even harmful. It's important to remember that the cannabinoids used in studies are made in a laboratory and are only one of many chemicals that are found in cannabis. Street-bought (recreational) cannabis contains chemicals that can cause you to hallucinate and could harm your mental health.

There's some evidence that cannabis-based medicines can help with long-term pain, including pain caused by cancer. Currently doctors in the UK can only prescribe cannabis-based medicines to treat nausea or vomiting caused by chemotherapy – when other medicines haven't worked. Cannabis-based medicines aren't available to treat cancer-related pain unless you're taking part in a clinical trial. If you're interested, your doctor should be able to tell you about any clinical trials that might be suitable. You can also search for clinical trials at www.bepartofresearch.nihr.ac.uk

It's important to remember that it's illegal to grow or sell cannabis in the UK. It's also illegal to have any cannabis-based products, unless a doctor has prescribed them for medicinal use. CBD oil is legal, but only if it contains extremely low levels of THC (less than 0.2%). However, there's little evidence to suggest CBD oil benefits cancer patients and there are still a lot of unanswered questions.

15 Oct 2019

Source: https://prostatecanceruk.org/about-us/news-and-views/2019/10/can-cbd-oil-treat-prostate-cancer-and-other-questions/

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New Treatment Approved For Late-Stage Prostate Cancer

In late March, the FDA approved a new therapy for advanced prostate cancer that is metastasizing, or spreading, in the body. Called Pluvicto (and also lutetium-177-PSMA-617), and delivered by intravenous infusion, the treatment can seek out and destroy tumors that are still too small to see with conventional types of medical imaging.

Pluvicto is approved specifically for men who have already been treated with other anticancer therapies, including chemotherapy and hormonal therapies that block the tumor-promoting hormone testosterone. The drug contains two parts: one that binds to a protein on prostate cancer cell surfaces called PSMA, and a radioactive particle that kills the cancer cells. Most normal cells do not contain PSMA, or do only at very low levels. This allows Pluvicto to attack tumors while sparing healthy tissues.

To confirm whether a man is eligible for the drug, doctors first inject a radioactive tracer that travels the bloodstream looking for and then sticking to PSMA proteins. Cancer cells flagged by the tracer will show up on a specialized scanning technology called positron-emission tomography. About 80% of prostate cancer patients have PSMA-positive tumors; for those who do not, the treatment is ineffective.

During the clinical trial leading to Pluvicto's approval, 831 men were randomly allocated to two groups. One group of men got Pluvicto plus standard-of-care treatments, while men in the control group got standard-of-care only. All the men had metastatic, castration-resistant prostate cancer, meaning that their tumors were spreading and no longer responding to hormonal therapy.

Results and considerations

Results after 21 months showed that Pluvicto was more effective at delaying cancer progression. Among men who got the drug, it took 8.7 months on average for their tumors to start growing again, compared to 3.4 months among men who got standard of care. Pluvicto was also associated with better overall survival: 15.3 months versus 11.3 months. The drug was generally well tolerated, but it also had side effects including fatigue, nausea, kidney problems, and bone marrow suppression.

Dr. David Einstein, a medical oncologist at Beth Israel Deaconess Medical Center in Boston and an assistant professor at Harvard Medical School, describes Pluvicto as a new and exciting tool. Yet he cautioned that while the drug provides a welcome incremental advance for men with advanced prostate cancer, it is not a cure. "Some patients may get the message that Pluvicto replaces all the other available therapies, and this is definitely not the case," he says.

Meanwhile, additional questions remain over who might be able to get the drug. "What about men with metastatic prostate cancer who were never treated with chemotherapy?" Dr. Einstein asks. "If you go strictly by the label, then prior chemotherapy is required. But some men are too sick for chemotherapy, or they may refuse it over potential side effects." Researchers are now conducting studies to determine if Pluvicto is beneficial during earlier stages of prostate cancer, or if combining it with other therapies that might enhance its effects.

"The availability of this new treatment is important for several reasons," said Dr. Marc Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, editor of Harvard Health Publishing's Annual Report on Prostate Diseases, and editor in chief of HarvardProstateKnowledge.org. "First, it extends survival among men who have been heavily treated already and have few therapeutic options remaining. Second, it represents a new approach to using radioactive substances that adds benefit to traditional medicine. And finally, it relies on a diagnostic scan that specifically identifies which men are most likely to benefit from the treatment."

April 7, 2022

By Charlie Schmidt, Editor, Harvard Medical School Annual Report on Prostate Diseases

Source: www.health.harvard.edu/blog/new-treatment-approved-for-late-stage-prostate-cancer-202204072722

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Ask the Expert: What's the Role of Estrogen in a Prostate Cancer Diagnosis?

Twenty-five-year-old research suggested that high levels of testosterone in African American (as compared to white and Asian men) were partly to blame for incidences of prostate cancer.

But more recent studies suggest that estradiol hormones paint a fuller picture of Black people's chance of receiving a prostate cancer diagnosis.

What's the role of testosterone and prostate cancer?

Most prostate cancer requires testosterone to survive in the body. In 1941, researchers Huggins and Hodges showed that castration (at the time, this meant actual removal of the testicles) reduced the impact of the disease for men with metastatic prostate cancer.

In the past 80 years or so, a cornucopia of research on testosterone's interaction with the androgen receptor and subsequent growth stimulation of prostate cancer led to the development of multiple medical treatments for prostate cancer.

For people with high risk disease, androgen deprivation therapy (ADT) typically decreases serum testosterone levels to castrate levels. This is done through oral medications, injectable medications, or surgery to remove the testicles (though this procedure is rarely done today).

It's important to note that while ADT is quite effective at treating prostate cancer initially, it's not a curative treatment if used alone. Rather, it's often used alongside radiation therapy and sometimes in conjunction with surgery when it's believed that the cancer is curable.

If you're treated with long-term ADT, it's common to eventually develop castrate resistance. This is when the cancer finds a way around the reliance on testosterone and is no longer deterred by testosterone deprivation.

Why was research suggesting Black men with high testosterone levels resulted in more prostate cancer diagnoses debunked?

The relationship between testosterone levels in Black men and the development of prostate cancer is controversial.

Older studies suggested a possible relationship between higher average testosterone levels in Black men and the development of prostate cancer.

But newer studies show that after age 40, testosterone levels in Black and white men are similar.

A 2006 study found dihydrotestosterone levels (the more potent form of testosterone that's present in actual prostate tissues) to be about the same for African American and white men.

Population-level studies showed that testosterone levels in younger men tend to correlate with prostate cancer incidence in older men, but these studies didn't show causation.

What are the estrogen hormones, and what do they do?

There are three estrogen hormones: estradiol, estrone, and estriol.

Role of estradiol
Estradiol is considered the "strongest" of the three.

It has a well-established role in egg maturation and ovulation as well as thickening the uterine lining to allow egg implantation in women.

Role of estrone
Estrone, weaker than estradiol estrogen, is produced in both the ovaries and in fat tissue. It's the estrogen hormone responsible for most of the effects related to sexual development in young women.

Role of estriol
Estriol is the weakest of the three estrogens and is practically undetectable outside of pregnancy, which is when it serves its main purpose.

It's often used to treat menopausal symptoms as part of hormone replacement therapy. It may help with hot flashes, vaginal dryness, and even insomnia.

What exactly do estradiol hormones do in men?

Though estradiol originates in the ovaries for women, in men it can be produced through a process called aromatization. This process basically converts testosterone to estradiol.

In men, estradiol likely plays many roles, including maintaining strong bones, metabolizing glucose, and stabilizing vasomotor symptoms like hot flashes or night sweats. It may also help with brain function.

In male patients treated with estradiol, breast growth (gynecomastia) is a common side effect resulting from the stimulation of estrogen receptors on breast tissue. Some studies have suggested that higher estradiol levels may lead to low libido, as well.

What is the role of estradiol hormones in prostate cancer?

Estrogens work to suppress tumor growth in prostate cancer. In the medical community, interest in using estradiol in addition to standard ADT for prostate cancer treatment is increasing.

A large randomized trial from the United Kingdom in 2021 recently

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showed that advanced prostate cancer patients treated with estradiol transdermal patches achieved similar levels of castration as with ADT alone.

The findings also revealed no increase in cardiovascular events such as heart attack or stroke, which have been associated with standard ADT treatment.

Importantly, estrogens have been shown to have a significant effect on prostate cancer that has stopped responding to standard ADT. Estrogens may also help prevent some of the known side effects of ADT like hot flashes.

What factors contribute to high levels of estradiol hormones in men?

Men on testosterone replacement therapy can sometimes experience elevated estradiol levels when excess testosterone is aromatized, or converted, to estradiol.

Overweight or obese men can also have higher levels of estradiol due to aromatization in the fat tissues. As noted earlier, the role of race is controversial and hasn't been definitively shown to influence estradiol in either direction.

Rarely, a genetic condition called excess aromatase activity can lead to the acceleration of testosterone conversion. This is characterized by gynecomastia, small testicles, and extreme growth in childhood height.

Do Black people typically have higher levels of estradiol hormones?

Studies, including a 2014 report, have shown that African American women have higher follicular fluid estradiol levels throughout the menstrual cycle.

In African American men, there's conflicting evidence. A 2014 study looking at estradiol and testosterone in both Black and white men found only a modest difference in Black men's free testosterone levels — that is, they were only slightly higher than white men's.

In addition, the findings didn't detect a significant difference in serum estradiol levels between Black and white men.

An older study from 2007 showed higher estradiol levels in Black men compared to white and Mexican American men.

Finally, a 2013 study showed lower estradiol levels in adolescent Black men as compared to white and Hispanic men.

In conclusion, there isn't enough evidence to support the idea of Black people having higher levels of estradiol hormones than people of other ethnicities.

What can Black people do to protect themselves from prostate cancer?

Unequal access to healthcare has led to generally lower levels of prostate cancer screening, which can, in turn, lead to Black men being diagnosed at a more advanced stage of the disease.

Routine PSA screening with or without a digital rectal exam starting at age 45 is recommended for Black men.

More recently, researchers are especially interested in learning more about how the tumor microenvironment, or the conditions surrounding the cancer, might influence tumor growth or survival.

An increasing body of work, including a 2021 study focusing on racial disparity in prostate, suggests that diabetes, obesity, and even high blood pressure can increase prostate cancer incidence.

Are white and Asian men with high levels of estrogen at greater risk for prostate cancer?

Several older studies of predominantly white men have shown no significant association between prostate cancer and estradiol levels.

A 1996 study showed an inverse relationship, meaning that low estradiol levels were associated with higher prostate cancer risk.

While Asian men, in general, are known to have a lower incidence of prostate cancer, rates are increasing in many Asian countries.

While I am not aware of any specific studies looking at estradiol levels in this population, there's some data to suggest that high soy intake (which contains phytoestrogens) can be beneficial in prostate cancer. Soy intake tends to be high in many Asian countries, so there may be a link there.

The Takeaway

As noted earlier, we don't have evidence that high levels of estradiol contribute to prostate cancer. In fact, several studies have suggested that estradiol may be a treatment for patients with prostate cancer, especially in advanced stages.

That said, estradiol treatment has not yet made its way into prime-time treatment for prostate cancer and is still considered investigational, as its specific role and timing of treatment remains to be worked out in detail.

Dr. Joseph Brito is an ABMS board certified urologist at Yale Medicine, providing general urologic care, with a special focus in minimally invasive surgical techniques and urologic oncology. Dr. Brito completed his residency at Brown University and is fellowship trained in clinical oncology at Yale.

Source: www.healthline.com/health/advanced-prostate-cancer/role-of-estrogen-in-diagnosis

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Questions to Ask After Getting a P C Diagnosis

What type of prostate cancer do I have?

How aggressive is the cancer?

Can you explain my pathology report (laboratory test results) to me?

What stage is the prostate cancer? What does this mean?

What is the Gleason score of the prostate cancer? What does this mean?

Questions to ask about choosing a treatment and managing side effects

How much experience do you have treating this type of cancer?

What are my treatment options?

What clinical trials are available for me? Where are they located, and how do I find out more about them?

Does this prostate cancer need to be treated? What would happen if I choose not to start treatment now?

What treatment plan do you recommend? Why?

What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?

What are the possible side effects of each treatment, both in the short term and the long term?

How will treatment affect my emotional well-being?

Who will be part of my health care team, and what does each member do?

Who will be leading my overall treatment?

How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?

Will I have difficulty controlling my bladder or bowel function after treatment?

Could this treatment affect my sex life? If so, how and for how long?

Could this treatment affect my ability to have children? If so, should I talk with a fertility specialist before cancer treatment begins? Should I consider sperm banking?

If I'm worried about managing the costs of cancer care, who can help me?

What support services are available to me? To my family?

If I have questions or problems, who should I call?

Source: www.cancer.net/cancer-types/prostate-cancer/questions-ask-health-care-team

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Can Changing my Diet and Keeping Physically Active Help Fight Prostate Cancer?

This is a topic people often call us about. Eating healthily, being physically active and staying a healthy weight is important for general health, but can be especially important for men with prostate cancer.

Why? Well, firstly because there's strong evidence that being overweight increases the risk of aggressive or advanced prostate cancer.

Staying a healthy weight may also mean your prostate cancer is less likely to spread after surgery or radiotherapy. And if you're having hormone therapy to treat your prostate cancer, your treatment may be less effective if you're very overweight.

If you're experiencing side effects from prostate cancer treatment, such as weight gain, bone thinning or hot flushes from hormone therapy, bowel problems or urinary problems, making changes to your lifestyle may also help you manage them.
Just a few simple changes in your daily eating habits can help support healthier living as you recover from prostate cancer, and may even decrease risk of your cancer coming back or getting worse. All of these recommendations also apply to maintaining overall health, for you and your family.

◊ **Vegetables**. Incorporate cooked tomatoes (preferably cooked with olive oil) and cruciferous vegetables (like broccoli and cauliflower) into many of your weekly meals. Certain fruits and vegetables contain large amounts of antioxidants. Antioxidants benefit the body by removing free radicals. Free radicals can attack healthy cells and permanently disrupt their operation.

◊ **Fat**. Try to keep the amount of fat that you get from red meat and dairy products to a minimum. Several studies have reported that saturated fat intake is associated with an increased risk of developing advanced prostate cancer, while long-chain omega-3 fatty acids (the "good fat" found in fish such as salmon) are associated with lower risk. Avoid processed meats (lunchmeats) that contain nitrates, or charred meat, which have been shown to have cancer-promoting properties. Choose fish, lean poultry, or plant-based proteins such as nuts and beans instead.

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

Sources:
https://prostatecanceruk.org/about-us/news-and-views/2019/10/can-cbd-oil-treat-prostate-cancer-and-other-questions/

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

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Doctors Suggest New Names For Low-Grade Prostate Cancer

A cancer diagnosis is scary. Some doctors say it's time to rename low-grade prostate cancer to eliminate the alarming C-word.

Cancer cells develop in nearly all prostates as men age, and most prostate cancers are harmless. About 34,000 Americans die from prostate cancer annually, but treating the disease can lead to sexual dysfunction and incontinence.

Changing the name could lead more low-risk patients to skip unnecessary surgery and radiation.

"This is the least aggressive, wimpiest form of prostate cancer that is literally incapable of causing symptoms or spreading to other parts of the body," said University of Chicago Medicine's Dr. Scott Eggener, who is reviving a debate about how to explain the threat to worried patients.

The words "You have cancer" have a profound effect on patients, Eggener wrote Monday in Journal of Clinical Oncology. He and his co-authors say fear of the disease can cause some patients to overreact and opt for unneeded surgery or radiation.

Others agree. "If you reduce anxiety, you'll reduce overtreatment," said Dr. David Penson of Vanderbilt University. "The word 'cancer,' it puts an idea in their head: 'I have to have this treated.'"

Diagnosis sometimes starts with a PSA blood test, which looks for high levels of a protein that may mean cancer but can also be caused by less serious prostate problems or even vigorous exercise.

When a patient has a suspicious test result, a doctor might recommend a biopsy, which involves taking samples of tissue from the prostate gland. Next, a pathologist looks under a microscope and scores the samples for how abnormal the cells look.

Often, doctors offer patients with the lowest score — Gleason 6 — a way to avoid surgery and radiation: active surveillance, which involves close monitoring but no immediate treatment.

In the U.S., about 60% of low-risk patients choose active surveillance. But they might still worry.

"I would be over the moon if people came up with a new name for Gleason 6 disease," Penson said. "It will allow a lot of men to sleep better at night."

But Dr. Joel Nelson of University of Pittsburgh School of Medicine, said dropping the word "cancer" would "misinform patients by telling them there's nothing wrong. There's nothing wrong today, but that doesn't mean we don't have to keep track of what we've discovered."

Name changes have happened previously in low-risk cancers of the bladder, cervix and thyroid. In breast cancer, there's an ongoing debate about dropping "carcinoma" from DCIS, or ductal carcinoma in situ.

In prostate cancer, the 1960s-era Gleason ranking system has evolved, which is how 6 became the lowest score. Patients may assume it's a medium score on a scale of 1 to 10. In fact, it's the lowest on a scale of 6 to 10.

What to call it instead of cancer?

Proposals include IDLE for indolent lesion of epithelial origin, or INERRT for indolent neoplasm rarely requiring treatment.

"I don't really give a hoot what it's called as long as it's not called cancer," Eggener said.

Steve Rienks, a 72-year-old civil engineer in Naperville, Illinois, was diagnosed with Gleason 6 prostate cancer in 2014. He chose active surveillance, and follow-up biopsies in 2017 and 2021 found no evidence of cancer.

Calling it something else would help patients make informed choices, Rienks said, but that's not enough: Patients need to ask questions until they feel confident.

"It's about understanding risk," Rienks said. "I would encourage my fellow males to educate themselves and get additional medical opinions."

By CARLA K. JOHNSON April 18, 2022

Source: https://apnews.com/article/science-health-cancer-prostate-cc8e4fce80a0a6d531370a7e1ba0b8ae

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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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