

Medical Advisors

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Thanks!

Thought of The Day

"Life is 10 percent
what happens to me
and 90 percent how I
react to it."

- Charles R. Swindoll

September Awareness Evening about Prostate Cancer



Keynote address by

Dr. Jeff Saranchuk

MD, FRCS(C), Urologist

Medical Director
Ernest W. Ramsey Prostate Centre
CancerCare Manitoba

In his keynote address Dr. Saranchuk will include comments on progress in developing the Urologic Center; on the impact of the covid pandemic on diagnosis and treatment of prostate cancer patients; and on other relevant topics. The audience will have opportunity to ask questions as well as offer comments.

Date and time: Thursday, September 22, 2022 7-9 pm

Location: Caboto Centre, 1055 Wilkes Ave., Winnipeg
Everybody Welcome Free Admission Free Parking Door Prizes



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.

Breakthrough study creates 3D genetic map of prostate cancer like never before

'We have never had this level of resolution available before, and this new approach revealed some surprising results.'

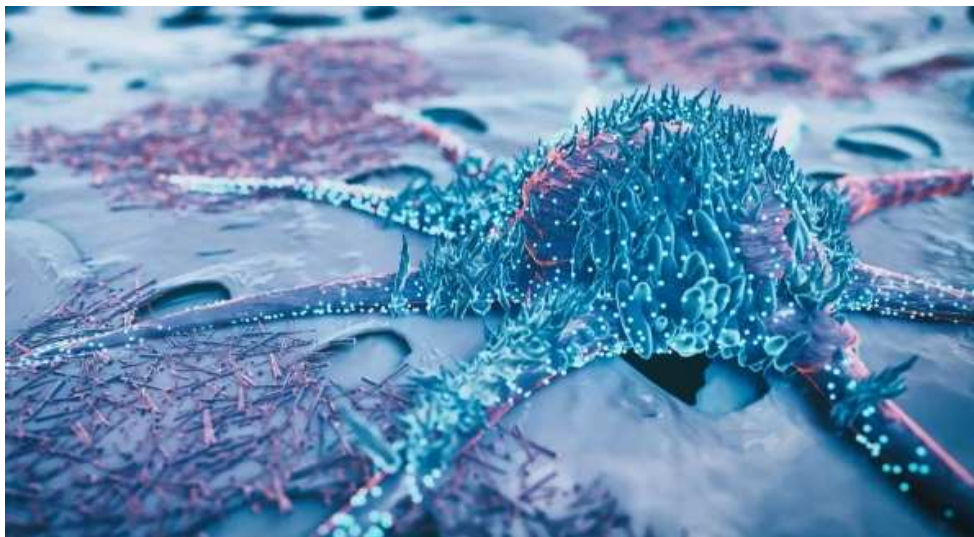
- ◇ For the first time, researchers create a 3D map of a whole prostate.
- ◇ The study revealed that prostate tumors contain a range of unknown genetic variations.
- ◇ Working out what stops healthy from becoming cancerous could help in detecting the disease earlier.

In a new study published in *Nature*, researchers have developed a breakthrough technique called spatial transcriptomics, which allows scientists to map tumors non-invasively and at an unprecedented resolution depth. For the first time, researchers have created a three-dimensional map of a whole prostate to an unprecedented resolution, including areas of healthy and cancerous cells. Surprisingly, the study revealed that individual prostate tumors contain a range of genetic variations, which until this point were unknown.

"We have never had this level of resolution available before, and this new approach revealed some surprising results," said Alastair Lamb of Oxford's Nuffield Department of Surgical Sciences, who jointly led the study.

Current techniques for studying the genetics of cells within tumors involve taking a sample from the cancerous

area and analyzing the DNA of those cells. The problem is that many cancers, such as prostate cancer, are three-dimensional, meaning that any sample would only give a small snapshot of the tumor.



A knowledge gap in cancer bridged

With current techniques for studying the genetics of cells restricted to analyzing cancerous DNA samples in 2D snapshots, the novel spatial transcriptomics technology adds resolution like never before. Many cancers, including prostate cancer, are three-dimensional, further consolidating the knowledge gap that comes with current state-of-the-art techniques. Cancer starts with a genetic mutation, so there is a need to optimize the understanding of these cellular changes. Spatial transcriptomics enabled scientists to achieve an unprecedented ability to group cells according to similar genetic identities. One surprising find was that the new technique revealed that much healthy tissue had already shown genetic characteristics usually identified with cancer.

"We have found that many of the copy number events we previously thought

to be linked specifically to cancer are actually already present in benign tissue. This has big implications for diagnosis and also potentially for deciding which bits of cancer need treating," Dr. Lamp further explained.

The 3D resolution that challenges our understanding of cancer development

The research, funded by Cancer Research UK, included the analysis of more than 150,000 regions in three prostates amongst other cancers, such as breast and brain tissue. Remarkably,

the novel spatial transcriptomics approach enabled scientists to observe genetic variation even to a resolution where individual genes could be seen, thus creating a detailed landscape of tissues.

"This fascinating research challenges our understanding of how cancer develops. Using cutting-edge technology, our scientists have built an incredibly detailed 3D map of the prostate. Their results show that apparently healthy cells in the body can have the same DNA damage as cancer cells. Working out what stops them from becoming cancerous could help us to detect this disease earlier," explained Dr. Henry Stennett, Research information manager at Cancer Research UK.

Sade Agard Aug 15, 2022

Source: <https://interestingengineering.com/science/3D-genetic-map-prostate-cancer>

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Attention please reader..... response requested

For more than two years our newsletter has been limited to an e-version. This was done as a cost cutting measure during the height of the covid pandemic. Unfortunately the e-version does not reach the hundreds of former recipients who do not receive the e-version, so we are considering re-introduction of a hardcopy version delivered by Canada Post. Thus the September newsletter is being issued in both hardcopy and e-versions to sample all readers preferences. To help us determine how best to move forward please respond to the short survey that follows this piece. You can cut it out and mail it to **MPCSG, Box 315, 971 Corydon Avenue, Winnipeg, MB R3M 3S7**. Or you can email the information to **manpros@mts.net**

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We will endeavor to send the hardcopy version to those who specifically request it. Please note that distribution of the e-version costs a small fraction of what the hardcopy version costs. In addition the e-version is in full color, while the hardcopy is in b&w.

Thank you from the Board.

87% Survival – New Combined Therapy Greatly Improves Prostate Cancer Survival

The combination therapy patient group underwent pelvic lymph node radiation and androgen deprivation treatment, as well as salvage prostate bed radiation. Over 87 percent of these patients had five-year freedom from cancer progression.

A Cedars-Sinai cancer study indicates improved survival following a combination of hormone therapy and pelvic lymph node treatment. A combination of androgen deprivation therapy—a common hormone injection—and pelvic lymph node radiotherapy prevented prostate cancer from therapy in nearly 90% of clinical trial participants for five years, according to a ground-breaking study from Cedars-Sinai Cancer. The results were recently published in the peer-reviewed journal The Lancet.



The research also demonstrates that individuals with prostate cancer who did not get pelvic lymph node radiotherapy or androgen restriction treatment had a five-year survival rate of 70%.

“We can now confirm that pelvic lymph node treatment used together with androgen deprivation therapy, or even used as a stand-alone treatment option, greatly improves outcomes in patients

with postoperative prostate cancer,” said Howard Sandler, MD, chair of the Department of Radiation Oncology at Cedars-Sinai Cancer and senior author of the study. “These findings are an encouraging step forward, both for the medical community and for the patients and their loved ones seeking curative treatment options.”

Between March 31, 2008, and March 30, 2015, 1,716 participants were recruited in the global Phase III clinical trial that formed the basis of The Lancet research. Three groups of participants were created.

By CEDARS-SINAI JULY 16, 2022

Source: <https://scitechdaily.com/87-survival-new-combined-therapy-greatly-improves-prostate-cancer-survival/>



Tips for Managing Insomnia During Cancer Treatment

How can patients manage insomnia during cancer treatment? Clare Sullivan, MPH, BSN, OCN, joined Dana-Farber for a live chat on sleep problems and insomnia. Sullivan, who is the clinical program manager for Patient Education at Dana-Farber, answered questions live and discuss how patients can prevent sleep problems. A transcript of the chat follows:

Q: What is insomnia?

A: If you experience difficulty with sleep at least three nights a week and have had these problems for more than one month, you may have insomnia. Insomnia is very common in cancer patients and survivors, but it can have serious medical effects on your health if it is not treated, so it is important to speak with a doctor if you are experiencing sleep problems.

Q: Are there certain cancers that can affect sleep more than others?

A: It's not the disease that directly affects insomnia, rather, it is consequences of the disease that can cause sleep problems.

Q: What can cause insomnia?

A: It's common for patients to experience insomnia during and after treatment. If insomnia is not treated, it can add to existing symptoms such as pain, fatigue and anxiety. Some causes of insomnia include:

- ◇ Stress, anxiety, or depression
- ◇ Physical discomfort, such as headaches, nausea, vomiting, hot flashes, or pain
- ◇ Side effects from medication, chemotherapy or radiation
- ◇ Conditions such as acid reflux, thyroid issues, or bladder problems
- ◇ Unfamiliar environments or changes to routines, such as an overnight stay at the hospital

Q: Do certain cancer treatments or medications affect sleep more than others?

A: Patients who receive steroids as part of their chemotherapy treatment are more likely to experience sleep problems. If possible, try to take the steroids early in the day.

Other non-cancer medications that can affect sleep include:

- ◇ Mixed amphetamines for ADHD (e.g. Adderall)
- ◇ Beta-blockers for high blood pressure
- ◇ Albuterol for asthma
- ◇ Pseudoephedrine for allergies (e.g. Benadryl, Sudafed)
- ◇ Anti-depressants (e.g. Prozac)



Q: Is there anything I can do on my own to help my insomnia before I seek therapy?

A: First, make sure your oncologist or care team is aware of your sleep problems. It is important they are aware of any medical or psychiatric side effects of your treatment.

Here are some strategies you can try on your own:

Improve Sleep Behaviors

- ◇ Avoid eating heavy meals, spicy foods, or sugary items close to bedtime
- ◇ Avoid watching TV or working in the bedroom

- ◇ Remove electronic devices from the bedroom
- ◇ Make sure your bedroom is free from light and noise. Consider using earplugs or wearing a sleep mask
- ◇ Avoid smoking, and limit your caffeine intake
- ◇ Avoid drinking alcohol, especially 4-8 hours prior to bedtime
- ◇ Consider moving any clocks out of view of your bed

Improve Sleep Routine

- ◇ Go to bed and get up at the same time each day, seven days a week
- ◇ Limit daytime naps to 30 minutes and avoid napping in the late afternoon
- ◇ Get regular exercise, but don't exercise within three hours of your bedtime
- ◇ Use your bed only for sleep and sexual activity
- ◇ If you can't fall asleep, get out of bed, leave the bedroom, and return when sleepy

Consider relaxation strategies

- ◇ Effective types of integrative therapies to try at bedtime include: muscle relaxation, biofeedback, imagery, hypnosis, and thought stopping.
- ◇ Talk about fears and worries early in the day, not at bedtime
- ◇ Use deep breathing exercises to help you relax
- ◇ Try gentle yoga
- ◇ Try taking a warm bath or drinking chamomile tea to aid in relaxation

If these strategies are not working for you, please speak with your cancer team.

Q: Do you recommend any over-

(Continued on page 5)

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the-counter supplements to treat insomnia?

A: It's important during cancer treatment that any sort of supplements you're considering for insomnia should be thoroughly reviewed with your care team. Many of the supplements that are advertised for insomnia could interfere with your cancer treatment.

Q: What is cognitive behavioral therapy for insomnia?

A: Cognitive behavioral therapy teaches an individual how to control thought processes when trying to relax, and how to get the mind and body to relax in order to enhance sleep.

Q: Do you recommend medication to treat insomnia during/after cancer treatment?

A: If your provider recommends any medications for insomnia, they should only be taken for a short period of time. Sleep medications can be habit-forming and should be used with caution. They do not eliminate the cause of the insomnia, so it is important to work with your health care team to identify what behaviors can be modified to eliminate the root of the problem.

Q: How can I get a good night's sleep in a hospital?

A: Patients may want to consider bringing items from home to make the stay more comfortable, such as a pillow, blanket or a favorite pair of socks. You can also discuss with the nursing staff whether you can leave the door to your room shut during certain periods of the day to minimize noise. You can also consider bringing ear plugs or wearing a sleep mask.

Q: How much sleep does an adult need to be at his/her healthiest?

A: Most adults need approximately 7-8 hours per night to function at their best.

Q: Are certain people more at risk for insomnia than others?

A: Some pre-disposing factors include being female, older age, familial history of insomnia, or a psychiatric disorder.

Q: What tips do you have for children or adolescents who are dealing with sleep problems?

Many of the tips mentioned earlier can be applied to both children and adults.

It's important to:

- ◇ Keep kids on a regular schedule
- ◇ Make sure kids don't eat a big meal before bed

- ◇ Avoid screens (TVs, phones, computers) a couple of hours before bed
- ◇ Keep up with regular exercise
- ◇ Make sure their room is set-up so it feels safe and quiet.
- ◇ Limit consumption of caffeinated beverages and stimulant foods such as colas, chocolate, candy, ice cream, cocoa, and yogurt

If kids or teens cannot fall asleep, the best thing is to get them up, try a quiet activity like reading, and then try to go back to bed.

You can also try leaving the door open to the bedroom, or plugging in a night light. Gentle relaxation or imagery can also help, such as remembering favorite places, or creating fantasy stories, such as those with superheroes.

You may also want to speak with them about any stresses, anxieties or fears that may be causing sleep problems. Make sure to talk about these things early in the day and not before bedtime.

Source: www.dana-farber.org/health-library/articles/tips-for-managing-insomnia-during-cancer-treatment/

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Radiotherapy for Prostate Cancer May Increase Risk of Second Primary Cancer

Patients with prostate cancer who receive radiotherapy have a higher risk of second primary cancer, according to a study published in JAMA Network Open.

Patients treated with radiotherapy had a greater risk of second primary cancer when compared with patients who underwent surgery or surveillance.

The researchers noted, however, that the overall risk of second primary cancer was low, with or without radiotherapy.

For this retrospective study, researchers analyzed data on 143,886 patients from the Veterans Affairs Corporate Data Warehouse. Patients had been diagnosed with localized prostate cancer from 2000 through 2015. At baseline, the median age was 65 (range, 60-71) years.

In the year after their prostate cancer diagnosis, 36.8% of patients received primary radiotherapy. Among patients who did not receive radiotherapy, 34.3% underwent surgery, and 65.7% were managed with active surveillance, medical management, or observation.

The median follow-up was 9 years. The primary outcome was the diagnosis of a second primary cancer at least 1 year after the prostate cancer diagnosis.

The rate of second primary cancer was 3.0% overall, 3.7% in patients who received radiotherapy, and 2.5% in patients who did not.

The increased risk of second primary cancer with radiotherapy was significant in a multivariate analysis, with risk increasing as the time from diagnosis increased. The hazard ratio

(Continued on page 6)

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(HR) at 1 to 5 years after prostate cancer diagnosis was 1.24 (95% CI, 1.13-1.37; $P < .001$), which increased to 1.50 for years 5 to 10 (95% CI, 1.36-1.65; $P < .001$) and to 1.59 for years 10 to 15 (95% CI, 1.37-1.84; $P < .001$), then stabilized at 1.47 for years 15 to 20 (95% CI, 1.08-2.01; $P = .02$).

Other factors significantly associated with an increased risk of developing a second primary cancer were older age at prostate cancer diagnosis and the presence of comorbidities. Black race and a later year of prostate cancer diagnosis were associated with a lower risk of second primary cancer.

The most common second primary cancers in the radiotherapy and non-radiotherapy cohorts were bladder cancer, leukemia, lymphoma, and rectal cancer.

“Overall, the incidence and risk of developing a second primary cancer were relatively low in both groups,” the researchers concluded. “Although the long-term toxic effects of radiotherapy are important to discuss when counseling patients on the risk-benefit profile of prostate radiotherapy, they need not deter physicians from recommending radiotherapy if appropriate.”

Reference

Bagshaw HP, Arnow KD, Trickey AW, et al. Assessment of second primary cancer risk among men receiving primary radiotherapy vs surgery for the treatment of prostate cancer. *JAMA Netw Open*. Published online July 28, 2022.

doi:10.1001/jamanetworkopen.2022.23025

Andrea S. Blevins Primeau, PhD, MBA

Source: www.cancertherapyadvisor.com/home/cancer-topics/prostate-cancer/radiotherapy-prostate-cancer-increase-risk-second-primary-cancer/

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Hope for advanced prostate cancer patients as search and destroy drug that could extend life expectancy gets approval

A radical ‘search and destroy’ treatment which could extend the lives of thousands of men with advanced prostate cancer has been approved by regulators.

The treatment works like a guided missile – tracking down cancer cells in the body and delivering a radioactive payload to destroy them.

Trial results suggest it can extend patients’ lives by an average of four months. Now the intravenous drug, called Lutetium (177Lu) vipivotide tetraxetan, which has the brand name Pluvicto, has been given the green light by the Medicines and Healthcare products Regulatory Agency.

It is hoped a decision on whether it will be rolled out on the NHS, by the watchdog the National Institute for Health and Care Excellence, will come later this year.

The intravenous drug, called Lutetium (177Lu) vipivotide tetraxetan, which has the brand name Pluvicto, has been given the green light by the Medicines and Healthcare products Regulatory Agency.



The treatment could give around 3,500 men a year more time with their families. It has not yet been approved anywhere else in Europe.

Johann de Bono, professor of experimental cancer medicine at The Institute of Cancer Research, London, and consultant medical oncologist at The Royal Marsden NHS Foundation Trust, said: ‘This is a major clinical advance for one the biggest killer cancers for men – improving survival significantly along with quality of life, with few side effects.’

The drug, made by Novartis, targets a protein on the surface of prostate cancer cells called PSMA, prostate-specific membrane antigen

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He added: ‘This approach also has promise for other cancers.’

The drug, made by Novartis, targets a protein on the surface of prostate cancer cells called PSMA – prostate-specific membrane antigen. It contains a molecule, known as PSMA-617, which seeks out and binds to PSMA. Then it delivers a targeted blast of radiotherapy, thus sparing healthy tissue.

Joseph Woollcott of Prostate Cancer UK, said: ‘Men with advanced prostate cancer currently have limited treatment options, and this could open up a whole new avenue for a more targeted, precise type of therapy.’

By VICTORIA ALLEN SCIENCE
CORRESPONDENT FOR THE DAILY MAIL

August 2022

Source: www.dailymail.co.uk/health/article-11103845/Search-destroy-drug-extend-lives-advanced-prostate-cancer-patients-gets-approval.html

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FDA clears AI software for spotting prostate cancer in MRI scans

To assist in making a cancer diagnosis, Bot Image's machine learning program produces a colorized map of normal and abnormal prostate tissue.

A small, Nebraska-based company has received FDA clearance for artificial intelligence-driven software that helps pick out the signs of prostate cancer in MRI scans.

Bot Image's ProstatID program was trained using thousands of digital images, radiologist interpretations and biopsy results. It automatically recognizes and measures the volume of the prostate gland and highlights suspicious lesions that could be harboring tumor cells.

"Prostate cancer screening and detection methods adoption has changed little over the past 30 years, despite the mountain of evidence pointing to the efficacy of superior

technologies and the futility of the old methods," CEO Randall Jones said in a statement. "Sadly, this has resulted in the unnecessary and premature deaths of countless numbers of men in the U. S. alone."

In addition, the prostate itself can pose a challenge when it comes to getting a clear scan, due to its location within the body and the uniformity of its tissue, the company noted.

To assist in making a cancer diagnosis, Bot Image's machine learning algorithms are designed to produce a colorized map of normal and abnormal tissue. The program also assigns a probability score to each lesion—derived from T2, apparent diffusion coefficient and diffusion-weighted images.

The company plans to offer ProstatID,

its first product, as a software-as-a-service. Radiologists will connect with Bot Image's cloud-based servers, upload their MRI scans and receive an AI-generated report in return, with the entire IT process taking less than an hour to set up, according to Jones.

Bot Image—a company originally incubated at the MRI coil provider ScanMed—also plans to develop AI software for detecting conditions such as stroke, liver disease, chronic obstructive pulmonary disease and other cancers using MRI imaging.

By Conor Hale Aug 8, 2022

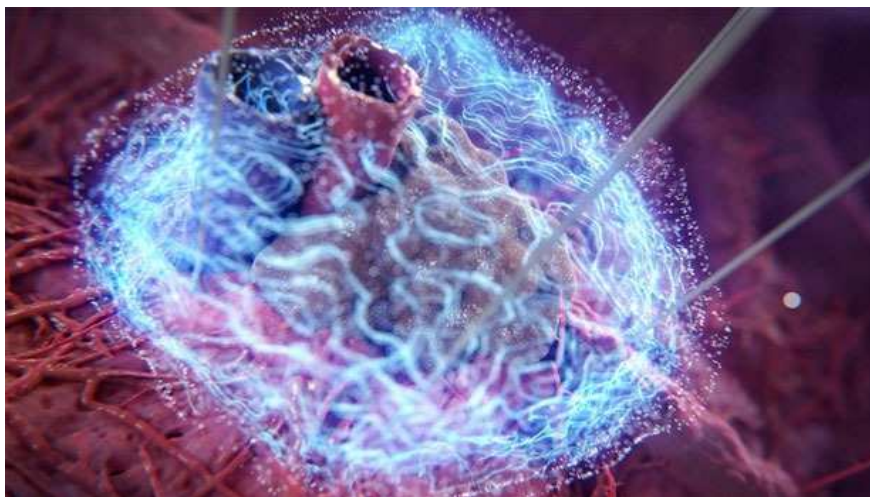
Source: www.fiercebiotech.com/medtech/fda-clears-ai-software-spotting-prostate-cancer-mri-scans

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'Game-changing' operation cures prostate cancer in one hour

INDIANAPOLIS (WISH) – According to doctors, prostate cancer can be cured using a non-invasive breakthrough procedure in just one hour.

The operation is called NanoKnife and works by using electrical currents to invade and attack hard to reach tumors.



while radiotherapy is delivered over many weeks or months."

Emberton goes on to say the method has been used to successfully treat pancreatic cancer. Now it's about expanding its' use to include prostate cancer.

Clinical trials testing the effectiveness of Nanoknife are underway in the U.S.

The technique is clinically known as irreversible electroporation, or IRE, and is said to target the cancer with high precision and accuracy without the need for radiation or surgery to remove the prostate.

This has earned NanoKnife a reputation by doctors as being quick, amazingly simple, and a game-changing treatment.

"Compared to surgery and radiotherapy, the advantages are significant," urologist and NanoKnife consultant, Dr. Mark Emberton, said in an interview. "There is maintenance of sexual function and avoidance of incontinence, but also rapid recovery. These guys are up and walking in a couple of hours whereas with surgery they would have to take weeks off,

Dr. Mary Gillis, D.Ed. Aug 22

Source: www.wishtv.com/news/medical/game-changing-operation-cures-prostate-cancer-in-one-hour

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FUTURE MEETINGS 2022

- 19 Oct** Speaker to be announced
“The self-help approach to improving your quality of life as a prostate cancer survivor”
- 16 Nov** Xmas party cancelled (covid constraints)
Regular meeting will be held (speaker to be announced)
- 21 Dec** No meeting this month
- 18 Jan** 2023 program begins

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