

### Medical Advisors

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M.D. Urologist

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Radiation Oncologist

Piotr Czaykowski M.D.  
Medical Oncologist

*Thanks!*

### Next Meeting

**Date:** Wednesday, January 17, 2024

**Speakers:** **Melina Elliott**, Co-Founder of Body Measures Inc.; **Shane Tornblom**, Retired Forester, will share his experience as beneficiary of this treatment

**Topic:** **"Emsella:** Another Option for Pelvic Floor Health and Incontinence Control"

**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

"A river cuts through rock, not because of its power, but because of its persistence."

*Jim Watkins*

### A 'little saliva' could detect Stage 1 cancer

Researchers believe that analyzing the sugar in people's saliva could — in the future — help them detect Stage 1 cancers.

Scientists at the University of Gothenburg in Sweden have developed a method for detecting the changes in sugar molecules using artificial intelligence (AI) that could indicate cancer.<sup>1</sup>

The molecules are called glycans, and they are linked to the protein in human cells, a summary of a small-scale study published on Wednesday in Cell Report Methods reads. These molecules can be collected through a simple saliva swab.

"We have analyzed data from about 220 patients with

11 differently diagnosed cancers and have identified differences in the substructure of the glycan depending on the type of cancer(opens in a new tab)," Daniel Bojar, associate senior lecturer in bioinformatics at the University of Gothenburg and lead author of the study, said in the press release.<sup>2</sup>

*(Continued on page 2)*



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.

(Continued from page 1)

Glycans have been used to indicate inflammation or disease, the press release says.

Researchers say AI can find patterns in what glycans look like when a patient has cancer. When the "structure" of the glycan is linked to a form of cancer it could provide a "precise answer" on the health of the person.

"By letting our newly developed method, enhanced by AI, work through large amounts of data, we were able to find these connections," Bojar said.

Analyzing the changes of the glycan's structure and seeing the patterns associated with different conditions is a new method of research into the

detection of cancer, the press release said.

Researchers said they were able to ensure the type of cancer and glycan structure were consistent with each test by including AI.

Previous research using glycans looked at whether the level of sugar was higher or lower, but this is "not reliable," according to the study.

"We can rely on our results; they are statistically significant. If we know what we are looking for, it is easier to find the correct result," Bojar said.

With a 4 million Swedish krona (C \$519,304) grant from the Lundberg Foundation, the team hopes it can

develop a faster method to detect cancer itself and the type through saliva or a blood sample.

Bojar said the team might be able to perform clinical trials on human samples in four to five years.

Natasha O'Neill  
CTVNews.ca Writer  
Dec. 13, 2023

<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/37992708/>

<sup>2</sup> <https://www.eurekalert.org/multimedia/1008859>

Source: [www.ctvnews.ca/health/here-s-how-a-little-saliva-could-detect-stage-1-cancer-1.6685253](http://www.ctvnews.ca/health/here-s-how-a-little-saliva-could-detect-stage-1-cancer-1.6685253)

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## What is lycopene?

Lycopene is a natural red pigment that gives certain fruit and vegetables, such as tomatoes and watermelon, a red color. It is one of the most frequently used food additives for color and health benefits. Also known as a carotene and a carotenoid, lycopene is not a vitamin A precursor and thus cannot be converted to vitamin A in human body.

### How does lycopene work in the human body?

Once ingested in the body, lycopene is incorporated into lipoproteins and delivered throughout the body. It is distributed primarily in the blood, adrenal glands, adipose and



liver tissue where it serves two primary functions: (1) to provide cellular protection from oxidative damage as an antioxidant and (2) to inhibit cholesterol synthesis and cell cycle progression by modulating several signal transduction pathways.

Consequently, diets high in lycopene have been shown to lower the risk of heart disease, macular degenerative disease, and some forms of cancer including prostate, lung, and stomach.

### High Lycopene Foods include:

- ◇ Sun-dried tomatoes

- ◇ Tomato paste
- ◇ Ketchup (catsup)
- ◇ Tomato
- ◇ Salsa
- ◇ Marinara and spaghetti sauce
- ◇ Tomatoes
- ◇ Watermelon
- ◇ Papaya

Source: <https://www.gbhealthwatch.com/Nutrient-Lycopene-TopFoods.php>

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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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## For metastatic prostate cancer, immunotherapy may have unexpected potential

Immunotherapy has been disappointing as a prostate cancer treatment, but a new Columbia study suggests that the powerful treatments have potential when the disease starts to spread.

The study, published in *Cancer Cell*, found that metastatic prostate tumors contain a rich variety of immune cells that can potentially be roused by immunotherapy into attacking the cancer.

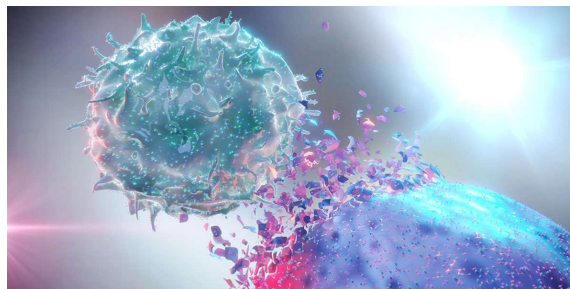
"What we see is that at baseline, many of the right immune cells are already there, but they're just not attacking the tumors," says Aleksandar Obradovic, MD, Ph.D., associate research scientist at the Vagelos College of Physicians and Surgeons and one of the lead authors of the study.

"This is an exciting finding because prostate cancer has this reputation for being a 'cold' tumor, altogether hidden from the immune system. Our study suggests that, in metastases, this isn't always the case. And that combining hormone therapy with immunotherapy further stimulates the anti-tumor immune cells, with potential for further optimization and improvement in patient outcomes."

Reading the tumor microenvironment Before the Columbia study, no one had looked deeply into the microenvironment of untreated metastatic prostate cancers, deterred in part by the difficulty of obtaining samples suitable for single-cell RNA sequencing, particularly before treatment was initiated.

In a clinical trial of men with metastatic prostate cancer, the Columbia researchers also found that hormone therapy combined with immunotherapy triggered an influx of even more immune cells into the tumor's

microenvironment. To address this knowledge gap, the Columbia researchers designed a clinical trial for a small number of men to obtain such samples before and after treatment with standard chemo-hormonal therapy and immunotherapy.



"One goal of this study was to deeply profile what the microenvironment looks like and then see what happened when the tumors were treated with the combination of chemo-hormonal therapy and immune therapies," Obradovic says.

These analyses were also made possible with new cutting-edge bioinformatics tools, previously developed by the Columbia researchers, that were able to reveal many types of cells in the tumor microenvironment not distinguishable by standard techniques.

Immune cell signatures suggest possible treatments In addition to finding a diverse community of immune cells within metastatic tumors, varying from organ to organ, the researchers discovered that some subgroups of immune cells predicted worse response to treatment.

Some of the patients' tumors, for example, were filled with T cells that produce TNF-alpha, which has been associated with suppression of the anti-tumor immune response. "We see that patients with a lot of those cells had worse outcomes," Obradovic says, "and

it's possible we could potentially improve outcomes in these patients by adding FDA-approved TNF alpha inhibitors to their regimen."

The researchers are planning additional trials to test these ideas and are continuing to analyze samples from patients spanning the range from primary through late metastatic prostate cancer to gain a more complete understanding of the evolution of these tumors' microenvironment.

More information: Jessica E. Hawley et al, Anti-PD-1 immunotherapy with androgen deprivation therapy induces robust immune infiltration in metastatic castration-sensitive prostate cancer, *Cancer Cell* (2023). DOI: 10.1016/j.ccell.2023.10.006

All authors (from Columbia unless noted): Jessica E. Hawley (Columbia, now at University of Washington), Aleksandar Z. Obradovic, Matthew C. Dallos (Columbia, now at Memorial Sloan Kettering Cancer Center), Emerson A. Lim (Columbia, now at Michigan State University), Karie Runcie, Casey R. Ager, James McKiernan, Christopher B. Anderson, Guarionex J. Decastro, Joshua Weintraub, Renu Virk, Israel Lowy (Regeneron Pharmaceuticals), Jianhua Hu, Matthew G. Chaimowitz, Xinzheng V. Guo, Ya Zhang, Michael C. Haffner (University of Washington), Jeremy Worley, Mark N. Stein, and corresponding authors Andrea Califano and Charles G. Drake (Columbia and Janssen Research and Development).

Jessica Hawley and Aleksandar Obradovic contributed equally to the research.

This work was supported by grants from the Conquer Cancer Foundation (2019YIA); the Prostate Cancer Foundation (2020YIA); and the National Institutes of Health (T32CA203703, UL1TR001873, F30CA260765, R35CA197745, S10OD012351, S10OD021764, U54CA209997, P30CA013696, and P30CA015704). Regeneron Pharmaceuticals provided the funding for the clinical trial.

Disclosures are listed in the paper.

by Columbia University Irving Medical Center

Source: <https://www.cuimc.columbia.edu/news/metastatic-prostate-cancer-immunotherapy-may-have-unexpected-potential#:~:text=Immunotherapy%20has%20been%20disappointing%20as,the%20disease%20starts%20to%20spread>

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## Eating for a healthy prostate

Eating more plant-based foods, including fruits, vegetables and plant-based proteins is part of a cancer-free lifestyle.

Nearly 26,000 Canadian men will be diagnosed with prostate cancer this year, according to the Canadian Cancer Society.

Pamela Szabo-Kode is a dietitian at the Walker Family Cancer Centre in Niagara, who helps people undergoing cancer treatment maintain nutrition.

“Often, cancer and the side effects, as well as treatment side effects, can impact how a patient can eat, and can impact their nutritional needs,” Szabo-Kode says. “Maintaining nutrition while undergoing treatment helps maintain strength, well-being and the immune system.”

Paying close attention to what you eat isn’t just important after a prostate cancer diagnosis, Szabo-Kode says. Food can be preventive medicine.

Szabo-Kode has plenty of pointers for maintaining good prostate – and overall – health.

### A lifestyle for cancer prevention

Taking her cues from the American Institute for Cancer Research and the World Cancer Research Fund, Szabo-Kode recommends that everyone, including those who are concerned about prostate health, follow the general health and dietary guidelines for cancer prevention.

- 1. Maintain a healthy body weight.** Speak to your healthcare practitioner to determine what’s healthy for you.
- 2. Be physically active for at least 30 minutes a day.**

**3. Avoid sugary drinks,** including pop, specialty coffees and teas, energy drinks, some sports drinks and fruit-flavoured beverages and punches.

“It’s better to eat your fruit than drink it,” Szabo-Kode notes.

**4. Follow the half-your-plate rule.** Specific to prostate cancer, that means eating more plant-based foods, including whole grains, vegetables, fruit, and legumes, such as lentils and chickpeas.

“Following a plant-based diet doesn’t mean you have to follow a vegetarian diet. You can still eat meat, chicken and fish. Eat a variety of plant foods prepared in a healthy way every day,” Szabo-Kode says. “Ideally, half your plate should be fruit and vegetables, a quarter whole grains, such as quinoa, brown rice, and whole grain bread, and a quarter of your plate should be protein.”

Aim for a few entirely plant-based meals a week, she adds. That could be a vegetarian chili instead of a version with ground meat, or swapping out meat for lentils to make a Bolognese for pasta. Trying tofu in place of chicken in a stir-fry is another option.

“The other benefit of a plant-based meal is increased satiety. It can make you less likely to overeat and automatically reduces overeating processed foods, leading to maintaining a healthy weight.”

**5. Keep red meat consumption to a minimum.** Don’t eat more than three servings per week, including beef and pork, and avoid processed meat, such as ham, bacon, hot dogs and deli meat entirely.

**6. Limit alcohol. That means no more than two drinks per week.**

“That’s not just for preventing prostate cancer,” Szabo-Kode says. “That’s across the board to reduce your cancer risk. Ideally, if you don’t drink, don’t start.”

**7. Cut down on salt.** Most of our salt comes from processed foods and is added at the manufacturer, not the dinner table. In addition to certain cancers, getting too much sodium has been linked to other chronic illnesses, including high blood pressure.

Try to get your nutrients through diet alone, not supplements. When it comes to prostate cancer prevention, studies show that selenium and vitamin E are linked to reduced risk or disease progression.

“However, we have found that when you take selenium and vitamin E in high doses, such as a supplement, it can be harmful, so it’s better to get them from food rather than supplements,” Szabo-Kode says. “When you’re eating a plant-based diet with whole grains, fruits and vegetables, you will meet your nutrient needs. If you’re eating a varied diet, you really shouldn’t need a supplement.”

### Foods that are good for the prostate

“While it’s not proven, research shows certain foods may limit or slow the growth of prostate cancer,” Szabo-Kode notes. “In addition, these are foods that are part of a healthful diet for anyone.”

**1. Tomato products,** including fresh tomatoes or canned; sauce, paste and juice. Tomatoes contain the antioxidant lycopene. Antioxidants fight free radicals, which, in high levels, can cause cell damage linked to a wide range of health conditions, including prostate cancer.

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**2. Cruciferous vegetables**, including broccoli, cauliflower, cabbage, kale, Brussels sprouts and bok choy. These veggies are high in nutrients that can protect your prostate.

**3. Plant-based fats**, such as avocados, nuts and seeds, and canola and olive oil. Limit animal fats by opting for skinless chicken, and avoiding fatty meats, high-fat dairy and baked goods made with butter.

4. Fish, flaxseed, pomegranate, coffee and tea may also be beneficial for prostate health.

### Maintaining nutrition during treatment for prostate cancer

Diet during treatment for prostate cancer depends on how advanced the illness is and the type of treatment

someone is receiving. Some therapies may cause people to experience weight gain while side effects of others include decreased appetite and diarrhea.

Those who don't have any adverse reactions to treatment are encouraged to follow the broader, cancer-fighting diet recommendations mentioned above and eat protein at every meal.

Even though there's no one-size-fits-all treatment diet, making muscle health and the maintenance of lean muscle mass priorities can improve outcomes, Szabo-Kode explains. That means eating adequate protein with servings spread throughout the day.

Fish, meat, legumes, nuts and seeds, and yogurt are all high-quality options.

"Protein should come from a variety of sources, like animals and plants," she says.

"Importantly, when it comes to prostate cancer prevention, you should enjoy your food," Szabo-Kode adds. "Eat a variety of colours and use different methods of meal preparation.

Remember that all foods can fit. It's not the piece of birthday cake at a birthday party or the ice cream cone you enjoy with your grandchildren on a hot summer day, but the nutritious choices you make day in and day out that really make the difference."

Nov 29th, 2023

*Pamela Szabo-Kode is a dietitian at the Walker Family Cancer Centre, Niagara*

*Article edited for content*

Source: [www.niagarahealth.on.ca/site/news/2023/11/29/eating-for-a-healthy-prostate](http://www.niagarahealth.on.ca/site/news/2023/11/29/eating-for-a-healthy-prostate)

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## Prostate Cancer: Could your Genes Raise your Risk?

### *Genetic Testing May Offer Answers*

If someone in your family has had prostate cancer, you might wonder how that affects your own risk—and what you can do about it.

### The genetic connection

When it comes to prostate cancer risk, your family history is only one part of the picture, along with factors such as your age, race, and ethnicity.

But the truth is that having a close relative with prostate cancer—or certain other cancers, including breast or ovarian cancer—does mean you're more likely to develop the disease. Your risk rises the more relatives you have with prostate cancer. That's especially true if those relatives were younger than 60 when they were diagnosed.

The reason often comes down to genes.

Some prostate cancers may be hereditary, meaning they're caused by a gene change passed down through the family. These changes are called genetic mutations.

In other cases, cancers occur in multiple family members with no clear link to any specific changes in a person's genes. These cancers are called familial.

That's why it's crucial to let your doctor know if someone in your family has had prostate or another kind of cancer. They can help you understand how that—along with the rest of your health history—affects your own risk.

### Knowledge is power

Your doctor might recommend that you start screenings for the disease early. Or they might recommend genetic testing to better assess your risk.

Blood or saliva tests are available that can identify genetic mutations that may cause prostate and some other cancers.

You might consider genetic testing to assess your prostate cancer risk if:

- ◇ You have a father, brother, or son with prostate cancer.
- ◇ Prostate cancer occurred in two or more of your second-degree relatives (such as uncles, grandfathers, or cousins) on the same side of the family.
- ◇ Your relatives had breast, ovarian, colon, or pancreatic cancer. This is because some genes linked to these cancers—such as the BRCA "breast cancer" genes—also may cause prostate cancer.

You can't change your genes—and there's no surefire way to prevent prostate cancer. But knowing your risk

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can help you protect yourself.

That might mean starting screening tests earlier than is generally recommended. Screenings such as a prostate-specific antigen (PSA) test can help to detect prostate cancer in its

early stages, when it may be easier to treat.

Some risk factors—like your family history, race, and age—can't be changed. But there are positive steps you can take. Maintaining a healthy weight, exercising regularly, and

adopting a plant-rich diet low in red or processed meats may help reduce your risk, according to the American Cancer Society.

Source: <https://www.foxchase.org/blog/prostate-cancer-could-your-genes-raise-your-risk>

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## Explaining the Link Between Prostate Cancer and Obesity

Losing weight to survive prostate cancer. Obesity and prostate cancer can be a dangerous combination. In 2004, researchers published a study that showed prostate cancer patients who were overweight had more recurrences after surgery.

A follow-up study in 2017 by the same team—now at Cedars-Sinai—showed that the increased risk of recurrence also meant an increased risk of death from prostate cancer. Carrying extra weight doesn't necessarily cause prostate cancer, but it can make surviving the disease more difficult.

The message is clear to Dr. Stephen Freedland, director of the Cedars-Sinai Center for Integrated Research in Cancer and Lifestyle (CIRCL). "Patients often ask what they can do to combat their prostate cancers," he says. "The number one thing I talk to them about is weight loss. Among lifestyle factors, obesity is by far the strongest and clearest link to an aggressive and ultimately deadly course for this disease."

Dr. Freedland and his team are conducting new studies to better understand how losing weight impacts the growth of tumors. In one trial, prostate cancer patients are placed on a diet that's very low in sugar and carbohydrates, resulting in an average loss of 30 pounds in six months. "Our question is: Does that slow tumor growth?" Dr. Freedland says. "We're also looking at the metabolomics, or the chemical fingerprints of specific cellular

processes, in obese people, nonobese people, patients who've gone on diets, and those who haven't."

### Sugar and cancer

While researchers at CIRCL study lifestyle factors such as exercise and cholesterol, the main therapeutic focus right now is encouraging patients to give up simple sugars. When we eat sugar, our body makes insulin—a growth factor for prostate cancer cells. Avoiding sugar and the resulting insulin spike also helps with weight loss. So it's a dietary change that can help on two fronts.

**"When it comes to fighting obesity, sugar is public enemy number one."**

"But you have to know where sugars come from and eat nutritious meals," says Dr. Freedland. "Patients will tell me that they've given up red meat in favor of fish. Turns out, they are abstaining from grass-fed beef, which is reasonably healthy, and are now eating tilapia, which is anything but healthy. And they're eating fat-free ice cream, which is chock-full of sugar. We've been fat-phobic in the United States for 30 years. I wouldn't tell people to eat all the fat that they want. But when it comes to fighting obesity, sugar is public enemy number one."

That means avoiding the hidden sugars in white rice, pasta, and white bread. Giving up sodas is great, but it's not enough if you're still eating the sugars in carbohydrates such as french fries,

cookies, and candy bars. "Even your basic baked potato has a lot of carbs," Dr. Freedland adds. "Many people can scale back on sugar at breakfast, lunch, and dinner, but when they want a snack, they grab that piece of candy. We encourage a handful of nuts or vegetables instead."

### Benefits of exercise

Exercise can not only help with weight loss, but may also be a variable in the cancer equation. Muscles initially absorb sugar, and researchers at CIRCL believe the additional muscle formation from exercise may help people better handle a slice of birthday cake and other sugary treats.

Dr. Freedland points out that exercise also promotes healthier blood flow.

"Cancers tend to pop up in areas where nutrients are scarce and immune cells have less fuel to do their job. Without exercise and good blood flow, we create niche areas that can lead to cellular damage and cancers."

For prostate health, the data indicate that vigorous exercise is best. If you can hold a pleasant conversation while you're exercising, you probably aren't working hard enough. It doesn't matter if you swim, bike, jog, or speed walk. Even half an hour of walking stairs or doing the treadmill 3 days a week can add up. In fact, there is another active clinical trial at CIRCL looking at the

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benefits for late stage prostate cancer patients who exercise 3 times weekly.

### Choices for overall health

Higher levels of cholesterol, estrogen, and inflammation also tie obesity to prostate cancer. Dr. Freedland believes we can improve our overall health with the right lifestyle choices. "It's too

challenging for someone to eat this way for their heart and another way for their diabetes, and yet a third way for their prostate," Dr. Freedland says.

"The advice I give applies to all of that: avoid sugars and try to lose some weight. Focus on natural foods, like grass-fed beef, free-range chicken, wild-caught fish, vegetables, fruits, and nuts. Get exercise, don't smoke, and drink

alcohol in moderation.

"That will help with numerous diseases and not just prostate cancer. Remember, genes load the gun, but lifestyle pulls the trigger."

Sep 12, 2017 Cedars-Sinai Staff

Source: [www.cedars-sinai.org/blog/weight-loss-key-in-fighting-prostate-cancer.html](http://www.cedars-sinai.org/blog/weight-loss-key-in-fighting-prostate-cancer.html)

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## Hospitalization Risk Higher With Abiraterone vs Enzalutamide

Treatment-Related Hospitalizations Similar for PCa Surgery, Radiation

Men with metastatic prostate cancer treated with abiraterone have a higher rate of hospitalization compared with those treated with enzalutamide, according to a recent study.

Further, in a novel finding, abiraterone treatment was associated with a higher risk for infection.

The study included one of the largest cohorts of patients treated with androgen receptor pathway inhibitors.

"It is important to consider patient risks for adverse events when treating advanced prostate cancer," said first author Forest Riekhof, a medical student at Saint Louis University School of Medicine in Saint Louis, Missouri. "This study reports increased rates of cardiovascular events and infections with abiraterone. Clinicians should consider the risk of these adverse events when deciding on treatment based on the underlying or comorbid conditions of each patient."

The study, which was overseen by senior author Martin W. Schoen, MD, MPH, of the same institution, included 19,775 US veterans with metastatic prostate cancer, of whom 13,527 (68.4%) were treated with abiraterone and 6248 (31.6%) with enzalutamide. Among the abiraterone recipients, total hospitalizations increased from 465 per

1000 person-years in the year prior to treatment to 567 per 1000 person-years during treatment, the investigators reported in *Clinical Genitourinary Cancer*. In the enzalutamide group, total hospitalizations increased from 417 per 1000 person-years in the year prior to treatment to 430 per 1000 person-years during treatment.

The total hospitalization rate increased 22% for the abiraterone group compared with 3% for the enzalutamide arm in the 12 months after treatment initiation. Abiraterone therapy was associated with a greater increase in the rates of congestive heart failure, atrial fibrillation, urinary tract infections, sepsis, pneumonia, and acute kidney injury.

During the treatment period, hospitalizations for congestive heart failure increased by 65% in the abiraterone group compared with 23% among enzalutamide recipients. The atrial fibrillation rate increased by 67% in the abiraterone cohort compared with an 8.5% decrease in the enzalutamide cohort. Comparing the rate of infections during treatment with 1 year prior, the investigators observed a 44% increase in urinary tract infections, a 114% increase in sepsis, and a 93% increase in pneumonia with abiraterone vs enzalutamide, Riekhof and colleagues reported.

"It is well known that use of steroids, such as prednisone, can increase risk

of infections," Dr Schoen commented. "Because abiraterone requires prednisone, there may be an increased risk in the duration or severity of infections due to prednisone use. This new finding should be evaluated in additional studies."

Further, acute kidney injury episodes increased by 4.6% in patients treated with abiraterone compared with a 21% decrease in patients treated with enzalutamide.

At treatment initiation, the enzalutamide-treated patients were significantly older (mean 75.8 vs 74.5 years) and had a significantly higher Charlson comorbidity index compared with the abiraterone group (mean 4.4 vs 4.0). The enzalutamide group received treatment significantly longer than the abiraterone group (median 9.0 vs 8.0 months).

### Reference

Riekhof F, Yan Y, Bennett CL, et al. Hospitalizations among veterans treated for metastatic prostate cancer with abiraterone or enzalutamide. *Clin Genitourin Cancer*. Published online July 11, 2023. doi:10.1016/j.clgc.2023.07.006

July 21, 2023

Jody A. Charnow

Source: [www.renalandrologynews.com/news/urology/prostate-cancer/hospitalization-risk-higher-with-abiraterone-vs-enzalutamide/](http://www.renalandrologynews.com/news/urology/prostate-cancer/hospitalization-risk-higher-with-abiraterone-vs-enzalutamide/)

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**FUTURE MEETINGS 2024**

**21 Feb Dr Ardalan E. Ahmad, MD, FRCSC**  
Assistant Professor, Urologic Oncology and Robotic Surgery, Rady Faculty of Health Sciences, University of Manitoba  
*"Quality of life after treatment for prostate cancer"*

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