Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, February 21, 2024

Speakers: Dr Ardalan E. Ahmad, MD, FRCSC
Assistant Professor, Urologic Oncology and Robotic Surgery, Rady Faculty of Health Sciences, University of Manitoba

***Topic*:** "Quality of life after prostate cancer treatment "

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

Time: 7-9 pm

Free Admission Everyone Welcome Plenty of free parking Door Prizes

Thought of The Day

"Hope is the companion of power, and mother of success; for who so hopes strongly has within him the gift of miracles."

Samuel Smiles

Big Breakthrough In Cancer Treatment: Scientists Destroy 99% of Cancer Cells in The Lab

Scientists have made a significant breakthrough in cancer treatment by using a special type of molecule that vibrates to destroy cancer cells. This new method, developed by a team from Rice University, Texas A&M University, and the University of Texas, involves stimulating aminocyanine molecules with a specific kind of light, causing them to vibrate intensely and break apart cancer cell membranes.

Aminocyanine molecules, commonly used as synthetic dyes in bioimaging to detect cancer, have shown remarkable effectiveness in attaching themselves to the outside of cells. When exposed to near-infrared light, these molecules vibrate in unison, creating a force strong enough to disrupt the cancer cells' structure.

This approach, termed the "molecular jackhammer" method, has proven to be significantly more effective

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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.

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and faster than previous molecular machines used in cancer treatment.

The near-infrared light used in this method is particularly beneficial as it can penetrate deeper into the body, potentially treating cancers in bones and organs without invasive surgery.

In laboratory tests, this method achieved a 99% success rate in destroying cultured cancer cells. It was also tested on mice with melanoma tumors, resulting in half of the animals becoming cancer-free. The researchers believe this technique is difficult for cancer cells to resist or adapt to, making it a promising avenue for future cancer treatments.

The study, published in Nature Chemistry, opens up new possibilities for treating cancer using mechanical forces at a molecular level. This innovative approach could revolutionize cancer treatment, offering a new, more direct way to target and destroy cancer cells.

Henrik Rothen Dec.27, 2023

Source: www.dagens.com/science/big-breakthrough-in-cancer-treatment-scientists-destroy-99-of-cancer-cells-in-the-lab

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Men, We Need to Talk (About Prostate Cancer)

One in eight men will be diagnosed, and they can help each other along the way.

In early January 2024, U.S. Defense Secretary Lloyd Austin was hospitalized for an undisclosed health condition. His hospitalization was shrouded in secrecy—even senior White House and Defense Department officials were apparently kept out of the loop about where he was and why. When Austin later disclosed that he had suffered complications following prostate cancer surgery, the public response was more critical than sympathetic. He faced a firestorm of criticism from the media and political pundits, and even calls for his resignation. Why, critics ranted, did a person essential to U.S. security keep his condition a secret, even from the president?

Every Monday morning quarterback likely has their own theory. When I learned the reason behind Austin's hospital stay, it dawned on me that this powerful and accomplished man wasn't all that different from any other man struggling with this life-altering disease. Prostate cancer is common; one in eight men will be diagnosed in their lifetime, and an estimated 97 percent will survive. Yet prostate cancer also can take a serious toll on one's daily quality of life, feelings of masculinity, and intimate relationships.

One of the most important sources of information, support, and "life hacks" for patients is other men who have had prostate cancer. Unfortunately, many men—like Austin—are reluctant to talk about this deeply personal matter. Let's face it: Many men just aren't comfortable sharing that they have erectile dysfunction or that they're wearing adult diapers because of urinary incontinence. That silence means that many men suffer on their own, with few answers to the many questions that will arise before, during, and after treatment.

I know this because my partner, Sam, was diagnosed with prostate cancer last year and had a radical prostatectomy (removal of the prostate) on Valentine's Day 2023. Sam is fortunate: He has excellent health insurance, lives in close proximity to top hospitals, has a network of supportive family and friends, and is a health care provider himself who understands the ups and downs that accompany any surgery. As a white, straight, middle-class man, he is spared of the racism, heterosexism, and classism that can intensify the stress of any health crisis. Yet, he still felt alone, with countless questions, feelings of disappointment when his recovery didn't go as quickly as he expected, and a troubling uncertainty about what complications might lie ahead. His experiences may be helpful to other men in a similar position.

Talk to other men about their treatments—the good, the bad, and the ugly.

When all you have is a hammer, everything looks like a nail. That means that if you go to a surgeon, they'll likely recommend a radical prostatectomy. A radiation oncologist will recommend radiation therapy. And while they may tell you some of the downsides of the treatments they perform, they will almost certainly neglect others—especially those pertaining to quality of life. That's what Sam learned from the men in his Zoom support group. "If I had only known then what I know now, I'd do something differently" is a common lament. That could be taking a "wait and see" (active surveillance) approach,

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Learning the basics about prostate cancer

As part of our outreach activity we provide speakers available 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 learn, or review, the important basics that everyone should know about this disease, presented at an easy-to-understand layperson level, please contact Pat Feschuk at 204-654-3898 to schedule a presentation.
It 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.

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which more doctors are recommending today, or opting for a treatment that has different (and potentially more tolerable) side effects. Joining a support group even before you've decided on a treatment can help you make an informed decision. In most cases, there's no need to rush into a treatment decision, as prostate cancer is a slow-developing condition. Knowledge is power, and that knowledge is best received from men a year or two ahead of you in the process.

Find your "life hacks" and share them with others.

For those who undergo prostate cancer surgery, daily life can change dramatically—especially in those early days after surgery when you're managing a catheter, or even weeks or months later when urinary incontinence recurs. Simple adjustments and purchases can make life a bit easier. Tear-away pants make it much easier to use the bathroom when you're hooked up to a catheter. Claiming the aisle seat on airplanes, theaters, and religious services makes it easier to dash out if nature calls. If you're taking a long road trip, research in advance where the rest stops are. Add Kegel exercises to your regular fitness routine. (Don't worry; no one can see you do them.)

Distraction also can be helpful at times. Sam binge-watched a childhood favorite: old episodes of Columbo. Mel Brooks's autobiography provided some comic relief. A dear friend sent us a jigsaw puzzle subscription. Searching for that missing puzzle edge can make a patient temporarily forget their discomfort. While these tips may seem simple, they can go a long way in reducing daily stress.

Follow up with your sources.

Before having a procedure done, it's important to ask questions—not only of doctors but also of patients who had the same procedure. But we "don't know what we don't know," so those initial rounds of information-seeking only scratch the surface. Reach back out to your sources three, six, or even 12 months after treatment if new and unexpected questions arise. If the doctor told you you'd have normal sexual functioning 12 months after surgery but you're still far from that goal on your one-year anniversary, seek out others to learn about what their timeline was. If you had a quick tutorial on how to use a penis pump but don't actually use the device until six months later, you may need another primer. If you're diagnosed with a new health woe or start up a new medication, ask about how it might interact with medications for erectile dysfunction. Likewise, if you're the source of information and advice to a man newly diagnosed with prostate cancer, reach out to see how he's doing and how you can help. He may be too stressed to initiate the follow-up conversation himself, so regular check-ins would be a great help. Healing is a slow process and requires continual updates on information.

A therapist can be helpful.

Many men can benefit from turning to a therapist—an impartial person who can help to manage the fear, anxiety, and sadness that often accompany a cancer diagnosis. A therapist can be helpful at any stage of the process—the tense days after receiving the "big C" diagnosis, the anxiety of making a treatment decision, the symptoms that follow the treatment, and the changes to one's personal relationships that sometimes happen when a partner is managing chronic illness. Some members of Sam's support group were fortunate that their workplaces provided case management services; finding a point person who can coordinate your mental and physical health care can be a game changer.

Remember: This is just a short-term diversion.

For many men, the worst part of prostate cancer is its impact on their sex lives. For the first year after treatment, most men completely lose the capacity to have or maintain an erection. Some find that their penis looks different or smaller than it did before the surgery. These kinds of changes can threaten one's sense of masculinity and even lead to depression. But these physical consequences likely won't last forever, and if they do, it just means that couples will come up with a Plan B for intimacy. Many resources are available to help couples maintain satisfying physical relationships even when age-related changes—whether prostate cancer or other conditions—alter what their physical relationship looks like. For couples that have been together for many decades, a year or two (or three) with a new and different approach to sexual relations is just a bump in a long road of togetherness.

Broaching that first conversation or making that first phone call to seek advice from a fellow patient, or to offer them advice yourself, can be daunting. But most men in their 50s, 60s, and older have tackled countless other more difficult challenges and can overcome this hurdle, too—if they have the support and encouragement they need.

References

Avery Lotz, Casey Gannon, and Jack Forrest. Defense secretary faces intense scrutiny over hospital stay that was not disclosed to key officials. CNN. January 7, 2024.

Laura Esserman and Scott Eggener. Not Everything We Call Cancer Should Be Called Cancer. New York Times. August 30, 2023.

Deborah Carr, Ph.D.

January 12, 2024 Reviewed by Michelle Quirk

Source: www.psychologytoday.com/us/blog/bouncing-back/202401/men-we-need-to-talk-about-prostate-cancer

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What is Palliative and Supportive Care?

Managing the various side effects - including physical, emotional, social, and financial effects - of cancer is called "palliative and supportive care." It is an important part of a person's overall cancer care. Palliative and supportive care can be given in addition to treatments to slow, stop, or cure the cancer.

You can receive palliative and supportive care at any age and for any type and stage of cancer, and it can be given at any time during cancer treatment. This includes soon after learning you have cancer. Research shows that palliative and supportive care can improve the quality of your life. It can also help you feel more satisfied with the cancer treatment you receive.

This article is an introduction to palliative and supportive care. Have a conversation with your healthcare provider to learn about the different types of palliative and supportive care and what to expect when receiving palliative and supportive care.

Is palliative and supportive care the same thing as hospice and end-of-life care?

No. Palliative and supportive care is often misunderstood. It can be confused for hospice and end-of-life care, but they are not the same thing.

The aim of palliative and supportive care is to improve the patient's quality of life and maintain independence by reducing symptoms, managing pain, and supporting patients and their families. It can be given at any time during cancer treatment, including right after cancer is diagnosed or after cancer treatment is completed.

Sometimes, doctors will describe a cancer treatment as either "curative" or "palliative." Curative cancer treatments are used to eliminate cancer. Palliative cancer treatments are used to control cancer by relieving symptoms and side effects for as long as possible. You can receive curative and palliative cancer treatments at the same time or you may only receive palliative cancer treatments if a cure is not possible. Cancers that are treated with palliative treatments can often be managed for a long time.

Hospice, or end-of-life care, is a special kind of care that is a part of palliative and supportive care. Hospice care is given to people who are expected to live 6 months or less. The goal of hospice care is to improve quality of life and provide comfort in the final stages of an illness, like cancer. Hospice care helps people approach the end of life with peace, respect, and dignity.

How can I get palliative and supportive care?

Palliative and supportive care should be a part of your cancer treatment plan as much as possible. It is important to let your health care team know what side effects or concerns you are experiencing. This type of care can include help with life changes or problems due to cancer, such as needing rides to the hospital, time off of work, financial help, or spiritual support.

Your cancer care team can help you find the right people to provide the palliative and supportive care that is right for you. This may be at your cancer clinic, the hospital, at home, or somewhere else. For example, you might go to physical therapy at a clinic or meet with a social worker online.

Who provides palliative and supportive care?

- Often, the health care professional providing and coordinating palliative care is your oncologist, which is the doctor who is treating your cancer. Your doctor can connect you with different health care providers based on the type(s) of care and support you need. At some medical centers and clinics, there may also be a specific palliative care team that will work with you to manage your symptoms.
- Your palliative care team may include:
- Doctors, physician assistants, nurse practitioners, and oncology nurses.
- A social worker to help with everyday tasks and challenges, such as finances or adjusting to having cancer.
- A counselor, psychologist, or psychiatrist. These people can help with emotional, mental health, or family needs. This includes communication with loved ones, anxiety, distress, anger, or depression. If the patient is a child, a child life specialist may also be involved.
- A chaplain or spiritual advisor who can help you talk about questions

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like "What is important to me now?" or "What if I die sooner than expected?" You do not need to be religious to get this type of care. Learn more about spiritual support when you have cancer.

You may also see a registered dietitian nutritionist, physical therapist, occupational therapist, and/or other types health care professionals to help, depending on what specific symptoms or side effects you need help with.

Does insurance cover palliative and supportive care?

Your insurance may cover palliative and supportive care as part of your cancer treatment. For example, if you need to see a registered dietitian to help you eat well during treatment, that is part of cancer care and is often covered. However, it is important to check with your health insurance provider about your plan's specific coverage.

In the United States, Medicare and Medicaid often pay for palliative and supportive care. Medicare is the U.S. government's health insurance for adults age 65 and older and some people with disabilities. Medicaid is government health insurance for some people who earn less than a certain amount. (Learn more about these programs in a separate article on this website.)

Talk with your doctor or palliative care team about the cost of the recommended treatment. You can ask if insurance is likely to pay and what your options are for care. A hospital social worker or financial counselor can often help you find low-cost options or ways to pay. Check with your insurance company for details on what may be covered. Learn more about health insurance coverage and managing the cost of cancer care.

Talking to your health care team about palliative and supportive care

Talking openly with your health care team is an important part of palliative and supportive care. Here are some tips for starting this conversation:

◊ Ask the doctor to explain your diagnosis, prognosis, the goal for your cancer care, and recommended treatment plan. Prognosis is the chance of recovery. These things might change over time, so feel free to ask questions at any time. It can be helpful to take notes at your appointments or bring someone along to do this.

◊ Tell your health care team what is important to you, including your goals and wishes for your care. Knowing this information can help you make decisions about your cancer care, including your palliative and supportive care needs.

◊ Ask your health care team to explain anything you do not understand. This can be a medical word, a treatment, likely next steps in your care, or something else.

◊ Tell your health care team about any pain, discomfort, or other side effects of the cancer or its treatment. This helps them find the best options to address the problem more quickly. Today, there are many ways to prevent and relieve side effects.

◊ Write down any symptoms and side effects as they occur. Include details like describing what you notice or feel, how often it occurs, when it happens, and how much it bothers you. Then, share these notes with the health care team so they can better understand the problem and how to help. Consider keeping track of your symptoms and side effects in a journal or on your phone, such as by using the Cancer.Net mobile app.

Questions to ask the health care team Consider asking your health care team these questions about palliative and supportive care.

◊ What are some common symptoms of this type of cancer?

◊ Can we prevent or relieve these symptoms?

◊ What are the common side effects of the cancer treatment(s) I will receive?

◊ What can be done to prevent or relieve these side effects?

◊ Who should I contact if I feel worse or notice a new side effect?

◊ How can I get in touch with them during regular business hours? After hours?

◊ What palliative and supportive care options are available at this clinic or hospital?

◊ Where else can I get help with palliative and supportive care?

◊ Who can I talk with about my financial concerns of my treatment?

◊ Who can I talk with if I am feeling very stressed or having difficulty coping?

◊ What types of emotional support or spiritual support are available for me?

11 / 2022

Source: www.cancer.net/coping-with-cancer/physical-emotional-and-social-effects-cancer/what-palliative-and-supportive-care

More Evidence Linking ADT for Prostate Cancer to Adverse Neurocognitive Effects

Meta-analysis shows increased risk of dementia, Parkinson's, depression

Men treated with androgen deprivation therapy (ADT) for prostate cancer had a significantly higher risk of dementia and other neurocognitive disorders, according to a meta-analysis of more than 2.5 million patients.

The magnitude of excess risk ranged from 20% for dementia to 66% for depression. The risk of Alzheimer's disease, vascular dementia, and Parkinson's disease were all significantly increased among men exposed to ADT versus those who did not receive the hormonal therapy, including those with and without prostate cancer.

"The increased risk of dementia is observed regardless of the treatment modality and duration; however, quantitative analysis is needed to assess the differences between treatment modalities and durations accurately," concluded David E. Hinojosa-Gonzalez, MD, of Massachusetts General Hospital in Boston, and colleagues in Prostate Cancer and Prostatic. "It is important to note that some studies may have used similar databases and overlapping patient cohorts, which could introduce potential bias or duplicate data in this analysis."

"Clinicians should be vigilant in monitoring prostate cancer patients undergoing ADT for symptoms of cognitive decline and other neurodegenerative disorders," they added.

The findings add to a large volume of data on the relationship between ADT and neurocognitive functioning. Dozens of studies and reviews have examined the relationship without producing definitive answers. For example, another recent systematic review and meta-analysis included 31 studies, 16 of which showed no association between ADT and cognitive function; 11 of which showed a negative effect on one or more outcomes; and four that yielded inconclusive results.

Another systematic review showed no consistency among studies, many of which were retrospective. Authors of yet another published just last year concluded that "studies continue to illustrate the varied outcomes in terms of the association of ADT and other systemic treatments for [prostate cancer] with cognitive decline, despite similar methodologies and design. Patient selection, varied neuropsychological testing, and varied duration of ADT probably account for the differences seen."

Numerous individual studies have yielded suggestive evidence of negative impact of ADT on cognitive function. A review of a national drug-safety database showed that men treated with ADT had a 47% higher likelihood of cognitive impairment versus men who did not receive hormonal therapy. The risk was even higher in men treated with newer androgen receptor signaling inhibitors (ARSIs), but the association was not consistent across the ARSI class: increased risk with enzalutamide (Xtandi) and apalutamide (Erleada) but decreased risk with abiraterone (Zytiga).

Prostate cancer specialists note that consideration of the potential adverse effects of ARSIs on cognition should be balanced by consideration of potentially significant clinical benefits. In the landmark ENZAMET trial, enzalutamide was associated with a significant decline in cognitive function but also with a significant improvement in survival for men with metastatic hormone-sensitive prostate cancer, which "outweighed early deterioration in [health-related quality of life]."

Noting the inconsistent and sometimes conflicting evidence reported to date, Hinojosa-Gonzalez and colleagues performed a systematic review of contemporary studies examining the relationship between ADT and neurocognitive function, including dementia, Alzheimer's disease, vascular dementia, and Parkinson's disease.

The analysis included studies published through April 2023. Beginning with an initial list of 305 studies, the authors trimmed the number to 27. The studies involved a total of 2,543,483 patients, including 900,994 with prostate cancer treated with ADT, 1,262,905 with prostate cancer not treated with ADT, and 334,682 men without prostate cancer or exposure to ADT.

The data showed that treatment with ADT was associated with significantly increased hazard ratios (HRs) for:

- ◊ Dementia: HR 1.20 (95% CI 1.11-1.29, P<0.00001)
- ◊ Alzheimer's disease: HR 1.26 (95% CI 1.10-1.43, P=0.0007)
- ◊ Depression: HR 1.66 (95% CI 1.40-1.97, P<0.00001)
- ◊ Parkinson's disease: HR 1.57 (95% CI 1.31-1.88, P<0.00001)

Additionally, ADT conferred an increased risk of vascular dementia (HR 1.30, 95% CI 0.97-1.73, P<0.00001).

"All analyzed treatment modalities showed an increased risk of dementia," the authors noted in their discussion. "Orchiectomy had the highest estimated risk; however, it is important to note that this treatment modality also had the least evidence. Furthermore, the employed

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methodology does not differentiate whether there are statistical differences between types of ADT. Future studies should incorporate comparisons of treatment modalities into the results using network analysis or similar approaches."

by Charles Bankhead, Senior Editor, MedPage Today January 9, 2024

Charles Bankhead is senior editor for oncology and also covers urology, dermatology, and ophthalmology. He joined MedPage Today in 2007.

Disclosures

Hinojosa-Gonzalez disclosed no relationships with industry. A co-author disclosed relationships with AbbVie, Marius, Tolmar, Endo, Petros, Boston Scientific, Coloplast, Halozyme, and Sprout.

Primary Source

Prostate Cancer and Prostatic Diseases

Source Reference

https://pubmed.ncbi.nlm.nih.gov/38167924/ Hinojosa-Gonzalez DA, et al "Androgen deprivation therapy for prostate cancer and neurocognitive disorders: A systematic review and meta-analysis" Prostate Cancer Prostatic Dis 2024; DOI: 10.1038/s41391-023-00785-w.

Source: www.medpagetoday.com/hematologyoncology/prostatecancer/108193

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Side Effects of Local Treatment for Advanced Prostate Cancer May Linger for Years

Surgery or radiation for advanced prostate cancer may improve survival but at the cost of treatment-related adverse effects, including gastrointestinal (GI) as well as sexual and urinary conditions, that may persist for years, a study of US veterans showed.

METHODOLOGY:
Recent evidence suggested that in men with advanced prostate cancer, local therapy with radical prostatectomy or radiation may improve survival outcomes; however, data on the long-term side effects from these local options were limited.

The retrospective cohort included 5502 men (mean age, 68 years) diagnosed with advanced (T4, N1, and/or M1) prostate cancer.

A total of 1705 men (31%) received initial local treatment, consisting of radical prostatectomy, (55%), radiation (39%), or both (5.6%), while 3797 (69%) opted for initial nonlocal treatment (hormone therapy, chemotherapy, or both).

The main outcomes were treatment-related adverse effects, including GI, chronic pain, sexual dysfunction, and urinary symptoms, assessed at three timepoints after initial treatment — up to 1 year, between 1 and 2 years, and between 2 and 5 years.

TAKEAWAY:
Overall, 916 men (75%) who had initial local treatment and 897 men (67%) with initial nonlocal therapy reported at least one adverse condition up to 5 years after initial treatment.

In the first year after initial treatment, local therapy was associated with a higher prevalence of GI (9% vs 3%), pain (60% vs 38%), sexual (37% vs 8%), and urinary (46.5% vs 18%) conditions. Men receiving local therapy were more likely to experience GI (adjusted odds ratio [aOR], 4.08), pain (aOR, 1.57), sexual (aOR, 2.96), and urinary (aOR, 2.25) conditions.

Between 2 and 5 years after local therapy, certain conditions remained more prevalent — 7.8% vs 4.2% for GI, 40% vs 13% for sexual, and 40.5% vs 26% for urinary issues. Men receiving local vs nonlocal therapy were more likely to experience GI (aOR, 2.39), sexual (aOR, 3.36), and urinary (aOR, 1.39) issues over the long term.

The researchers found no difference in the prevalence of constitutional conditions such as hot flashes (36.5% vs 34.4%) in the first year following initial local or nonlocal therapy. However, local treatment followed by any secondary treatment was associated with a higher likelihood of developing constitutional conditions at 1-2 years (aOR, 1.50) and 2-5 years (aOR, 1.78) after initial treatment.

IN PRACTICE:
"These results suggest that patients and clinicians should consider the adverse effects of local treatment" alongside the potential for enhanced survival when making treatment decisions in the setting of advanced prostate cancer, the authors explained. Careful informed decision-making by both patients and practitioners is especially important because "there are currently no established guidelines regarding the use of local treatment among men with advanced prostate cancer."

SOURCE:
The study, with first author Saira Khan, PhD, MPH, Washington University School of Medicine in St. Louis, Missouri, was published online on December 18, 2023, in JAMA Network Open.

LIMITATIONS:
The authors noted that the study was limited by its retrospective design. Men who received local treatment were, on average, younger; older or lesser healthy patients who received local treatment may experience worse adverse effects than observed in the study. The study was limited to US veterans.

DISCLOSURES:
The study was supported by a grant from the US Department of Defense. The authors have no relevant disclosures.

Megan Brooks January 09, 2024

Source: www.medscape.com/viewarticle/side-effects-local-treatment-advanced-prostate-cancer-may-2024a10000km

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FUTURE MEETINGS 2024

20 Mar Dr Premal Patel MD, FRCSC
Male Infertility, Microsurgery & Sexual Medicine
Medical Director & Co-Founder, Men's Health Clinic Manitoba
Topic: "Regaining your life after prostate cancer treatment: functional rehabilitation for incontinence, sexual dysfunction and effects of testosterone replacement therapy"

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