Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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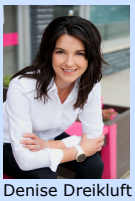
Thanks!

Next Meeting

Date: Wednesday, October 19, 2022

Speakers: Denise Dreikluft, BMR(PT) and Laura Brinkman, BMR(PT)
PhysioCARE+ Physiotherapy focused in Oncology and Cancer Rehab


Denise Dreikluft

Topic: Physiotherapy….. a self-help path leading to an enhanced Quality of Life.

"We will discuss the role of physiotherapy in oncology and cancer rehabilitation, management of common treatment side effects including incontinence, and exercise guidelines in cancer survivorship. We will save plenty of time for discussion and questions as well!


Laura Brinkman

Location: The First Unitarian Universalist Church of Winnipeg, 603 Wellington Crescent, Winnipeg

Time: 7-9 pm
(First hour for general discussion; second hour for expert guest speaker)

Free Admission Everyone Welcome Plenty of free parking Door Prizes

Thought of The Day

Your present circumstances don't determine where you can go; they merely determine where you start.

Nido Qubein

Treat the mind, not just the body for prostate cancer

Urological oncologist Miguel Ángel Jiménez-Ríos explains how the psychological burden of the disease should change physicians' approach to treatment and outreach.

The involvement of the prostate gland in sexual function, and the impact of treating tumours in it, make cancer in this part of the body an especially difficult one to deal with psychologically. Miguel Ángel Jiménez-Ríos, a urological oncologist at Mexico's National Cancer Institute in Mexico City, spoke to Nature about how the psychology of the disease affects screening rates and patients' quality of life, and how best to address these issues.

How does the psychological burden differ from that of other cancers?
Prostate cancer affects an organ that is linked to masculinity. Treatment can impair sexual and reproductive functions. We use drugs that block male hormones, but these produce mood and cognitive changes. Other treatments can cause

(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)
loss of erections, weaker orgasms or incontinence. Some treatments even require the removal of the testicles. All these changes can have deep psychological effects.

In a study of attitudes and beliefs held by Mexican men, which my colleagues and I have not yet published, we found that many are embarrassed by the idea of having a digital rectal examination, and think it would diminish their manhood. Even more thought that people might not be coming forwards for screening because they are afraid of discovering the disease. These observations are consistent with other reports.

What impact does this have on screening and treatment?
First, we think that cultural and gender beliefs related to manliness contribute to the very low rates of screening we see in Mexico. Our research has shown that 40% of men who come for diagnosis arrive after their cancer has spread beyond the prostate, at which point the disease is much harder to treat. By contrast, in the United States, only 8% already have metastatic disease when first diagnosed. But even there, men in Latino communities still typically present with more-advanced disease than white men do.

Second, the men we treat often have high levels of anxiety, depression and insecurity. This can make them less cooperative with doctors, which delays further diagnostic tests and leads to low adherence to treatment regimens. This is why treating the body is not enough. We must also address the psychological burden of prostate cancer.

What are you doing to tackle this problem?
Almost all the international guidelines for cancer treatment ignore the psychological aspects of prostate cancer. But because it is so important, we launched a programme in 2019 that integrates psychology into our practices.

Our approach, which we call OPUS, involves people being systematically assessed not just by an oncologist and a urologist, but also by a psychologist, a nutritionist and other professionals. OPUS is, as far as we know, unique in Latin America. We work with people to improve their physical and mental health, but also to foster their self-esteem, their masculine image and, above all, their willingness to participate in treatment. This psycho-oncology programme accompanies them throughout their treatment, post-treatment and, if necessary, into end-of-life care.

We're also trying to improve screening rates, in part by promoting awareness of prostate cancer. The Mexican public is not well informed about this disease: around half of the men we canvassed did not know what symptoms they should look out for, and 15% thought that a blood test to look at PSA levels — a predictor of prostate cancer — involved the same procedure as a digital rectal examination. If we can educate people, we might be able to convince more men to come forwards for screening and improve early detection.

Are you achieving what you hoped to?
The COVID-19 pandemic has slowed our research, but we have some preliminary data. We want to give people a better quality of life, as well as a longer one, and the data suggest that our psycho-oncology programme improves people's ability to manage their anger and stress, and reduces their depression and anxiety.

The data from our public campaign to bring more men in for screening, meanwhile, show that cancer had spread beyond the prostate in only 26% of those we diagnosed. This is a significant reduction from 40%, so it seems to be having an effect. However, we still need to reach more men in their forties — not enough people in that age group are coming forward for screening.

Would you like to see more psycho-oncology programmes for prostate cancer?
Yes, this is a call to action for the entire world. When we started this work around 2015, we couldn't find any oncological programmes that take people's psychology into account. Our programme could easily be adapted to other settings, and we are already working with other hospitals in Mexico to train their personnel and help them implement comprehensive multidisciplinary programmes of their own.

Prostate cancer causes anguish and fear that stops people coming forward for screening, and often lowers the quality of life for those who are diagnosed. This is a problem that affects people all over the world, and it is important to help them understand that a diagnosis is not a guillotine cutting off their head. There are side effects of treatment, but we can make modifications to minimize some of them, and help people learn to have fulfilling lives despite the others.

Nature 609, S45 (2022)

doi: https://doi.org/10.1038/d41586-022-02862-x

This interview has been edited for length and clarity.

Laura Vargas-Parada

Source: www.nature.com/articles/d41586-022-02862-x

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September Prostate Cancer Awareness Evening

On Thursday Sep 22 our annual prostate cancer awareness evening was held at the Caboto Centre in Winnipeg. Approximately 75 persons attended this event, which

featured Dr.Jeff Saranchuk (photo above) as keynote speaker. In his address Dr. Saranchuk presented a wide-ranging overview of several topical areas of the prostate cancer landscape. This included the current state of prostate cancer therapy, historical trends in both incidence and outcomes, changes in treatment philosophy meant to reduce overtreatment, limitations of our current approaches and the increased flexibility provided by judicious use of combination therapies involving hormone treatment. The negative impact of the covid pandemic was outlined, along with some of the measures taken to minimize those negative impacts. He included a brief report on progress in the development of the new Urology Centre meant to centralize and integrate urological health care in Manitoba. Audience involvement was lively throughout, with a steady stream of audience members lining up behind the floor microphone to ask questions and offer comments. Dr.Saranchuk did a masterful job in his keynote address as well as in dealing with the audience give and take. The entire evening was educational and very enjoyable. All in all, it was time well spent.

As part of this evening a special presentation event was arranged to acknowledge the great work done by the Manitoba Ride-For-Dad organization in service to the prostate cancer community here in Manitoba. Two of their long-time executives, Ed Johner and Kirk Van Alstyne (left to right in photo at bottom along with MPCSG chair Jos Borsa), were present to receive the accolades for the on-going work of their organization. Their annual motorcycle cavalcade event increases awareness about prostate cancer, thereby saving lives by early detection, and raises money for basic research to hasten the day when this disease is vanquished once and for all. In addition they annually make a generous financial contribution to our group, thereby helping us to do our work in providing services to this community. For their generosity we are profoundly grateful.

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Common Prostate Cancer Treatment May Reprogram Engine of Prostate Tumors

Biopsies from the same patients before and after treatment reveal how a specific drug reprograms prostate cancer tumors.

For more than a decade, drugs like enzalutamide (also known by the brand name Xtandi) that inhibit male hormones from activating the androgen receptor have been used to treat advanced prostate cancer. Although successful in most cases, sometimes these drugs eventually stop working. However, there is a limited understanding of how this change occurs.

A new study suggests androgen receptor inhibitors can fundamentally rewire and reshape how prostate tumors function. In fact, in some instances, they can even make tumors more aggressive. These findings from the University of Michigan Rogel Cancer Center will be published today (September 15, 2022) in the journal Nature Communications.

Male hormones function as fuel, turning on the androgen receptor that acts as the engine of prostate cancer cells. For the past 80 years, treatment for patients with advanced prostate cancer has focused on interfering with these hormone levels. These days this is typically done through hormone-lowering shots and drugs like enzalutamide. Eventually, nearly all tumors develop workarounds and escape treatment. In most of these cases, tumors remain dependent on male hormones to power their growth. Other examples of treatment resistance remain poorly understood.

"The greatest unmet need in the clinic right now is understanding the workarounds in a tumor that becomes resistant to androgen receptor targeting drugs so we can determine how best to treat the patient whose tumor has begun to grow," said Joshi Alumkal, M.D. He is the Wicha Family Professor of Oncology and Professor of Internal Medicine, and his team led this research in collaboration with the Zheng Xia laboratory at the Oregon Health & Sciences University Knight Cancer Institute. Thomas Westbrook, M.D., hematology-oncology fellow, was the study's co-first author along with post-doctoral fellow Xiangnan Guan, Ph.D. "Once enzalutamide stops working, there are limited options. We don't know how or why most tumors become resistant."

Alumkal was interested in learning what was present in these tumors to begin with and understanding what happened after tumors started to grow on enzalutamide treatment.

He and colleagues recruited patients for a longitudinal study to obtain metastatic biopsies before enzalutamide treatment and at the time the tumor became resistant to treatment. Serial biopsies from 21 patients were collected by his team, enabling them to understand the workarounds in the tumor from each patient.

According to Alumkal, this is the largest collection of matched metastatic biopsies before and after enzalutamide. "To understand resistance to drugs, researchers often collect samples from some patients before treatment and from a different group of patients whose tumors are treatment resistant. However, that approach is much less precise because there could be other significant differences between those patients. You can't pinpoint if the differences have anything to do with drug exposure or have more to do with the tumors just being different to begin with."

Alumkal's sequential sampling method provided a much clearer picture of how enzalutamide resistance might emerge. When they compared the baseline sample to the progression sample from the same patient, most tumors showed no significant gene expression changes. "That the gene expression program of a tumor prior to treatment looked very similar at progression while on enzalutamide is quite remarkable," Alumkal says. "It speaks to how well most of the tumors were able to adapt and keep the androgen receptor engine on despite enzalutamide treatment."

But that wasn't the only surprise.

In three of the 21 cases, Alumkal and his team saw a profound shift in the wiring—or gene expression program—of the tumors.

"We knew that sometimes tumors become fuel-independent and no longer rely on the androgen receptor. These tumors instead turn on a gene expression program more common in nerve cells, rather than prostate cells, and shift to an aggressive form called neuroendocrine prostate cancer."

However, Alumkal found that in 15 percent of cases, the tumors also became fuel-independent for another reason. "These tumors were wired in a unique way and were most consistent with a subtype of prostate cancer called double-negative prostate cancer, meaning the tumors no longer had the androgen receptor as an engine. But they also did not become neuroendocrine prostate cancer."

Alumkal uses vehicles to describe this change.

"Initially, nearly all prostate tumors are gas guzzlers: very fuel dependent and powered by the androgen receptor as the engine. When treated with hormonal treatments, most tumors remain fuel-dependent but become more fuel efficient, able to go farther

(Continued on page 5)

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with less gasoline.

"Our work showed that the majority of the tumors—even after receiving enzalutamide—remain very fuel-dependent, which suggests that continuing to target the androgen receptor could make an enormous difference in these tumors," Alumkal continued.

Alumkal found that three tumors converted to become double negative prostate cancer—akin to an electric vehicle. "The gasoline engine was replaced by a completely distinct set of machinery that allowed tumors to grow and survive," Alumkal explained. The DNA mutations found in the baseline and progression biopsies from these converter tumors were the same, which strongly suggests that enzalutamide completely rewired the engine of the original fuel-dependent tumor to become fuel-independent at disease progression. "It's a dramatic shift to wrap your head around."

Although the baseline tumors appeared similar under the microscope, Alumkal's team identified specific genes that were highly expressed in those that eventually became double-negative prostate cancer. This result suggests that certain tumors exist in a hybrid state, initially dependent on fuel but at risk for becoming a fuel-independent double negative prostate cancer during enzalutamide treatment.

Alumkal says results from the sequential sampling method suggest that enzalutamide is causing tumors to adapt, in some cases dramatically.

Alumkal notes that the gene signature he identified is preliminary, and the research team has more work to do. "Still, the fact that the DNA looks similar in the converters strongly indicates that enzalutamide is reprogramming tumors. We have more work to do, but it may be possible up-front to identify patients at greatest risk of having their tumor become fuel-independent after treatment with drugs like enzalutamide," he said.

Reference: "Transcriptional profiling of matched patient biopsies clarifies molecular determinants of enzalutamide-induced lineage plasticity" 15 September 2022, Nature Communications.

DOI: 10.1038/s41467-022-32701-6

By UNIVERSITY OF MICHIGAN
SEPTEMBER 15, 2022

Source: https://scitechdaily.com/common-prostate-cancer-treatment-may-reprogram-engine-of-prostate-tumors/

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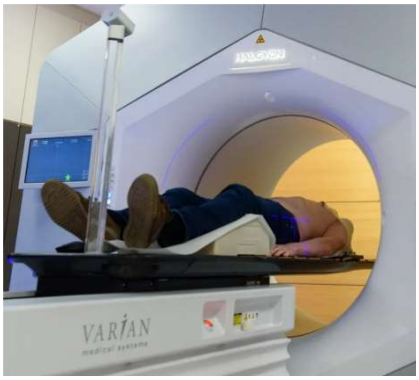
Sunnybrook-led trial aims to treat prostate cancer with improved precision

A new Canadian trial designed and led by Sunnybrook Health Sciences Centre will determine whether Stereotactic Ablative Body Radiotherapy (SABR) can replace the standard brachytherapy boost for men with unfavourable risk prostate cancer.



The trial, called ASCENDE-SBRT, aims to see around 710 participants randomized to receive five sessions of SABR or 23 whole pelvis radiation sessions and a brachytherapy boost.

SABR involves higher dose per day treatments, delivered with pinpoint precision to target tumours. Brachytherapy is a form of targeted radiation that sees a tiny radioactive seed temporarily placed inside the prostate. Five treatments of SABR is now the standard of care for favourable risk prostate patients who are not eligible for active surveillance.

This new trial will consider the benefits to the patients and the healthcare system of using this course of treatment for patients with higher risk prostate cancer. Dr. Andrew Loblaw, radiation oncologist and scientist at Sunnybrook, will lead the work along with Drs. Wendy Parulekar and Keyue Ding of the Canadian Cancer Trials Group (CCTG).

"This could mean fewer visits to the hospital, less travel, less parking, less disruption to employment and other aspects of life," Dr. Loblaw said. "We suspect it could save the healthcare system more than $30 million a year, while increasing treatment capacity and reducing wait times."

Previous Sunnybrook research for favourable risk patients has also found that men who undergo five SABR treatments have better sexual and bladder function following treatment compared to brachytherapy, he added. The trial will determine whether this is also true for unfavourable risk patients.

This trial has received a $4.5 million grant from CIHR, and will be run by the CCTG at centres across Canada.

September 15, 2022

https://sunnybrook.ca/research/media/item.asp?c=2&i=2496&f=sunnybrook-led-trial-aims-to-treat-prostate-cancer-with-improved-precision

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Prostate cancer: Radiation therapy elevates risk for future cancers

The risk is low, but one you should discuss with your doctor.

A standard treatment for localized prostate cancer — meaning cancer that is confined to the prostate gland — is to kill or shrink tumors with radiation. The long-term outcomes for most men treated this way are excellent. But as with other cancer treatments, radiation involves a certain amount of risk, including the possibility that it might cause secondary cancers to form in the body later.

Secondary cancers are defined by whether they meet certain criteria:

- ◊ they are different than the cancer a patient was initially treated for
- ◊ they occur within the irradiated area
- ◊ they were not present before the radiation treatment began
- ◊ they appear at least four years after the treatment was completed.

Historical evidence shows secondary cancers occur rarely. Now, a large study of men treated with current radiation delivery methods used in the modern era updates this conclusion.

Study data and findings

Investigators reviewed data from 143,886 men who were treated for localized prostate cancer at Veterans Affairs medical facilities between 2000 and 2015. The men ranged from 60 to 71 years in age, and came from diverse racial and ethnic backgrounds. Among them, 52,886 were treated with radiation within a year of being diagnosed. The other 91,000 men opted either for surgery over a similar time frame, or chose to have their cancers monitored and treated only when - or if - routine exams showed signs of progression.

After a median follow-up of nine years, 3% of the radiation-treated men had developed secondary cancers, compared to 2.5% of the men who chose other options. The four most common cancers — in the order of how frequently they were detected — were bladder cancer, leukemia, lymphoma, and rectal cancer. The risk of developing these secondary cancers increased steadily with time, peaking five to six years after radiation treatment was finished.

Dr. Oliver Sartor, an oncologist at Tulane University School of Medicine in New Orleans who was not involved in the study, says the potential for secondary cancers is an important issue that men should discuss with their doctors when evaluating treatment options.

Weighing risk

Unfortunately, doctors have only limited ability to predict which radiation-treated men are at greatest risk of secondary cancers. Smoking is a major risk for bladder cancer, "so men who smoke while undergoing radiation have yet another reason to quit," Dr. Sartor says. Men with inherited risks for Lynch syndrome (a type of colorectal cancer) also face higher risks from radiation. These men have gene mutations that make it harder for their cells to repair DNA damage.

Noting that Dr. Sartor makes excellent and actionable points, Dr. Marc Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, and editor of the Harvard Health Publishing Annual Report on Prostate Diseases, agrees that patients considering radiation should be informed that the treatment puts them at a small but real lifetime risk of secondary cancers, especially of the rectum and bladder, which can show up years after completing radiation therapy.

Dr. Garnick says he is reluctant to consider radiation for men with a history of inflammatory bowel diseases such as ulcerative colitis, who are also at greater risk of developing abdominal cancers. He also advises older men who were treated with radiation for prostate cancer to consult with their doctors before they stop routine colorectal screening.

By Charlie Schmidt,
Editor, Harvard Medical School

Annual Report on Prostate Diseases

September 9, 2022

Source: www.health.harvard.edu/blog/radiation-therapy-elevates-risks-for-future-cancers-202209092814

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Are you interested in Canadian cancer trial treatments?

FIND A CANCER TRIAL IN CANADA:

You can start your search for a clinical trial on this page, using the search tool on the left. Search for a clinical trial by cancer type, province, drug, keyword or phrase or you can do an advanced search using other selected options.

Share, save or print the trial details and review them with your doctor or care team. Only a doctor can refer you and enroll you in a clinical trial.

Patients may wish to consider taking part in a clinical trial when they are offered treatment for their cancer. All new treatments must be tested in a clinical trial before they are approved by Health Canada.

This site was created by the Canadian Partnership Against Cancer and its partners to help you learn about clinical trials for cancer.

Partial List of Current Manitoba Trials:

Metformin in Patients Initiating ADT as Prevention and Intervention of Metabolic Syndrome

Recruiting in 8 of 15 locations

This is a multi-centre, double-blind, randomized phase III trial comparing metformin to placebo in patients with advanced prostate cancer starting (or have recently started) androgen deprivation therapy (ADT).

The Predictive Value of Coexisting TMPRSS2-ERG Gene Fusion and PTEN Deletion in Prostate Cancer Patients With Biochemical Failure Status Post Salvage or Radical Radiation Therapy

Recruiting in 7 of 12 locations

The objective of the study is to evaluate the predictive value of TMPRSS2-ERG gene fusion and PTEN in patients with high risk prostate cancer treated with first line LHRH agonist after biochemical failure.

Management of Castration-Resistant Prostate Cancer With Oligometastases

Recruiting in 11 of 12 locations

This adaptive phase II/III randomized trial is designed to demonstrate that eradication of oligometastases by SBRT is a promising and emerging way to delay disease progression and postpone second line systemic therapies in castration-resistant prostate cancer (CRPC) patients. Only CRPC patients with an oligometastatic recurrence will be eligible to take part in this trial. All participating patients will receive either the standard of care (i.e. LHRH agonist in combination with the new generation of hormonal therapy [Enzalutamide]) or the experimental treatment (i.e. LHRH agonist in combination with the new generation of HT [Enzalutamide] plus the additional SBRT treatment). The patients will undergo different evaluations before treatment, such as imaging to confirm oligometastatic recurrence and blood tests. Patients will be stratified according to the location of metastasis (visceral [with or without bone metastases] vs. bone metastases alone) and PSA doubling time (≤ 3 vs. > 3 months). As per the standard of care, patients will have PSA testing performed every 6-12 weeks and re-imaging at 6, 9, 12, 18 and 24 months or at PSA progression, whichever occurs first.

The Metformin Active Surveillance Trial (MAST) Study

Recruitingin 10 of 11 locations

This study aims to see if metformin can delay the time to progression in men with low risk prostate cancer when compared to a placebo.

Local Ablative Therapy For Hormone Sensitive Oligometastatic Prostate Cancer

Recruiting in 9 of 14 locations

The purpose of this study is to compare the effects of ablative therapy (radiation or surgery) to all sites of disease combined with standard treatments on prostate cancer, compared to the standard or usual treatments used to treat this disease.

Darolutamide Augments Standard Therapy for Localised Very High-Risk Cancer of the Prostate

Recruiting in 6 of 10 locations

The purpose of this study is to determine the effectiveness of darolutamide as part of adjuvant androgen deprivation therapy (ADT) with a luteinising hormone releasing hormone analogue (LHRHA) in men having radiation therapy for localised prostate cancer at very high risk of recurrence.

APL-101 Study of Subjects With NSCLC With c-Met EXON 14 Skip Mutations and c-Met Dysregulation Advanced Solid Tumours

Recruiting in 3 of 3 locations

The primary Phase 1 purpose of this study was to assess overall safety, tolerability and recommended Phase 2 dose (RP2D) of APL-101. The Phase 2 portion will assess efficacy of the dose determined in Phase 1 in individuals with Non-Small Cell Lung Cancer with c-Met EXON 14 Skip Mutations; individuals with cancers associated with c-Met amplifications; individuals with cancers associated with c-Met fusion

Source: www.canadiancancertrials.ca

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FUTURE MEETINGS 2022-2023

16 Nov Xmas party cancelled this year due to remnants of covid pandemic rules. Regular meeting will be held (speaker to be announced in Nov newsletter)

21 Dec No meeting this month

18 Jan 2023 Dr Shantanu Banerji & Dr. Jeff Graham

Topic: *"Precision medicine and how it relates to prostate cancer"*

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