Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 373 **April 2023**

Medical Advisors

Paul Daeninck M.D.
Medical Oncologist

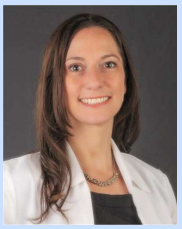
Darrel Drachenberg
M.D. Urologist

Arbind Dubey M.D.
Radiation Oncologist

Piotr Czaykowski M.D.
Medical Oncologist

Thanks!

Next Meeting



Date: Wednesday, April 19, 2023

Speaker: Dr. Sara Korsunsky B. Sc., N.D.
(Naturopathic Doctor)
Sun Sky Wellness and the Centre for Natural Medicine
Manitoba Naturopathic Association
Canadian Association of Naturopathic Doctors

Topic: "Using Lab Data and Genomics for Prevention and Improved Management of Prostate Cancer"

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

"Perseverance is not a long race; it is many short races one after another."

Walter Elliott

Reminder about availability of MPCSG Outreach Activity

As part of our outreach activity we provide speakers to any community service group interested in learning about and upgrading their knowledge about prostate cancer.

If you are part of a group that would like to experience a slide show providing a comprehensive overview about this disease, done at an easy to understand layperson level, please contact Pat Feschuk at 204-654-3898 to schedule such an event.

The presentation takes about an hour, and allows for active engagement between speaker(s) and audience to explore a variety of interests and concerns.

There is no cost for this service. Size of the group doesn't matter, but the more the merrier. You provide the audience and we'll provide the speaker.

• • •

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.

Rapid genetic testing targets advanced prostate cancer patients for new treatments

Streamlined approach detects pathogenic variants in 10% of patients, reports The Journal of Urology

A rapid genetic testing model for patients with advanced prostate cancer can more quickly identify those with "actionable" gene variants eligible for newer targeted therapies, reports a clinical trial in the May issue of The Journal of Urology®, an Official Journal of the American Urological Association (AUA). The journal is published in the Lippincott portfolio by Wolters Kluwer.

"Oncologist-initiated germline genetic testing is a feasible approach to testing prostate cancer patients," comments senior author Maria I. Carlo, MD, of Memorial Sloan Kettering Center, New York. "In our sample, nearly 10% of patients had a gene variant that made them eligible for effective new therapies, with faster results than traditional referral for genetic testing and counseling."

Need for new models to meet demand for genetic testing of prostate cancer

Research has identified several pathogenic variants (PVs) – most commonly involving DNA-damage repair genes – that affect the behavior and clinical outcomes of advanced prostate cancer. Some of these PVs can be targeted by immunotherapy or other newer treatments, with the potential to improve tumor responses and patient survival, compared to standard treatments.

A key example is a class of medications called PARP inhibitors, which are effective in killing prostate cancer cells associated with mutations of the BRCA1 and BRCA2 genes – variants that are also linked to familial breast and ovarian cancer. PARP inhibitors have been approved for the treatment of prostate cancers when relevant PVs are present.

Availability of these and other new treatments has greatly increased the demand for genetic testing of advanced prostate cancers. However, traditional referral to a genetics clinic can take weeks or even months, with a further wait until results are available. "This model is unlikely to accommodate the up to 30,000 patients per year with new metastatic prostate cancer who may need time-sensitive genetic test results for therapeutic decision making," Dr. Carlo and colleagues write,

The researchers developed and evaluated a "mainstreaming" model to make timely genetic testing more readily available for patients with advanced prostate cancer. In this approach, oncologists identified patients appropriate for genetic testing at routine office visits, rather than going through the traditional referral process. A key first step was pre-testing education, including a brief, patient-friendly educational video. (The online version of the article includes a link to the patient video.)

Nearly half of patients with PVs had 'therapeutically actionable results'

After learning about genetic testing, 510 patients consented to the procedure, with samples collected for testing of 14 genes associated with hereditary prostate cancers. Follow-up was provided by a genetic counselor, who contacted the patients by telephone to obtain family history and discuss the results.

The streamlined genetic test model identified pathogenic gene variants in 51 patients, for a rate of 10.2%. Of these 51 patients, 47 had variants involving BRCA or other DDR genes. Sixty-one percent of patients had at least one with a history of breast cancer. Reflecting the demographics of the population served by the study centers, about one-third of the patients with PVs were of Ashkenazi Jewish ancestry: a group with elevated risk of hereditary prostate cancer.

Forty-seven patients had a "therapeutically actionable result," involving a PV for which some form of approved or investigational targeted therapy is available. Overall, in 22 of 48 advanced prostate cancer patients who had a PV, the genetic findings led to discussions of a possible change in treatment.

In follow-up evaluations, patients were highly satisfied with the pre-test education process and with their decision to undergo genetic testing. Results were delivered to and discussed with patients a median of 20 days after sample collection.

"This study demonstrated the feasibility and clinical impact of utilizing an alternative model of genetic testing in individuals with advanced prostate cancer," Dr. Carlo and coauthors conclude. They add: "This process and education material could serve as a model to other institutions experiencing a high volume of prostate cancer patients."

Wolters Kluwer Newswise
March 29, 2023

Source: www.newswise.com/articles/rapid-genetic-testing-targets-advanced-prostate-cancer-patients-for-new-treatments

• • •

Revolutionary Prostate Cancer Treatment Kills Resistant Cells by Targeting Key Enzyme

By inhibiting one enzyme, scientists from Sanford Burnham Prebys can kill prostate cancer cells when other treatments can't.

For the first time, researchers have discovered that prostate cancer can be killed by targeting a single enzyme, called PI5P4Kα. The findings, published recently in the journal Science Advances, could help address the growing threat of treatment resistance in prostate cancer and could also lead to improved treatments for other cancers, such as those affecting the breast, skin, and pancreas.

"This is the first time this enzyme has been implicated in prostate cancer, and we expect that it will prove relevant to other cancers as well," says co-senior author Brooke Emerling, Ph.D., an associate professor at Sanford Burnham Prebys. "An important element of improving precision medicine is using as many tools as possible to treat cancer while mitigating the risk of resistance."

Many cases of prostate cancer can be treated through treatments that lower testosterone and other male sex hormones, but about 10–20% of prostate cancer cases resist treatment within five years. This treatment-resistant prostate cancer can then spread to the rest of the body, where it becomes deadly.

"Understanding how prostate cancer develops resistance is critical for discovering new therapeutic strategies to delay or reverse the progression of prostate cancer," says Emerling.

The prostate gland requires male sex hormones, known as androgens, to grow. Prostate cancer hijacks the androgen signaling machinery of the prostate in order to grow rapidly, which is why treatments that disrupt these pathways are effective.

"What's remarkable is that we've found an enzyme that can be targeted against prostate cancer even in cases where treatments that lower hormones are ineffective or where resistance has developed," says Emerling. "This could give us a whole new weapon against prostate cancer and other cancers that rely on this enzyme."

The study was prompted by an observation made by Emerling's colleagues at the University of Bern, led by co-senior author Mark A. Rubin. They noticed that patients with treatment-resistant prostate cancer had high levels of PI5P4Kα, suggesting that this protein played a role in the cancer's ability to resist treatment and grow. Emerling's team was then able to show—using multiple prostate cancer model systems—that inhibiting this enzyme could kill treatment-resistant prostate cancer.

"It was that initial observation from the patient data that really got us excited," adds Emerling.

PI5P4Kα is part of a group of enzymes called PI5P4Ks that are involved in the metabolism of lipids, a type of molecule that includes fats, hormones, and many vitamins. While other areas of cancer metabolism have been extensively researched for decades, lipid metabolism has only recently emerged as a promising therapeutic avenue for cancer.

"Treatments that target lipid metabolism could be an unexplored treasure trove, and it's something researchers are very interested in right now," says Emerling. "We're working to develop drugs to target this enzyme, and there are several companies out there developing their own drugs as well."

Because of this interest, Emerling and her colleagues are optimistic about the future of this treatment approach. She says, "There's no drug yet, but I have high hopes that in the near future, we'll have something in clinical trials. That would be amazing."

Reference: "PI5P4Kα supports prostate cancer metabolism and exposes a survival vulnerability during androgen receptor inhibition" by Joanna Triscott, Matthias Reist, Lukas Küng, Francielle C. Moselle, Marika Lehner, John Gallon, Archna Ravi, Gurpreet K. Arora, Simone de Brot, Mark Lundquist, Hector Gallart-Ayala, Julijana Ivanisevic, Salvatore Piscuoglio, Lewis C. Cantley, Brooke M. Emerling and Mark A. Rubin, 1 February 2023, Science Advances. DOI: 10.1126/sciadv.ade8641

Additional authors of the study include Joanna Triscott, Matthias Reist , Lukas Küng , Francielle C. Moselle, Marika Lehner Simone de Brot, University of Bern; John Gallon and Salvatore Piscuoglio, University of Basel; Archna Ravi and Gurpreet K. Arora, Sanford Burnham Prebys; Mark Lundquist and Lewis C. Cantley, Weill Cornell Medicine; Hector Gallart-Ayala and Julijana Ivanisevic, University of Lausanne.

This study was supported by the Swiss National Science Foundation (SNF#31003A_175609 and SNF#310030_207635), an EU Commission Marie Skłodowska-Curie Individual Fellowship (PCAPIP), and The Johanna Dürmüller-Bol Foundation. Brooke Emerling was supported by NCI (R01 CA237536, CBC under contract 1053 no.75N91019D00024, task order no. 75N91020F00003) and ACS (RSG-20-064-01-TBE and TLC21-156-01). Lewis Cantley was supported by the National Cancer Institute (R35 CA197588). The metabolomics platform thanks SNF for the financial support: R'Equip grant no. 183377. Additional support was provided by the Englander Institute for Precision Medicine (EIPM).

By SANFORD BURNHAM PREBYS
MARCH 14, 2023

Source: https://scitechdaily.com/revolutionary-prostate-cancer-treatment-kills-resistant-cells-by-targeting-key-enzyme

• • •

Digital Rectal Exam Fails as Screening Tool for Prostate Cancer

Digital rectal examination (DRE) is neither helpful nor useful as a solitary prostate cancer screening tool in middle-aged men, say investigators reporting the PROBASE study.

The study compared risk-adapted screening measures in men who had prostate-specific antigen (PSA) measured at age 45 with those who had PSA measurements plus DRE at age 50.

The results show that as a solitary screening tool, 99% of DREs did not raise suspicion for prostate cancer, and among the 57 cases where DRE did raise suspicion, only three men were found to have cancer, all of which were low-grade, reported Agne Krilaviciute, PhD, from the German Cancer Research Center in Heidelberg, and colleagues.

"We also see that the cancer detection rate by PSA is four times higher compared to the DRE detection. Around 18% of the tumors are located in the part of the prostate where DRE cannot detect them," she said in an oral presentation here at the European Association of Urology (EAU) Congress.

The investigators found that the majority of prostate cancers that occurred in this relatively young population were International Society of Urological Pathology (ISUP) grade 1 (Gleason score 3+3=6) or grade 2 (Gleason 3+4=7). DRE yields positive results in only about 12% of cases of ISUP grade 1 or 2, they noted.

"We conclude that DRE as a solitary screening test does not lead to a significant PCa [prostate cancer] detection rate in young men," Krilaviciute said.

Falling by the Wayside

The study adds to the growing body of evidence that DRE may not be especially helpful as either a screening tool or when used in active surveillance of men with prostate cancer.

As recently reported by Medscape Medical News, an international consensus panel found that DRE could be safely skipped for active surveillance when MRI and other more accurate and objective measures, such as biomarkers, are available.

A prostate cancer expert who was not

involved in the PROBASE study told Medscape Medical News that when he was in medical school, it would have been considered a serious lapse of practice not to perform a DRE, but that things have changed considerably over the past several years.

"We have PSA now, we have technology with MRI, and the yield of digital rectal examination is very low," commented Julio Pow-Sang, MD, chief of the genitourinary oncology program at Moffitt Cancer Center in Tampa, Florida,

"Empirically, it's very rare to find positive cancer through rectal exam in this day and age of PSA," he said, adding that the examination itself is highly subjective, with varying results depending on the skills of the particular examiner.

"I think that in time, with good studies like this, digital rectal exam specifically for prostate cancer is going to slowly fade away," Pow-Sang said.

Another expert agreed. Mark Pomerantz, MD, clinical director of the Lank Center for Genitourinary Oncology at the Dana-Farber Cancer Institute in Boston, who reviewed the study for Medscape, commented that DRE no longer has a secure place in prostate cancer screening.

“We are not recommending it, and before this study we were not recommending it. On its own it is not a useful screening tool, and while it may add to our confidence in an elevated PSA indicating prostate cancer, it’s still not very helpful,” he said in an interview.

PROBASE Results

PROBASE was a randomized screening study enrolling men at age 45 to test a risk-adapted screening strategy using a baseline PSA value with the additional offer of DRE in a large subcohort of participants.

The study was conducted in Germany, and the authors note that the "German statutory early detection program recommends DRE as a stand-alone screening test starting annually at age 45."

The PROBASE investigators enrolled 46,495 men from February 2014 through December 2019.

Among the first 23,194 men enrolled, 6537 underwent DRE at enrollment without a study PSA test.

In this group, 6480 DREs (99%) were not suspicious for cancer, and 57 (1%) were. Of those with suspected prostate cancer, 37 underwent biopsy and 20 did not. Of those biopsied, only two were found to have prostate cancer. This translated into a cancer detection rate of 0.03% for DRE.

(Continued on page 5)

(Continued from page 4)

After a median of 6.6 years of follow-up, only one additional case of ISUP grade 2 prostate cancer was detected among the 6357 men who had DREs at enrollment, translating into a prostate cancer detection rate of .05%.

The investigators also looked at men who suspicious DRE findings at baseline. They assumed that a DRE-detectable tumor at age 45 would still be manifest 5 years later and should be detectable with PSA at age 50. Of the 57 men with initially suspicious findings, 11 returned for PSA screening but refused biopsy, and of this group only one had an elevated PSA level. He then underwent biopsy, but the findings were negative.

Of those who underwent biopsy on the basis of DRE, 16 had prostatitis, 14 had benign prostatic hyperplasia, one had high-grade prostatic intraepithelial neoplasia, one had atypical small acinar proliferation, and three had equivocal findings.
In total, the investigators found 24 tumors among men screened with DRE. Of these, three occurred in men with results deemed suspicious and 21 were in men with unsuspicious digital exams. All of the tumors were ISUP grade 1, 2, or 3 tumors.

Among 245 men who had biopsies for a PSA level ≥ 3 ng/mL, primarily Prostate Imaging Reporting and Data System (PI-RADS) 3-5 tumors, DRE findings at the time of biopsy were unsuspicious in about 82% of cases, Krilaviciute said.

"We also used MRI data to determine what proportion of tumors would be potentially detectable by DRE. We estimated that around 18% of tumors are located in the upper part of the prostate, which is not detectable by DRE," she said. "Even excluding those tumors, still the DRE detection rate is low in palpable tumors."

Although DRE performed better in higher-grade tumors, 80% of the tumors in the PROBASE participants were ISUP grade 1 or 2 and were likely to be undetected by DRE, she added.

"In Germany, the recommendations for the screening still include 45-year-olds to go with annual DRE. The PROBASE trial allowed us to evaluate the first time what was the diagnostic performance for DRE at such a young age, and we see that 99% of men undergoing DRE have suspicious findings, and among the 1% of suspicious findings having cancers extremely unlikely," she said.

The study was supported by Deutsche Krebshilfe (German Cancer Aid). Krilaviciute and Pow-Sang reported having no relevant conflicts of interest.

European Association of Urology Annual Congress (EAU 2023). Abstract A0899. Presented March 9, 2023.

Neil Osterweil, an award-winning medical journalist, is a long-standing and frequent contributor to Medscape.

Neil Osterweil March 14, 2023

Source: https://www.medscape.com/viewarticle/989605

• • •

Prostate Cancer: How a New Surgical Technique Can Reduce Postoperative Complication

- ◊ Researchers say a small, technical change can help reduce a post-operative complication from prostate cancer known as lymphocele.
- ◊ That's when lymphatic fluid collects in the pelvis after surgery.
- ◊ Experts say the condition is uncommon, but it can pose serious health risks if left untreated.

German surgeons say a small, technical change to a surgery for prostate cancer can greatly reduce the common post-operative complication of lymphatic fluid collecting in the pelvis.

The technique allows the fluid to escape into the abdomen by creating a small flap in the peritoneum – the lining of the abdomen – and attaching this flap down into the pelvis. Then it can be more easily absorbed.

Researchers presented their findings recently at the 2023 European Association of Urology Annual Congress in Milan.

The research hasn't been published yet in a peer-reviewed journal.

What to know about lymphocele

The scientists said in a statement that about 10% of people whose prostate cancer and lymph nodes are removed by robot-assisted keyhole surgery require treatment for symptoms caused by lymphatic fluid collecting in the pelvis, a condition known as lymphocele.

Lymphocele can also be found in nearly a third of subjects without them reporting symptoms, which include infection, pelvis pain, bladder pressure, and swollen legs due to vein compression.

If left untreated, symptomatic lymphocele can lead to serious infections or deep vein thrombosis.

Draining a lymphocele can take from three days to three weeks, with treatment complete only when the fluid is no longer accumulating. That means a hospital stay for some people.

(Continued on page 6)

(Continued from page 5)

"When they've only just returned home following a cancer operation, the last thing patients need is to return to hospital with this kind of complication, which unfortunately is fairly common," said Manuel Neuberger, a urology specialist from University Medical Centre Mannheim and Heidelberg University in Germany, in a statement.

If drainage doesn't cure the problem, then – in rare cases – doctors create an artificial opening in the peritoneum, providing an escape route for the lymph so it's no longer stuck in the pelvis.

The German team says creating a flap beforehand can prevent the condition in the first place.

Details from the prostate cancer surgery study

Researchers looked at 550 subjects and four different surgeons working at University Medical Centre Mannheim, who were only told whether a subject was to have a peritoneal flap once the rest of the operation had been completed.

Study participants were randomized between the two groups – with flap or without – accounting for other factors that might increase the risk of lymphocele. Those factors included diabetes, the extent to which lymph nodes were removed, whether they took anti-coagulants and the surgeon doing the operation.

Researchers followed up for 6 months after the operation. Only 10 people in the peritoneal flap group developed a symptomatic lymphocele, compared to 25 in the control group.

When discharged, 20 people in the flap group had lymphocele with no symptoms, compared to 46 in the control group. During follow-up, this rose to 27 in the flap group and 74 in the control group.

"Using the peritoneal flap reduced the incidence of lymphocele from nine percent to less than four percent," said Dr Philipp Nuhn, a team leader and a professor of urology at University Medical Centre Mannheim, in a statement. "We now use this as the new standard in Mannheim, and hope that – following these results – it will become common practice elsewhere as well."

Experts react to prostate cancer surgery technique

Doctors interviewed by Healthline said the new procedure seems to make sense.

"Creation of a peritoneal window is actually a well-known treatment for patients with pelvic lymphoceles," Dr. S. Adam Ramin, a urologist and medical director of Urology Cancer Specialists in Los Angeles, told Healthline.
"This article discusses a proactive approach to prevention of lymphocele formation," Ramin added. "In other words, rather than waiting to see if lymphocytes form, and then do another second surgery, it may make sense to create the peritoneal window at the time of prostatectomy to proactively prevent lymphocele formation."

Ramin added that the advantages of the procedure would depend on how the prostatectomy procedure is performed.

"If the prostatectomy procedure is a Retzius-sparing procedure, or an extra peritoneal procedure, in which case the peritoneum is not opened during the laparoscopic (keyhole) robotic prostatectomy, then it makes sense to create the peritoneal window," Ramin said. "However, the more common technique of prostatectomy done robotically involves an intraperitoneal approach in which case a peritoneal window is automatically created. The benefit of additional peritoneal windows with this particular type of surgery is unknown."

An uncommon but potentially dangerous condition

Dr. Michael Johnson, a urologist at Siteman Cancer Center at Washington University in St. Louis, told Healthline that lymphoceles aren't common after prostate surgery, and symptomatic lymphoceles are less common.

However, he said, they're problematic when they occur.

"It is a small technical change," Johnson said. "As patients recover from prostate surgery, we hope that they do not develop a lymphatic leak and we have ways to minimize this risk.

"If they do, we hope that the fluid naturally drains into the peritoneal cavity," he added. "This technical change helps maximize this. My takeaway from this is that surgeons need to look at their personal rates of lymphoceles and ensure that they continue (to) refine their technique – which may include this peritoneal window – to ensure optimal patient safety."

By Tony Hicks on March 12, 2023 —
Fact checked by Jill Seladi-Schulman, Ph.D.

Source: www.healthline.com/health-news/prostate-cancer-how-a-new-surgical-technique-can-reduce-postoperative-complication

• • •

Some men with prostate cancer can avoid, delay harsh treatments, study finds

Patients diagnosed with prostate cancer have a low risk of dying from the disease regardless of whether they opt to monitor the condition or undergo aggressive treatment. More men with prostate cancer could afford to delay their treatment, a decades-long study has found, suggesting that active monitoring by health-care professionals is an equally valid — and less harsh — option.

(Continued on page 7)

(Continued from page 6)

The study, published Saturday in the New England Journal of Medicine, followed more than 1,600 men newly diagnosed with localized prostate cancer in the United Kingdom. Up to 21 years after diagnosis, the study found that patients' risk of dying from the disease was low regardless of whether they were actively monitored or treated with radiation or surgery.

More aggressive treatment helped slow progression of the disease, but did not lower the men's overall risk of dying of the disease. The authors say this finding suggests that "more aggressive therapy can result in more harm than good" — because the side effects of those treatments can be debilitating to patients, and may not pay off in the end.

That is "very good news for patients," said Freddie Hamdy, a professor of surgery and urology at the University of Oxford and lead author of the study. It means that more men could afford to delay aggressive treatments that are likely to leave them with lasting side effects, as long as they are carefully monitored for changes in their condition.

That kind of monitoring is already offered to low-risk prostate cancer patients in the United Kingdom and the United States, but this study suggests that it "can be extended safely to intermediate-risk disease," Hamdy said. It could provide some hope to people affected by prostate cancer, which is the fourth-most prevalent type of cancer worldwide.

As part of the study, which was funded by the British government, more than 80,000 men between 50 and 69 were screened for prostate cancer between 1999 and 2009. More than 2,600 were diagnosed with the disease, and 1,643 were enrolled in the trial.

The men were at low or intermediate risk from their disease, and the authors stressed that their findings do not apply to men at high risk. "High-risk patients need quick and aggressive treatments," Hamdy said.

The researchers split the men in the cohort into three groups that were monitored over time or treated with radiotherapy or prostatectomy, a surgical procedure to remove all or parts of a patient's prostate. The goal was to measure and compare the effectiveness of each treatment.

At a median of 15 years post-diagnosis, the men were given a follow-up to see how they were faring. Fewer than 3 percent had died of prostate cancer, and the odds were similar for each treatment group. For example, 3.1 percent of the deaths came among men in the active-monitoring group, while 2.9 percent were among men who received radiotherapy.

Without treatment, men in the active-monitoring group were nearly twice as likely to see their prostate cancer progress and spread — or form what's known as metastases — than the men in the aggressive treatment groups. But that progression didn't lead to a higher likelihood of death. This surprised the researchers, according to Hamdy, who said it suggests that "if men develop metastases, that doesn't necessarily mean they will die of prostate cancer" — though they may die of other causes.

Because prostate cancers typically progress slowly, even if the cancer evolves more quickly under active monitoring, the study's finding suggests that the long-term deleterious effects of harsh treatment may not be worth it.

Active monitoring, also known as active surveillance, is already used for many low-risk men. It doesn't mean "doing nothing," Hamdy said. Patients under active monitoring are tested regularly by a clinician for "any hint that the disease is progressing." If the cancer is progressing, then the patient may need surgery, radiation or hormone therapy. In the study, most men in the active-monitoring group eventually received some form of more aggressive treatment.

Jenny Donovan, a professor of social medicine at the University of Bristol and co-author of the study, said some men make the decision to undergo aggressive forms of treatment because they do not fully understand that they could delay those treatments without affecting their chances of survival — and some later "regret their decisions."

In a separate paper, also published Saturday in the same medical journal, the researchers revealed that many men who undergo aggressive treatments report negative side effects that can last up to 12 years. These side effects include urinary leakage and erectile dysfunction. They "come quite soon after treatment but do then last into the long-term," said Donovan, who argues it is important for patients to consider these effects against the likely benefits of the treatments.

"Now, men diagnosed with localised prostate cancer can use their own values and priorities when making the difficult decisions about which treatment to choose," Donovan said in a news release.

Overall, the study shows that patients "should not panic if they're diagnosed with prostate cancer," Hamdy said. "But if they have high risk, they really need to seek advice and get treated well."

By Annabelle Timsit March 12, 2023

Source: www.washingtonpost.com/health/2023/03/12/men-prostate-cancer-treatment-study/

• • •

MANITOBA PROSTATE CANCER SUPPORT GROUP TAX DEDUCTIBLE DONATION

NAME:_____

ADDRESS:_____ POSTAL CODE_____

THIS GIFT IS IN MEMORY/HONOUR OF_____ PLEASE SEND NOTIFICATION TO:_____

NAME:_____

ADDRESS:_____ POSTAL CODE_____

***Make payment to**: Manitoba Prostate Cancer Support Group;*
Box 315 – 971 Corydon Ave., Winnipeg, Manitoba, R3M 3S7
**A tax deductible receipt will be issued. Charity number: 88907 1882 RR0001*

***Credit Card** donations can be made by going to our website at: www.manpros.org and clicking on the donate tab. Canada Helps will issue a tax receipt. **Amount:** $25 $50 $75 $100 Other_____*

Thank you to our sponsors

CancerCare Manitoba FOUNDATION

All funds raised stay in Manitoba.

Gold Wing Road Riders Association
Manitoba District - Region K
http://mb-a.regionk.ca/

Manitoba Gold Wing
Road Riders Association

MANITOBA MOTORCYCLE RIDE FOR DAD

Email - manpros@mts.net ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL

Help us lower our costs :

Receive this newsletter by email ~ Please notify us and we'll make the changes. *Thank-you*

FUTURE MEETINGS 2023

17 May **Dr. Rashmi Koul** MD, FRCPC, CCPE
CancerCare MB
"Stereotactic Body Radiation Therapy (SBRT) in prostate cancer"

21 Jun **Dr. Gary Jawanda**
Manitoba Men's Health Clinic
"Role of the GP in early diagnosis, treatment and management of prostate cancer"

19 Jul **Dr Sabine Mai** B.Sc., M.Sc., Ph.D.
CancerCare MB Research Institute
Professor, Max Rady College of Medicine, University of Manitoba
"Liquid biopsy for prostate cancer: what circulating tumor cells reveal"

16 Aug To be announced

MPCSG BOARD

Don Murray - Chair	(204) 487-0822
Ernie Schade - Vice Chair Board Meeting Convenor	(204) 489-1648
Jos Borsa - Past Chair	(204) 219-7726
Pat Feschuk – Special Events	(204) 654-3898
Liz Feschuk - Special Events	(204) 654-3898
Deloris Ankrom - Board Member	(204) 795-4361
Wally Jackson - Board Member	(204) 668-1222
Al Morris - Secretary	(204) 770-9108

This newsletter is a
Bottom Line Computer Services
publication
Bottom Line Computer Services is not responsible for content
www.misterpete.com

Volunteers On Committees

Irek Iskat — membership

For general information
please contact Jos Borsa at number listed above