Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 377 August 2023

Medical Advisors

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Thanks!

Next Meeting

Date: Wednesday, August 16, 2023

Speaker: Dr. Rene Zahedi M.Sc., Ph.D., Director, MB Centre for Proteomics and Systems Biology (Internal Medicine)

Topic: "Proteomics and systems biology: powerful tools in the fight against 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

A battle is won by him who is firmly resolved to win it.

Leo Tolstoy
(War and Peace)

FDA approves new treatment for advanced prostate cancer

The treatment offers new hope for men who test positive for mutations affecting BRCA and other DNA-repair genes.

In June, the FDA approved a new treatment for the most advanced type of prostate cancer. Patients who have this condition, which is called metastatic castration-resistant prostate cancer (mCRPC), have few therapeutic options, so the approval helps to fill an urgent need.

mCRPC sets in when the front-line hormonal therapies that doctors use first for treating metastatic prostate cancer stop working. These drugs limit the body's production of testosterone, a hormone that fuels prostate cancer growth. If they are no longer effective, then doctors switch to a different class of drugs known as anti-androgens that further inhibit testosterone by blocking its cell receptor. One of those drugs is called enzalutamide.

The newly approved treatment combines enzalutamide with a second drug, talazoparib, that was already on the market for

(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)
female cancer patients who test positive for BRCA mutations. These inherited gene defects boost risks for breast and ovarian cancer, but they can also elevate risks for prostate cancer in men. Indeed, an estimated 10% of men with metastatic prostate cancer are BRCA-positive.

Talazoparib inhibits a DNA-repair system called PARP that the tumor cells need to keep their own genes in working order. When PARP is blocked by treatment, the cancer cells will eventually die. Other PARP inhibitors, including olaparib and rucaparib, are already approved for advanced prostate cancer in BRCA-positive men.

During research leading to this latest approval, 399 men with mCRPC were randomly divided into two groups. One group received talazoparib plus enzalutamide; the other group was treated with enzalutamide plus placebo. The men averaged 70 years in age, and most of them had already been treated with chemotherapy and/or a different anti-androgen called abiraterone. All the men were positive for either BRCA mutations or defects affecting other DNA-repair genes.

What the study showed

Results from the still-unpublished study were presented at the 2023 American Society of Oncology Annual Meeting in June. After a median follow-up of roughly 17 months, the enzalutamide/talazoparib combination reduced the risk of death or visible signs of tumor progression by 55%.

Among the specific subgroup of BRCA-positive patients, "there was an 80% reduction in risk progression or death, which is enormous for these men and obviously very welcome," said lead researcher Dr. Karim Fizazi, a professor at the University of Paris-Saclay in France.

Scientists had hoped that combining PARP inhibitors with anti-androgens would similarly benefit prostate cancer patients with no DNA-repair defects, but evidence from a different study by Dr. Fizazi and his colleagues shows they do not.

For that reason, the FDA approved the new combination only for mCRPC patients who test positive for mutations affecting DNA-repair genes. Dr. Fizazi and his colleagues are continuing to monitor the enrolled patients for improvements in other areas, such as overall survival, quality of life, and subsequent need for chemotherapy.

Dr. David Einstein, an assistant professor of medicine at Harvard Medical School and a medical oncologist at Beth Israel Deaconess Medical Center in Boston, says the evidence helps to confirm that PARP inhibitors have a role to play in genetically-selected men with mCRPC. Additional research is needed to assess if the observed benefits are "specific to the combination or just because access to PARP inhibition was provided at some point in the disease course," he says.

"Genetic testing for BRCA, which originally targeted females, is now becoming mainstream for men with a family history of breast and ovarian cancers, as well as men with mCRPC regardless of family history," says Dr. Marc B. Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center. "This is important, as it has implications for other family members and treatment choices alike. Also important to note is that where this study enrolled men who had already been treated with chemotherapy and/or abiraterone, future research will likely move the enzalutamide/talazoparib combination — or components of it — to earlier disease stages."

July 12, 2023

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

Reviewed by Marc B. Garnick, MD, Editor in Chief, Harvard Medical School Annual Report on Prostate Diseases; Editorial Advisory Board Member, Harvard Health Publishing

Source: www.health.harvard.edu/blog/fda-approves-new-treatment-for-advanced-prostate-cancer-202307122952

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Important Notice re Sept Meeting! Please take heed!

Our Sept meeting previously scheduled for **Wednesday, Sep 20, 2023** has encountered a scheduling conflict arising from factors beyond our control. This has required us to move the event forward two days to **Monday, Sept 18, 2023.** Location and time remain unchanged. Please pass this information on to your friends who may not see this notice of change. Thank you for understanding.

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What Is Transurethral Ultrasound Ablation (TULSA)

Transurethral ultrasound ablation (TULSA) is a breakthrough, nonsurgical procedure that treats prostate cancer and an enlarged prostate.

Using heat created by concentrating ultrasound energy, TULSA destroys cancerous or excess tissue while protecting nearby healthy organs and structures. The TULSA procedure doesn't involve radiation or incisions. Doctors personalize the procedure to your unique anatomy and needs using MRI-guided technology before, during, and after treatment. This level of customization and precision delivers effective results while reducing the risk of erectile dysfunction, urinary incontinence, and rectal problems.

TULSA concentrates ultrasound energy to remove unhealthy tissue from the prostate gland. Unlike other procedures, TULSA accesses prostate tissue through the urethra. This approach allows specialists to reach the exact areas that require treatment while protecting the urethra and rectum. Cooling technology reduces the chances of damaging these and other surrounding structures.

TULSA may be an excellent option for men who desire an alternative to radiation or surgery. During a TULSA procedure, doctors use real-time magnetic resonance imaging (MRI) technology to pinpoint the exact treatment area. This high level of precision protects healthy tissue, nerves, and other important structures.

What to Expect

TULSA is a nonsurgical procedure that treats prostate cancer that hasn't spread to other parts of the body and relieves BPH symptoms. A doctor performs the procedure in one session, which takes three to four hours.

Before the Procedure

- ◊ Your doctor may order certain tests to confirm you're a good candidate for TULSA.
- ◊ Your doctor may ask you to stop taking certain medications, such as blood thinners and vitamins.
- ◊ You will need to ask someone to drive you home on the day of your procedure.

During the Procedure

- ◊ You receive general anesthesia and will be asleep during the procedure.
- ◊ The doctor accesses the prostate gland by inserting a small, slim device through the urethra. This device destroys the unhealthy cells using heat from ultrasound. To protect the urethra, the device also has cooling abilities.
- ◊ The doctor inserts another cooling device into the rectum to protect that tissue from damage and preserve its function.
- ◊ The doctor uses MRI technology to map out the exact treatment areas based on your prostate's shape and size and the location of unhealthy tissue.
- ◊ The TULSA system carries out the treatment plan created by your doctor, directing heat only to those specific tissues.
- ◊ Real-time temperature maps confirm that heating within the prostate is adequate while avoiding heating surrounding structures. The doctor uses these temperature maps to monitor and modify the treatment as needed.

After the Procedure

- ◊ Recovery tends to be relatively short and easy.
- ◊ You go home the same day.
- ◊ You'll need to wear a catheter for several days or weeks to help with urination.
- ◊ You can return to work and other activities within a few days.
- ◊ You have a follow-up visit on the day of your catheter removal and again three months after your procedure.
- ◊ Additional follow-up appointments are scheduled at six, nine, and twelve month intervals. Appointments can either be in-person or video visit and may include blood tests, an MRI, and a biopsy of the prostate.

Source: https://stanfordhealthcare.org/medical-treatments/t/tulsa.html

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Prostate cancer: Prognosis, stages, and more

A prostate cancer prognosis depends on how early a doctor diagnoses the cancer. With an early diagnosis, the prognosis is excellent. The advanced disease has a much worse prognosis.

Prostate cancer attacks the prostate, a small gland located between the base of the penis and the bladder. Prostate cancers tend to grow slowly, but they can spread. When these tumors spread, the cancer can be fatal or affect overall health.

This article explains the prognosis, stages, causes, treatment of prostate cancer, and whether it is preventable.

Prostate cancer prognosis

According to the American Cancer Society (ACS), the overall 5-year survival rate for all stages is 97%, suggesting doctors diagnose most prostate cancers early.

According to the ACS, prostate cancer is second to skin cancer as the most common type of cancer in males in the United States. About 1 in 8 US males will receive a prostate cancer diagnosis in their lifetime. It becomes more likely as a person ages. About 60% of males who receive a diagnosis of prostate cancer are over 65 years.

The outlook for people with prostate cancer is good when they receive an early diagnosis.

Improved screening tools, especially prostate-specific antigen (PSA) testing, can help doctors detect cancer in its early stages and identify people at a higher risk of cancer.

According to the ACS, 5-year survival rates are as follows:

- Localized cancer: Greater than 99%.
- Regional cancer: Greater than 99%.
- Distant or metastatic cancer: 32%.

The overall 5-year survival rate is 97%.

Treatment for prostate cancer can cause some complications and side effects. Prostatectomy, the removal of the prostate, may cause erectile dysfunction (ED) and urinary incontinence.

Radiation to the prostate may cause side effects such as:

- difficult or painful urination
- urinary leakage or urgency to urinate
- diarrhea
- ED
- blood in urine
- rectal bleeding

What is prostate cancer?

Prostate cancer is cancer that originates in the glands of the prostate. The prostate is a gland that makes components of seminal fluid. It sits under the bladder and in front of the rectum.

Prostate cancer occurs when cells in the prostate grow out of control, forming a tumor. Over time, the cancer can spread to nearby locations and other body regions. This is metastatic prostate cancer.

Stages

Several different staging systems exist, including the three-stage tumor model. This model assesses the size of the tumor using the TNM staging system, the PSA score, and the grade group, which is based on the Gleason score. These systems reveal specific information about the behavior of the cancer and whether the tumor has spread.

One of the most important factors in assessing prostate cancer is whether the cancer has spread outside the prostate. Cancer that has spread significantly is harder to treat and cure. The stages are as follows:

- Localized: This means prostate cancer exists only where it is found, with no spreading. Risk groups for recurrence can be very low, low, intermediate, high, or very high.
- Regional: This means the cancer is possibly in nearby structures, the lymph nodes, or both.
- Metastatic: This means the cancer has spread into distant lymph nodes or bones.

Symptoms

Early prostate cancer does not usually cause symptoms. However, it may cause symptoms similar to benign prostatic hyperplasia or an enlarged prostate in some males. Those symptoms include:

- blood in the urine
- painful urination
- trouble urinating
- frequently urinating at night
- difficulty maintaining a consistent urine stream

Causes and risk factors

Prostate cancer occurs when cells in the prostate grow abnormally and out of control. As with other cancers, genetics

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may play a role. People with a family history of prostate cancer may develop more aggressive cancer earlier.

Age is the most significant prostate cancer risk factor, with about 80% of males developing it by the age of 80. However, the aggressiveness of cancer tends to decrease with age.

Other risk factors include:

- ◊ hypertension
- ◊ obesity
- ◊ sedentary lifestyle
- ◊ agent orange exposure
- ◊ elevated testosterone
- ◊ family history

Treatment

The most common treatments for prostate cancer that has not spread include:

- ◊ Observation: If the cancer is slow-growing and low risk, a doctor may recommend delaying treatment and instead continuing to test for signs that the cancer has spread.
- ◊ Prostatectomy: Prostatectomy is surgery to remove the prostate and the cancer.
- ◊ Radiation: This is a treatment to kill cancer cells, often along with surgery.

Other less common or experimental treatments include:

- ◊ cryotherapy to freeze the cancer, if it has not spread
- ◊ chemotherapy to treat metastasized cancer that is resistant to hormonal treatment
- ◊ hormonal therapy to stop testosterone from reaching the cancer cells.
- ◊ biological therapy to help the body fight the cancer

Correct treatment depends on a person's age, overall health, treatment goals, and cancer stage.

Prevention

It is not possible to prevent all cases of prostate cancer. An active lifestyle, avoiding harmful chemicals, and managing conditions such as hypertension may lower the risk. Doctors may prescribe the drugs finasteride and dutasteride to people who have a high risk of developing prostate cancer. These medications may reduce the risk of cancer but not the risk of dying of cancer. These drugs can also cause side effects such as ED. A person should discuss their risk factors with a doctor.

Summary

Most people survive prostate cancer with minimal complications. If the cancer is localized and grows slowly, many people do not immediately need treatment. But prostate cancer can still be fatal.

People with cancer can work with an oncologist to discuss treatment and outlook, and all males should consider asking a doctor about their prostate cancer risk.

Anyone concerned about prostate cancer might consider talking with a doctor.

Last medically reviewed on July 10, 2023

Source: https://www.medicalnewstoday.com/articles/prostate-cancer-prognosis

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Steps men can do to lower risk of a second cancer

The idea of developing a second cancer is unsettling and scary. But, the good news is that men can take steps lowering their risk to stay as healthy as possible.

Here are important healthy steps prostate cancer survivors should do:

- ◊ Reach a healthy body weight
- ◊ Stay physically active limiting time spent sitting or lying down
- ◊ Eat a healthy dietary pattern that includes plenty of fruits, vegetables, and whole grains, and limit or avoid red and processed meats, sugary drinks, and highly processed foods
- ◊ Avoid alcohol as much as possible
- ◊ Stay away from all tobacco products and tobacco smoke – smoking can increase the risk of bladder cancer as well as increased risk of other cancers such as lung cancer

What's the difference between a cancer recurrence and second cancer?

All cancer survivors are at risk of either a cancer recurrence or second cancer altogether. But what is the difference between these two terms? A cancer recurrence happens when first cancer comes back, such as in men diagnosed with prostate cancer, who has been declared in remission, but then in the future is diagnosed again with his prostate cancer reoccurring. This type of recurrence will be the same type of cancer any cancer survivor had before, even if it develops in a different area of the body.

A second cancer is not the same thing as a cancer recurrence. It's new cancer that happens in someone who has had cancer but is a completely new and different type of cancer than the first one.

Dr. David Samadi July 6, 2021

Source: https://prostatecancer911.com/can-prostate-cancer-increase-the-risk-of-other-cancers/

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Major trial shows breast cancer drug can hit prostate cancer Achilles heel

A drug already licensed for the treatment of breast and ovarian cancers is more effective than targeted hormone therapy at keeping cancer in check in some men with advanced prostate cancer, a major clinical trial reports.

Olaparib, a pill lacking the side effects of chemotherapy, can target an Achilles heel in prostate cancers with a weakness in their ability to repair damaged DNA. It is now on the verge of becoming approved as the first genetically targeted treatment for prostate cancer.

This precision medicine drug, a type of treatment called a PARP inhibitor which specifically targets cancer cells with faulty DNA repair genes, blocked prostate cancer growth more effectively than the modern targeted hormone treatments abiraterone and enzalutamide.

The final results from the PROfound trial, published in the prestigious journal the New England Journal of Medicine today (Tuesday), are set to herald the landmark approval of olaparib in prostate cancer in the US and Europe this year. The study was funded by AstraZeneca.

Prostate cancer with DNA repair faults
A team from The Institute of Cancer Research, London, and The Royal Marsden NHS Foundation Trust, alongside colleagues from all around the world including Northwestern University in Chicago, US, studied 387 men with advanced prostate cancer who had alterations in one or more of 15 DNA repair genes.

The researchers found that using olaparib in this group of men with faulty DNA repair genes significantly delayed disease progression.

Men with prostate cancers that had faulty BRCA1, BRCA2 or ATM genes benefited the most from receiving olaparib – with their disease taking 7.4 months before it progressed, compared with 3.6 months for those who received enzalutamide and abiraterone.

Men with an alteration in any of the other 12 pre-selected DNA repair genes also benefitted from receiving olaparib.

Overall, for men with any of the 15 faulty DNA repair genes who were given olaparib, the length of time before their cancer got worse was 5.8 months on average, compared with 3.5 months with targeted hormonal treatment.

We are building a new state-of-the-art drug discovery centre to develop a new generation of drugs that will make the difference to the lives of millions of people with cancer. Find out more about the challenge of cancer drug resistance and help fund research to help finish cancer.

Transforming treatment for advanced prostate cancer

The discovery of abiraterone by the ICR, and its development by the ICR and The Royal Marsden, has transformed treatment for men with advanced prostate cancer.

Researchers are excited at the prospect that olaparib – which the ICR discovered how to genetically target – could be even more effective than abiraterone in selected men with DNA repair mutations.

The overall survival of men with faulty BRCA1, BRCA2 or ATM genes was 19 months on average for those who received olaparib, compared with 15 months for those who received abiraterone or enzalutamide – despite more than 80 per cent of the men who received the targeted hormone treatments switching to olaparib when their cancer progressed and spread. However, longer follow-up will be needed to show a survival improvement conclusively.

The most frequent adverse effects were anaemia and nausea, which have been associated with olaparib in the past. But overall, olaparib is a well-tolerated treatment, and much kinder on patients than chemotherapy.

Genomic testing is crucial to tailor treatment

PROfound is the first trial to show how crucial it is to carry out genomic testing in prostate cancer patients. It is vital to

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identify different patient groups based on their genetics and to tailor treatment accordingly.

Researchers are now hoping to see olaparib become available on the NHS for patients with advanced prostate cancer and faulty DNA repair genes within the next two years.

Next, they will look at combining olaparib with other treatments, with the aim of improving outcomes even further.

'Exciting to see such clear benefits'
Study co-leader Professor Johann de Bono, Professor of Experimental Cancer Medicine at the ICR, and Consultant Medical Oncologist at The Royal Marsden, said:

"Our findings show that olaparib – a drug which targets an Achilles heel in cancer cells while sparing normal, healthy cells – can outperform targeted hormone treatments in some men with advanced prostate cancer.

"It's exciting to see a drug which is already extending the lives of many women with ovarian and breast cancer now showing such clear benefits in prostate cancer too. I can't wait to see this drug start reaching men who could benefit from it on the NHS – hopefully in the next couple of years.

"Next, we will be assessing how we can combine olaparib with other treatments, which could help men with prostate cancer and faulty DNA repair genes live even longer."

'I've been on olaparib for almost two years'

Peter Isard, 59, a patient at The Royal Marsden, said:

"Initially after diagnosis I went onto hormone therapy and then chemotherapy. Six months after finishing chemotherapy, my PSA rose rapidly and I was told my chance of living for two years would be quite low. I came to The Royal Marsden for a second opinion and Professor de Bono found I had a genetic mutation that would make me suitable for an olaparib trial.

"I've been on the drug for almost two years now. I had a number of tumours in my lymph nodes, but now there is only one that is visible and I feel incredibly lucky not to have experienced any side-effects whatsoever."

Professor Paul Workman, Chief Executive of the ICR, said:

"It is great to see that this treatment, which we learned how to genetically targeted at the ICR, can successfully hit an Achilles heel in some men with advanced prostate cancer. These landmark findings mean that olaparib is now set to become the first ever genetically targeted drug for the disease.

"The next step will be to find new ways to combine olaparib with other treatments in order to prevent or overcome drug resistance. It is this kind of research, which aims to target cancer's lethal ability to adapt and evolve, which we will be conducting in our pioneering Centre for Cancer Drug Discovery once it opens later this year."

Source: https://www.icr.ac.uk/news-archive/major-trial-shows-breast-cancer-drug-can-hit-prostate-cancer-achilles-heel

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New prostate cancer pill for advanced cases gives men new hope of survival

Scientists have developed a new pill for advanced prostate cancer that disrupts the tumor's metabolism. This pill releases a potent medication into the weakened cells, leading to their destruction.

In experiments conducted on mice, a version of this pill, administered orally, significantly reduced the size of the cancerous growths. The pill contains the drug cisplatin, known for its effectiveness against several types of cancer, including testicular, breast, ovarian, bladder, lung, and head and neck tumors.

Until now, cisplatin has been ineffective against prostate cancer due to the development of resistance. Additionally, many aggressive prostate cancer cases also fail to respond to hormone therapy.

In an analysis of biopsies from 38 patients, it was found that prostate cancer cells thrive through a process known as fatty acid oxidation. Tests determined that a compound named Platin-L inhibits this process, leading to over a 50 percent reduction in tumor growth in cell lines.

"We believe Platin-L can circumvent these resistance mechanisms," says Shanta Dhar, Ph.D., assistant director of Technology and Innovation at Sylvester Comprehensive Cancer Center, an associate professor of Biochemistry and Molecular Biology, a researcher, co-leader of Engineering Cancer Cures, and the study's senior author, in a media release.

by Study Finds

JULY 12, 20230

Source: https://studyfinds.org/new-prostate-cancer-pill/

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Notice from board of directors regarding newsletter publishing

For the 2023 year our newsletter will be published monthly in electronic format. Hardcopy versions will be distributed via Canada Post only on a Modified quarterly basis during the months of January, April, July and September. This is to reach as many of our members as possible while reducing our operating costs.

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Help us lower our costs :

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

FUTURE MEETINGS 2023

18 Sep September prostate cancer Awareness Evening (SAE2023).

Please note that this day and date has been changed from Wednesday Sep 20 to Monday Sep 18, 2023.

This is our **highlight event** of the year and will be held at the Caboto Centre in Winnipeg. It will feature a distinguished keynote speaker who will provide a high-level overview of prostate cancer treatment here in Manitoba. There will be opportunity to ask questions and make comments.

18 Oct Dr. Shelley Turner M.D. Medical Director, EKOSI Health
"Cannabis role in treatment and management of prostate cancer"

15 Nov Xmas potluck

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For general information
please contact Jos Borsa at number listed above