Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, January 18, 2023

Speakers:

Dr. Shantanu Banerji MD FRCPC
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Director of Precision Medicine and Advanced Therapeutics CancerCare Manitoba
Associate Professor, Department of Internal Medicine
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Dr. Jeffrey Graham MD MPH FRCPC
Medical Oncologist, CancerCare Manitoba
Assistant Professor, Department of Internal Medicine, University of Manitoba
Affiliate Scientist, CancerCare Manitoba Research Institute

Topic: "The application of precision medicine to 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

"You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it."

– Maya Angelou

Prostate cancer: Zapping metastatic tumors with radiation improves survival

For some men, this strategy eliminates the need for hormonal therapy.

Oligometastatic cancer is an early form of stage 4 prostate cancer that has spread to other organs in the body, but only to a limited degree — generally defined as no more than three to five areas outside the prostate gland, most commonly the lymph nodes or bones.

Barely a decade ago it was considered universally fatal, and treatment was limited to systemic hormonal therapies that shut down testosterone, a hormone that drives the tumors to grow. But now, exciting developments in the field are leading to new treatment strategies that are improving patient survival in clinical trials.

These strategies are enabled by advances in medical imaging, revealing metastatic tumors that were previously too small to see. Doctors can now treat the tumors directly with radiation or surgery.

(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)

This is called metastasis-directed therapy (MDT), and it is allowing some men with oligometastatic prostate cancer to delay or even completely avoid hormonal therapy, along with its challenging side effects.

Now, results from an important new study show that beneficial responses to MDT hold up with long-term follow-up.

The researchers' methodology

To generate the findings, researchers combined results from two prior studies that randomized men to MDT or observation: one called STOMP and another called ORIOLE. The men in the studies were treated with a technique called stereotactic ablative radiotherapy, which focuses intense beams of radiation on tumors from multiple directions, while sparing healthy tissues. Taken together, the studies showed that MDT delays cancer progression and the subsequent need for hormonal therapy. After they were published, MDT started becoming more widely adopted.

For this new study, the STOMP and ORIOLE subjects were combined into a single group of 116 men with a median follow-up of 52.5 months. The research's aim was to compare differences in progression-free survival (the amount of time it takes for the cancer to worsen) between men who were treated with MDT and those who were not.
Results showed a clear benefit from radiation: progression-free survival lasted 11.9 months, on average, among the MDT-treated men, compared to 5.9 months among the untreated controls.

But the researchers also went a step further: they analyzed archived samples of the subjects' blood and tumor tissues for cancer-associated mutations in five different genes: ATM, BRCA1, BRCA2, Rb1, and TP53. Again, the data revealed a stark discrepancy: among men with at least one mutation, progression-free survival lasted an average of 7.5 months, compared to 13.4 months on average among those who had none.

Remarkably, progression-free survival lasted four years or longer in up to 20% of the MDT-treated men, regardless of their mutational status. But in general, men lacking in the mutations had the best responses. MDT by itself may be initially sufficient for these men, the researchers concluded, while among those with high-risk mutations, MDT might be more effective if paired with a systemic therapy.

An expert's reaction

"The authors should be applauded for their respectable follow-up of 52 months," says Dr. Nima Aghdam, a radiation oncologist at Beth Israel Deaconess Medical Center in Boston, and a member of the Harvard Medical School Annual Report on Prostate Diseases advisory board. In the right setting, Dr. Aghdam added, MDT can be delivered safely, delaying treatments that often lead to a decline in the patient's quality of life.

Selecting the right patients for treatment is critical, but the mutations identified "may allow us in the future to determine who will benefit most from MDT," he said. It may be, Dr. Aghdam said, that MDT given by itself offers a pathway for a long-term, disease-free period among patients treated in community settings. "This will require longer studies to clarify," he said, "but the possibility that a good proportion of patients can defer="defer" ADT for a long time will be broadly appreciated."

About the Author
Charlie Schmidt, Editor, Harvard Medical School Annual Report on Prostate Diseases

November 7, 2022

Source: www.health.harvard.edu/blog/prostate-cancer-zapping-metastatic-tumors-with-radiation-improves-survival-202211072843

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Prostate cancer: How long should hormonal therapy last?

Men with high-risk tumors obtain the greatest benefit from long-term treatment.

Hormonal therapy is a cornerstone of prostate cancer treatment, but it has burdensome side effects. Men who take these testosterone-blocking drugs experience fatigue, loss of muscle mass, and a heightened risk of cardiovascular diseases. Doctors and patients alike are therefore highly motivated to use hormonal therapy only for as long as necessary.

But how long is long enough? A recent study provides needed clarity.

Study process and results
Researchers working at 10 hospitals in Spain enrolled 355 men with newly diagnosed prostate cancer that was still confined to the prostate and seminal vesicles (adjoining glands that produce semen). The men were divided into two groups: one group received a short course of hormonal therapy lasting four months, and the other group was treated for a longer duration of 24 months. All the patients were also treated with high-dose radiation.

After 10 years, only men who had been diagnosed initially with high-risk prostate cancer (prostate cancer with biological features that predict aggressive spread) benefited from the long-term treatments. Specifically, 67.2% of these men avoided subsequent increases in prostate-specific antigen (PSA) that signified worsening cancer. By contrast, 53.7% of men with high-risk cancer who received four months of hormonal therapy avoided similar PSA increases. Importantly, 78.5% of high-risk men who had long-term hormonal therapy were still alive after 10 years, compared to 67% of high-risk men treated with hormonal therapy for four months.

Among men with intermediate-risk

(Continued on page 3)

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.

(Continued from page 2)

prostate cancer, the duration of hormonal therapy made little difference. Just four men with intermediate-risk cancer developed worsening cancer that had spread to other sites in the body. Two came from the short-term treatment group, and two from the group that received hormonal therapy for 24 months. And after 10 years, none of the intermediate-risk patients had died from prostate cancer, regardless of how long the hormonal therapy treatments lasted.

Experts' opinions

"This study settles the question of length of hormonal therapy for most patients with high-risk prostate cancer who are also treated with radiation," says Dr. Nima Aghdam, a radiation oncologist at Harvard-affiliated Beth Israel Deaconess Medical Center in Boston who did not participate in the research. "It provides a robust comparison of options available to our patients, and in my view gives them the opportunity to make an informed decision about the length of hormonal therapy based on high-level evidence.

"In terms of the absolute duration of treatment, I think there is likely a happy medium between four and 24 months for certain patients who have specific high-risk features. I encourage patients to discuss this option with their doctors. However, this study does not answer the question of whether all intermediate-risk patients need four months of hormonal therapy, and we should continue to refine our approach to that very common scenario."

The study did not include men with low-risk prostate cancer, "for whom the current standard is no hormonal therapy at all," added Dr. Anthony Zietman, a professor of radiation oncology at Harvard Medical School who also did not participate in the research.

December 5, 2022

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

Source: https://www.health.harvard.edu/blog/prostate-cancer-how-long-should-hormonal-therapy-last-202212052860

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Metastasis-Directed Therapy Alone May Treat Solitary Prostate Cancer Recurrence

The potential benefit of using metastasis-directed therapy alone for single oligorecurrent prostate cancer is a delay in systemic therapy and its side effects, according to investigators.

Metastasis-directed therapy alone may delay initiation of systemic therapy in select men with a solitary metastasis after hormone-sensitive prostate cancer recurrence, a new retrospective study suggests.

Among 124 patients with solitary oligorecurrent metastases observed on C-11 choline positron emission tomography (PET), 67 received surgical excision and 57 received stereotactic body radiation therapy (SBRT) as metastasis-directed therapy (MDT), without concurrent androgen deprivation therapy (ADT) or systemic therapy. Surgery was mostly recommended for lymph node metastasis. Radiation therapy was mostly recommended for bone metastasis.

PSA decline of more than 50% occurred in 80.5% of the surgery group and 40.3% of the SBRT group, Jack R. Andrews, MD, of Mayo Clinic Arizona in Phoenix and colleagues reported in The Journal of Urology. The 3-year radiographic progression-free survival rate was 29% in the surgery group and 16.5% in the SBRT group.

In a subset, surgery was associated with a median 14.9-month delay in radiographic progression and a median 18.5 month delay in initiation of systemic therapy, the investigators reported. SBRT was associated with a median 12-month delay in radiographic progression and a median 17.8 month delay in initiation of systematic therapy.

“This study represents the first reported series of MDT without ADT in patients with solitary metastatic prostate cancer,” the authors wrote. “These results suggest that MDT without ADT can delay systemic therapy and likely has a role in the treatment algorithm for oligometastatic prostate cancer.”

Dr Andrews’ team noted that neither the American Urological Association nor the National Comprehensive Cancer Network® (NCCN) recommends MDT as part of guideline-based care. However, the NCCN “has recently allowed for consideration of MDT to improve progression-free survival.”

They added that their report, along with upcoming clinical trials such as the STORM trial (ClinicalTrials.gov identifier: NCT03569241) “suggests a revision of the guidelines to allow for MDT in carefully selected patients.”

The investigators pointed out that the natural history of prostate cancer differs for lymph vs bone metastasis. Patients selected for surgery vs radiation also differed in other ways, precluding a direct comparison of the treatments. More research is warranted.

Disclosure: Some study authors declared affiliations with biotech, pharmaceutical, and/or device companies.

Natasha Persaud November 21, 2022

Reference

Andrews JR, Ahmed ME, Sharma V, et al. Metastasis-directed therapy without androgen deprivation therapy in solitary oligorecurrent prostate cancer. J Urol. 208(6):1240-1249. doi:10.1097/JU.0000000000002898

Source: www.renalandurologynews.com/home/news/urology/prostate-cancer/metastasis-directed-therapy-alone-may-treat-solitary-prostate-cancer-recurrence/

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Single drug compound may offer a promising new strategy for treating prostate cancer patients

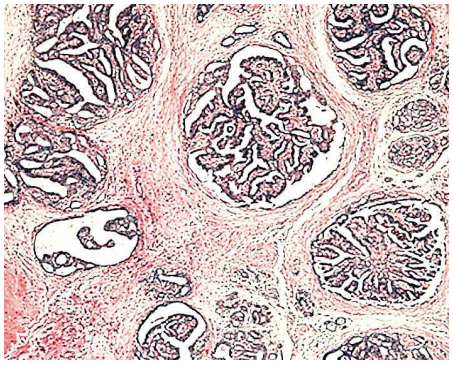
A single drug compound simultaneously attacks hard-to-treat prostate cancer on several fronts, according to a new study in mice and human cells. It triggers immune cells to attack, helps the immune cells penetrate the tumor, and cuts off the tumor's ability to burn testosterone as fuel, according to new research from Washington University School of Medicine in St. Louis. The drug may offer a promising new strategy for treating patients whose tumors don't respond to standard therapy.

The study appears online in the journal *Nature Communications*.

Prostate cancer is notorious for eventually developing resistance to standard treatments that block or reduce testosterone, which fuels growth of these tumors. And like many solid tumors, prostate cancer also has proven stubbornly resistant to newer immunotherapies, which are intended to take the brakes off the immune system's T cells to get them fighting cancerous invaders. Immunotherapies -; most commonly, immune checkpoint inhibitors -; can be extremely effective but only in certain cancers, such as melanoma.

> We need to develop better therapies for prostate cancer patients, because most of these tumors develop resistance to hormone-based therapies doctors rely on to treat these cancers. Immunotherapy is the newest and most promising type of therapeutic for cancer right now, but even so, immune checkpoint inhibitors have failed to do much against most solid tumors, including prostate cancer. This study was surprising because we found that this drug activates anti-cancer T cells in a novel way, and it also increases the T cells' ability to penetrate the tumor. This could lead to a more effective strategy for patients whose cancers are hard to treat."
>
> *Nupam P. Mahajan, PhD, professor of surgery, senior author*

The drug, called (R)-9b, is a small molecule that blocks an oncogene, a gene that drives cancer. The researchers initially attributed the drug's success in mouse studies to its ability to reduce or eliminate androgen receptors in the prostate cancer cells. These receptors bind to testosterone and use the hormone to fuel tumor growth. The drug's ability to eliminate the androgen receptor differs from standard drugs that reduce the amount of testosterone in the body, and other drugs that block the androgen receptor's function as a transcription regulator.



But because the new drug was so effective, Mahajan and his colleagues suspected something more was going on. The drug blocks a gene called ACK1. The researchers developed a strain of mice that totally lacked this gene in order to study what happens when it's missing. At first, the researchers were baffled by these mice. Mice missing an entire gene often have obvious problems. But these mice seemed fine. And when the researchers looked for tumor growth, they found very little. It was difficult to model cancer in these animals.

"In most of these mice, when we introduced cancer cells as we typically do, there was no trace of a tumor," said Mahajan, also a research member of Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine. "In the few that did develop tumors, the tumors were small compared to those of wild-type mice. This was the first clue that something important was happening in mice missing this gene. We found that they were able to mount a robust immune response against the cancer cells."

When different mice -; mice with this gene -; were implanted with human prostate tumors and given the drug that blocks this gene, it had the same effect: taking the brakes off the immune system and producing increased levels of certain types of T cells known to attack cancer. The drug also increased signaling molecules that allow the T cells to penetrate the tumor and kill cancer cells more effectively. The tumors in these (R)-9b treated mice were much smaller than those of mice in control groups.

Given the drug's success in tumor penetration, the researchers investigated whether adding immune checkpoint inhibitors to treatment with the drug would be even more effective, taking the brakes off T cells in more than one way at the same time -; but there was no such improvement.

"Surprisingly, we found that the immune checkpoint inhibitor is activating ACK1, the very pathway we are shutting down with this drug compound," Mahajan said. "It's possible immune checkpoint inhibitors don't work well in these tumors because they are turning on ACK1,

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which suppresses the immune response. Similar to prostate cancer, the ACK1 pathway activation also could be employed by other cancers that do not respond to checkpoint inhibitors. However, these cancers could respond to (R)-9b, so we would like to investigate this drug in other solid tumors as well."

Mahajan said the drug spurs multiple responses because of the nature of the gene it blocks. Many genes have several roles in the body, and ACK1's roles in expression of the androgen receptor and in reigning in the immune system make it an appealing target for cancer therapy, especially against solid tumors with a hormonal growth component, such as prostate and breast cancers.

Mahajan has worked with Washington University's Office of Technology Management/Tech Transfer to file patents on the use of this drug in cancer treatment. His team is gathering data to apply for permission from the Food and Drug Administration to test the drug in a clinical trial for patients with prostate cancer.

Mahajan and co-author Kiran Mahajan, PhD, an assistant professor of surgery, are inventors of two patents related to this work. Both patents are licensed to TechnoGenesys Inc., which they co-founded. They also own stock and serve as consultants for the company.

Source:
Washington University School of Medicine

Journal reference:
Sridaran, D., et al. (2022) Inhibiting ACK1-mediated phosphorylation of C-terminal Src kinase counteracts prostate cancer immune checkpoint blockade resistance. Nature Communications. doi.org/10.1038/s41467-022-34724-5.

Reviewed by Emily Henderson, B.Sc.Nov 23 2022

Source: www.news-medical.net/news/20221123/Single-drug-compound-may-offer-a-promising-new-strategy-for-treating-prostate-cancer-patients.aspx

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Researchers identify new therapeutic approach against treatment-resistant prostate cancer

Investigators from Cedars-Sinai Cancer have identified an investigational therapeutic approach that could be effective against treatment-resistant prostate cancer. Results of their Phase II clinical trial, published in the peer-reviewed journal Molecular Therapy, have led to a larger, multicenter trial that will soon be underway.

Cancer of the prostate, a small gland just below the bladder, is the second-leading cause of cancer-related death in men. Many prostate tumors are not aggressive and may require no or minimal treatment. Aggressive tumors are initially treated with surgery or radiation therapy.

In about one-third of patients, the cancer comes back after initial treatment, said Neil Bhowmick, PhD, research scientist at Cedars-Sinai Cancer, professor of Medicine and Biomedical Sciences and senior author of the study. Those patients are usually treated with medications that suppress the actions of testosterone and other androgens-;male hormones that help prostate tumors grow.

> "Patients do really well until the tumor figures a way around the androgen-suppressing therapy. One way that it can do this is to cause cells to make only part of the protein that the drug binds to, rendering the drug useless. The partial proteins are called splice variants."
>
> *Neil Bhowmick, PhD, Research Scientist at Cedars-Sinai Cancer*

Through research with human cells and laboratory mice, study first author Bethany Smith, PhD, a project scientist in the Bhowmick Lab, figured out that the cancer cells were signaling to the surrounding supportive cells through a protein called CD105 to make these slice variant proteins. Investigators then conducted a trial in human patients to test a drug that they hoped would keep those partial proteins from forming by inhibiting CD105.

In the trial, nine patients whose tumors were resistant to androgen-blocking therapy continued that therapy but were also given a CD105 inhibitor called carotuximab. Forty percent of those patients experienced progression-free survival, based on radiographic imaging.

"Every single one of the patients in our trial was totally resistant to at least one androgen suppressor, and the normal course of action would be to simply try a different one or chemotherapy, which research has shown generally doesn't

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stop tumor growth for more than about three months," Bhowmick said. "Carotuximab prevented the cancer's workaround and made the tumor sensitive to androgen-suppressing therapy."

Importantly, Bhowmick said, carotuximab also appears to prevent androgen receptor splice variants in the supporting cells surrounding tumors, further sensitizing the tumor to the androgen suppressor.

"We found that this therapy may be able to, especially in early cancers, resensitize select patients to androgen suppression. This could allow patients to avoid or delay more toxic interventions such as cytotoxic chemotherapy," said Edwin Posadas, MD, co-director of the Experimental Therapeutics Program, medical director of the Urologic Oncology Program/ Center for Uro-Oncology Research Excellence (CURE), associate professor of Medicine at Cedars-Sinai and a co-author of the study. "We also hope to find ways of predicting which patients are most likely to benefit from this approach by testing blood and tissue samples using next-generation technologies housed at Cedars-Sinai Cancer."

Study co-author Sungyong You, PhD, director of the Urologic Oncology Bioinformatics Group, pinpointed three biomarkers that could help indicate which patients will respond to this investigational therapy, and the team will validate those markers in a new clinical trial. This will allow future studies to target patients most likely to be helped by this intervention, Bhowmick said.

Source:
Cedars-Sinai Medical Center

Journal reference:
Smith, B.N., et al. (2022) Antagonizing CD105 and androgen receptor to target stromal-epithelial interactions for clinical benefit. Molecular Therapy. doi.org/10.1016/j.ymthe.2022.08.019.

Reviewed by
Emily Henderson, B.Sc.Nov. 2, 2022

https://www.news-medical.net/news/20221102/Researchers-identify-new-therapeutic-approach-against-treatment-resistant-prostate-cancer.aspx

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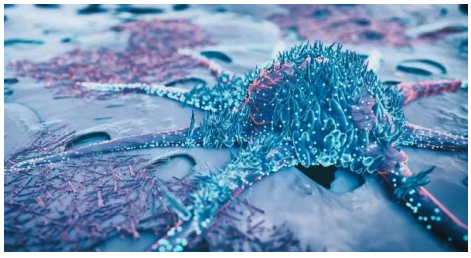
Where does prostate cancer spread?

Thanks to early detection efforts, most cases of prostate cancer are diagnosed at an early stage, when the cancer is confined to the prostate. Some men have their prostate cancer diagnosed after it has spread to nearby lymph nodes. Still, for both these groups, treatment is very effective and five-year survival is close to 100%.

Currently, about 5-7% of men with prostate cancer have metastatic disease at the time of diagnosis. In these men, the cancer has already spread to the lymph nodes and/or bone. Rarely, the cancer may also spread to other organs in the body, such as the lung or liver. Additionally, some men develop advanced-stage or metastatic cancer after treatment for an early-stage cancer. “If initial treatment is begun right away, we can cure over 60% of men with prostate cancer. That means, despite our best efforts, about a third of men with prostate cancer will relapse and go onto develop metastatic disease,” says medical oncologist Gurkamal Chatta, MD, Chief of Genitourinary Oncology at Roswell Park Comprehensive Cancer Center.

Fortunately, new treatments have evolved that can mitigate the disease’s progression, reduce its symptoms and add years of life to the patient.



How prostate cancer spreads

Prostate cancer that is considered high risk or more aggressive is more likely to have cancer cells that escape the tumor in the prostate and spread to nearby tissue. They usually spread to the nearby lymph nodes first. Once there, they can be dormant for years, and subsequently spread through the bloodstream or lymph vessels to other parts of the body. Most cancers have a predilection for certain body parts over others. “The striking thing about prostate cancer, as opposed to other cancers, is it eventually winds up in bone,” says Dr. Chatta. According to the Prostate Cancer Foundation, about 85% to 90% of prostate cancer metastases are to bone.

Prostate cancer can also travel to the lungs, liver, brain or other organs, but the lymph nodes and bone are the primary locations. “That’s something we don’t quite understand, but it probably has to do with certain proteins prostate cancers make, which then direct it to the bone,” he says. Prostate cancer may metastasize even after the prostate is removed surgically, especially in the more aggressive forms of the cancer. “If you have a high-risk cancer, it has a greater propensity to spread. You could have some cells outside the surgical field that we can’t detect with current imaging techniques,” Dr. Chatta says.

Detecting prostate cancer progression

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However, recent advances in imaging technology have given doctors better tools to find those stray cancer cells. "We now have more sophisticated scans to pick these up before surgery, which only became available in the last 12 to 15 months," he says. "Only time will tell if these will increase cure rates."

Men who have been diagnosed with prostate cancer undergo certain tests to see if the cancer has spread, including X-rays and CT, MRI and prostate-specific PET scans. Patients have these tests periodically in the years after initial treatment to keep tabs on the disease.

Symptoms such as bone pain and broken bones may also signify cancer spread. If prostate cancer patients experience those, they should alert their doctor, who may order the appropriate scans. However, the goal of newer imaging techniques is to pick up the cancer well before any symptoms develop.

Treating advanced prostate cancer

It is very important for patients with advanced prostate cancer to seek care from a comprehensive cancer center like Roswell Park, Dr. Chatta says. "The single biggest thing is, we have a whole team of people attacking this problem, which is clearly beyond the bandwidth of one or two people. When you have a whole team, that makes for better care."

Treatment for advanced prostate cancer may include a number of different approaches, including hormone therapy, chemotherapy, immunotherapy, radiopharmaceuticals and targeted therapy. However, the mainstay of treatment continues to be hormone therapy, which aims to block interactions between androgens (testosterone) and the androgen receptor on cells. "At any given stage, whether it has spread to lymph nodes or bone, the bread and butter of prostate cancer treatment is to knock down testosterone," Dr. Chatta says. "It is the main fuel for prostate cancer."

Over the past 10 to 15 years, researchers have developed numerous strategies for "knocking down testosterone," he adds. "In the past, that meant removing the testes, which are the body's primary source of testosterone. Over the years we have figured out chemical ways to do that. The net result is the same. We have also learned that although testes produce greater than 95% of testosterone, other sources are equally relevant, such as the adrenal glands. We have learned how to block those as well. The one other source of testosterone we have learned to appreciate is the cancer itself. Prostate cancer cells (wherever they are) can make their own testosterone and feed themselves."

New treatment advances

Newly developed hormone drugs can interrupt the interaction between testosterone and the receptor it binds to on the cancer cell. "The receptor becomes super-sensitive and, in turn, becomes sensitive to very small amounts of testosterone. The newer drugs that block these interactions are referred to as novel hormonal therapies or second-generation androgen deprivation therapy. That's where the main advances have been in the last 12 to 15 years," he says.

Dr. Chatta stresses that this is hormone therapy, not chemotherapy, but there are still unpleasant side effects. The drugs cause a very severe form of andropause, the male equivalent of menopause. Side effects can include hot flashes, erectile dysfunction, weight gain, mood swings, and elevated blood pressure, cholesterol and blood sugar. "Very often the toll all this takes on one's quality of life is underappreciated. Managing these side effects and quality of life for people living with prostate cancer is a huge area of emphasis for the team at Roswell Park, and another reason to seek care at a comprehensive cancer center."

In addition to hormone therapy, there have also been advances in other spheres of advanced prostate cancer care. Thus, there are two chemotherapy drugs (Docetaxel and Cabazitaxel), which can prolong life. "With the help of genetic testing, we can identify subsets of patients, who respond very well to immunotherapy (3 to 5%) and other specific targeted therapies like PARP inhibitors (10 to 15%). In the last year, we also have approved radiopharmaceuticals (Pluvicto), for refractory advanced disease and being actively tested in earlier settings."

Finally, ongoing clinical trials based on scientific work done at Roswell Park with cancer researchers Dean Tang, PhD, and David Goodrich, PhD, Department of Pharmacology and Therapeutics, are assessing novel ways of targeting the androgen receptor. "Every patient with advanced prostate cancer really requires a personalized approach beyond hormone therapy. This is best achieved by a team of scientists and providers at a comprehensive cancer center," says Dr. Chatta.

Once prostate cancer has spread beyond regional lymph nodes to bone or other areas, the focus is on cancer control rather than cure, explains Dr. Chatta. "Compared to something like advanced lung cancer, where survival is limited, people can live with advanced prostate cancer for a long time — five years and more."

Gurkamal Chatta MD Medical Oncology

Friday, November 4, 2022

Source: www.roswellpark.org/cancertalk/202211/where-does-prostate-cancer-spread

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FUTURE MEETINGS 2022-2023

15 Feb To be announced

15 Mar Dr. Paul Daeninck CancerCare MB
"Pain and symptom management for men with prostate cancer"

19 Apr Dr Sarah Korsunsky Center for Natural Medicine
"What it is and what it offers"

17 May Dr. Rashmi Koul CancerCare MB
"Aspects of radiation oncology today"

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