Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Medical Oncologist

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Radiation Oncologist

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Medical Oncologist

Thanks!

Next Meeting

Date: Wednesday, March 20, 2024

Speaker: Dr. Premal Patel, MD FRCSC
Male Infertility, Microsurgery & Sexual Medicine
Medical Director & Co-Founder, Men's Health Clinic Manitoba www.mhclinic.ca
Assistant Professor, Department of Surgery
Program Director: Male Infertility, Sexual Medicine & Cancer Survivorship Fellowship, U of M

***Topic*:** "Regaining your life after prostate cancer treatment: functional rehabilitation for incontinence, sexual dysfunction and effects of testosterone replacement therapy"

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 being able to see that there is light despite all of the darkness.

-Desmond Tutu

Victoria-based cancer treatment trial set to harness power of artificial intelligence

Doctors in Victoria are trying to improve their results from a clinical trial that led to changes in the standard of care for men going through prostate cancer treatment by harnessing the power of artificial intelligence.

The follow-up research will form the second stage of a clinical trial from 2017 called ASSERT, which looked at making radiation treatment for men with prostate cancer more efficient and more convenient.

"We looked at a new technology called stereotactic radiotherapy," says BC Cancer-Victoria radiation oncologist Dr. Abe Alexander. "It uses some advanced technologies to focus the radiation more accurately and more precisely so we're able to give the radiation in a smaller amount of doses, each of which is bigger."

The clinical trial from 2017

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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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showed beneficial results where doctors could give patients five radiation treatments rather than 20 to 40.

"In fact, people who got the [stereotactic ablative radiotherapy] SABR treatment had at least as favourable side effects, perhaps in some ways better than the standard treatment," says Alexander.

He adds that around the same time a separate clinical trial was done in the United Kingdom showing high levels of disease control as well. He says with the combined results, it helped lead to changes in standard of care.

SABR has been used in 400 to 500 patients in B.C. and the numbers continue to rise.

Now the Victoria-based team thinks there's potential to get the radiation treatments down even lower from five to two sessions using artificial intelligence. Alexander says the AI can be used along with the work of highly trained specialists to make decisions faster.

"With this kind of trial, we're hoping to minimize the number of visits which I think is critical in today's environment where we have issues with wait lists and just ever increasing demands on our resources," says Alexander. "If we can minimize the number of treatments for people and improve their side effects and quality of life, I think we can do a whole lot for the community – particularly for prostate cancer which is extremely common."

A three-time cancer patient in Nanaimo, who is an advocate for raising awareness in young men about getting checked for prostate cancer, has recently learned about the return of the disease to his body.

While he doesn't know his course of treatment yet, he says he hopes the clinical trial could be an option for him.

"I wouldn't have to be away from Nanaimo for a significant amount of time," says Don Helgeson. "This is where my support network is and you also have to factor in costs. It would have to be addressed if I went to another city for treatment."
He says time isn't on his side for the decision, so he plans to take whatever option his oncologist suggests.

The $500,000 trial is set to get underway later this year, relying largely on donor support through the BC Cancer Foundation.

"The cost savings for the system are enormous. The impact for patients and their families are enormous and if you're able to make things more convenient for people then they're able to access that treatment more easily," says Alexander.

Yvonne Raymond
CTV NEWS VANCOUVER ISLAND JOURNALIST - CTVNEWS.CA
Thursday, February 1, 2024

Source: www.iheartradio.ca/ctv-news-content/victoria-based-cancer-treatment-trial-set-to-harness-power-of-artificial-intelligence-1.21551423

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Plant-Based Diet a Boon for Men With Prostate Cancer

A plant-based diet, low in dairy and meat but rich in fruits, vegetables, grains, and nuts, can improve sexual and urinary health in patients treated for local prostate cancer, new research showed.

The findings, published on February 13, 2024, in the journal Cancer, bolster previous research showing plant-based diets can reduce the risk for recurrence and improve survivorship in men with prostate cancer.

"The current study shows for the first time an association between eating more plant-based food with better scores for quality of life among patients diagnosed with prostate cancer," Stacy Loeb, MD, a urologist in the Departments of Urology and Population Health at NYU Langone Health, in New York City, who led the research.

For the new study, Loeb and her colleagues looked at data from more than 3500 men with prostate cancer in the Health Professionals Follow-Up Study, an ongoing investigation begun in 1986 and sponsored by Harvard T.H. Chan School of Public Health. The

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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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dataset included more than 50,000 male dentists, pharmacists, optometrists, osteopaths, podiatrists, and veterinarians.

The median age of prostate cancer diagnosis was 68 years; 48% of patients underwent radical prostatectomy and 35% had radiation as primary therapy. None of the patients were known to have had metastatic disease.

Men in the study answered a questionnaire every 4 years about the kinds of foods they ate and in what proportions. Another survey, administered every 2 years, assessed the frequency of incontinence, difficulties maintaining an erection, and problems with bowels, energy, and mood, among many other health concerns.

Loeb and her colleagues sorted patients into quintiles based on the proportion of plant vs animal foods the men said they eat. The authors found those who consumed the most plant-based foods scored 8%-11% better in measures of sexual function than the group that consumed the least of these products.

These men also reported up to 14% better scores for urinary health, with fewer instances of incontinence, obstruction, and irritation, and up to 13% better scores in hormonal health, marked by symptoms like low energy, depression, and hot flashes.

Justin Gregg, MD, a urology researcher at the University of Texas MD Anderson Cancer Center, in Houston, Texas, whose research has found the Mediterranean diet can slow tumor progression among men with localized prostate cancer on active surveillance, called the results "not entirely surprising, as prior studies have shown associations between plant-based diet and outcomes like erectile function among men who do not have prostate cancer."

But Kenneth Jacobsohn, MD, professor of urology and director of lifestyle medicine at the Medical College of Wisconsin, in Milwaukee, Wisconsin, said the new findings help establish "the positive role of diet quality and plant-based diets, specifically on quality of life after prostate cancer diagnosis and treatment for men with nonmetastatic prostate cancer."

Jacobsohn said the study was limited by its retrospective nature and the manner of the dietary assessment.

"As the authors point out, a plant-based diet may be helpful, though it's important to keep in mind the strong data for its protective effect in terms of cardiovascular disease risk, which is very important for men who have a history of prostate cancer as many will die of cardiovascular disease," Gregg added.

Loeb, Gregg, and Jacobsohn reported no conflicts of interest. Some of the study authors reported a variety of potential conflicts.

Howard Wolinsky February 14, 2024

Howard Wolinsky is a journalist in Chicago.

Source: www.medscape.com/viewarticle/plant-based-diet-boon-men-prostate-cancer-2024a1000342

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Prostate Cancer Diet

Just a few simple changes in your daily eating habits can help support healthier living as you recover from prostate cancer, and may even decrease risk of your cancer coming back or getting worse. All of these recommendations also apply to maintaining overall health, for you and your family.

Vegetables. Incorporate cooked tomatoes (preferably cooked with olive oil) and cruciferous vegetables (like broccoli and cauliflower) into many of your weekly meals. Certain fruits and vegetables contain large amounts of antioxidants. Antioxidants benefit the body by removing free radicals. Free radicals can attack healthy cells and permanently disrupt their operation

Fat and Protein. Try to keep the amount of fat that you get from red meat and dairy products to a minimum. Several studies have reported that saturated fat intake is associated with an increased risk of developing advanced prostate cancer. Consuming whole milk is linked to increased risk of prostate cancer progression and lethal disease. Avoid processed meats (lunch meats) that contain nitrates, and charred meat, which have been shown to have cancer-promoting properties. Instead, choose fish, lean poultry, and plant-based proteins such as nuts and beans.

Vitamins. Try to get your vitamins from food sources, that is, eating a diet rich in vegetables and whole grains, rather than relying on vitamin supplements (vitamin D may be the exception; talk to your doctor about your specific health needs). For example, plant-based sources of calcium include dark green leafy vegetables, soy, and almonds.

Source: www.pcf.org/patient-resources/living-prostate-cancer/prostate-cancer-diet

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Why some cancers come back

Why cancer might come back

Cancer might come back some time after the first treatment. This idea can be frightening. There are different reasons for why cancer might come back. These reasons are:

- ◊ the original treatment didn't get rid of all the cancer cells and those left behind grew into a new tumour
- ◊ some cancer cells have spread elsewhere in the body and started growing there to form a tumour

After surgery

Cancer can come back after surgery because:

- ◊ some cancer cells were left behind during the operation
- ◊ some cancer cells had already broken away from the primary cancer but were too small to see. These are called micrometastases.

Surgeons do their best to remove all of the cancer during surgery, but it is always possible to leave behind a small group of cancer cells. Your surgeon may recommend more treatment if they feel that there is a risk that the cancer could come back. This is sometimes called adjuvant treatment.

The extra treatment might be one or more of the following:

- ◊ chemotherapy
- ◊ radiotherapy
- ◊ hormone therapy
- ◊ a targeted cancer drug

These treatments aim to try to control or kill any cancer cells left.

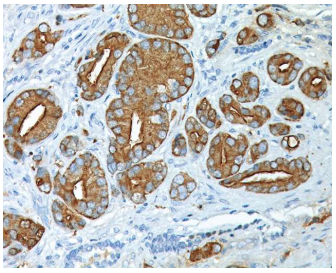
After cancer drug treatment or radiotherapy

Cancer may sometimes come back after cancer drug treatment or radiotherapy. This can happen because the treatment didn't destroy all the cancer cells.

Chemotherapy drugs kill cancer cells. They do this by attacking cells that are in the process of doubling to form 2 new cells. But not all the cells in a cancer divide at the same time. Normal cells go into a long rest period between divisions. Cancer cells do too, although the rest period may be much shorter.

Giving chemotherapy in a series of treatments helps to catch as many cells dividing as possible. Cells that were resting when you had your first treatment, may be dividing when you have your next and so will be more likely to die.

It is unlikely that any chemotherapy treatment kills every single cancer cell in the body. Doctors try to reduce the number of cancer cells as much as possible. The immune system kills off the remaining cells or they may die off.



Radiotherapy makes small breaks in the DNA inside the cells. These breaks stop cancer cells from growing and dividing and often make them die. Normal cells close to the cancer can also become damaged by radiation, but most recover and go back to working normally. If radiotherapy doesn't kill all of the cancer cells, they will regrow at some point in the future.

Immunotherapy and targeted cancer drugs

Immunotherapy uses our immune system to fight cancer. Targeted cancer drugs work by 'targeting' the differences in cancer cells that help them to grow and survive. Some drugs work in more than one way and may be both a targeted and immunotherapy treatment.

Some immunotherapies or targeted cancer drugs may get rid of a cancer completely. Others may shrink the cancer or control it for some months or years. So a cancer may seem to have gone and may not show up on any scans or blood tests. But there may be a small group of cells that remain in the body. They can start to grow again after a while or when the treatment stops.

Cancers can become resistant to treatment

Sometimes cancer can become resistant to cancer drug treatment. Cancers develop from normal cells that have changed or mutated to become cancerous. The mutation happens in the genes of the cell. These gene changes make the cell behave differently to a normal cell. Cancer cells can continue to mutate so that they become more and more abnormal.

Some mutations can make the cells resistant to cancer drugs. You can sometimes have a different type of treatment if this happens. But sometimes cancers develop resistance to many drugs at the same time. This is called multi drug resistance.

Scientists have found a group of genetic mutations that they think can cause drug resistance. These mutations mean that the cancer cell can keep the drugs out. The resistant cells have high levels of a substance called p-glycoprotein. P-glycoprotein is a protein found in cell walls. The protein acts as a pump and removes toxins from cells. Cells with high p-glycoprotein levels are very good at keeping cancer drugs out.

Researchers have been looking at drug resistance for almost as long as they

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have used cancer drugs. To make cancer drug treatment more effective, we need to find a way of overcoming resistance.

Cure or remission

These days, doctors are able to cure many cancers. But some cancers can come back many years after treatment. So you may find that your doctor is very unwilling to use the word 'cure'. This is so even though there is no sign that you have any cancer left. Doctors usually say that your cancer is in remission. This means that there is no sign of cancer in your body. If there are any cancer cells left:

- there are too few to find
- there are too few to cause any symptoms
- they are in an inactive state and are not growing

Doctors can't be sure that the cancer has completely gone after treatment. So they may suggest that you have some type of long term treatment. This might include hormone therapy or a targeted cancer drug. This is called adjuvant treatment.

Adjuvant treatment can also be a course of chemotherapy or radiotherapy after surgery. The aim of this treatment is to try to prevent cancer from coming back.

Living with uncertainty

It can be very difficult to live with the fact that your cancer may come back. Even if doctors tell you that they are 95% certain your cancer has gone for good, you may find it very upsetting that no one can say for sure that you're cured.

Some people find that they can't stop thinking about it even after the end of their treatment. You might feel a little frightened of planning anything in the future. Or you may feel sad or depressed.

For most people who are in this situation, each day lowers the risk of a recurrence. Most cancers that are going to come back will do so in the first 2 years or so after treatment. After 5 years, you are even less likely to get a recurrence. For some types of cancer, after 10 years your doctor might say that you are cured.

Some types of cancer can come back many years after they were first diagnosed. Some people find it very difficult to cope with this idea, but there are some things you can do to help.

Getting help and support

You may find it helpful to talk to other people in the same situation. This is especially so if you are finding it hard to cope with the fact that you have had cancer. Or you could talk to a trained counsellor. This can help you to find ways of dealing with the fear and worry.

Source: https://www.cancerresearchuk.org/about-cancer/what-is-cancer/why-some-cancers-come-back

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For 22 Years, Drew Bouton Has Lived With Metastatic Prostate Cancer

Participating in clinical trials for his metastatic prostate cancer, Drew Bouton has helped define the standard of care.

Drew Bouton was 45 when he found out he had metastatic prostate cancer. The diagnosis in 2001 was shocking, to him and to his doctor, who had assured him before test results came back that it probably wasn't cancer.

"I asked how long I had to live, and he didn't want to tell me at first," Bouton said.

His doctor reluctantly estimated that Bouton's stage 4 disease translated into two years of survival. "But survival is a bell curve," Bouton recalls his doctor explaining. "The goal is to get out on the far shelf, and attitude has a lot to do with it."

Bouton, from Olympia, took that advice to heart, determined to approach cancer with a positive and proactive outlook. "From the very first day, I thought, maybe it will be different for me," he said.

Bouton started on androgen deprivation drugs — leuprolide (Lupron) injections. His PSA level started to decrease, helped along by the addition of chemotherapy drugs, which shrank his tumors. In 2002, Bouton had a prostatectomy then radiation therapy the following year. Various hormone therapies followed, including topical estradiol and a return to Lupron, plus different drugs including abiraterone — a type of hormone therapy that inhibits androgen production, which fuels prostate cancer.

There was also a brush with oncological celebrity: in 2009, Bouton became one of the first five people in the US to receive a personalized immunotherapy, sipuleucel-T (Provenge), after the FDA approved it for advanced prostate cancer. Bouton's white blood cells were removed and shipped to New Jersey, where they were inoculated with prostate cancer-fighting cells. He then received four infusions of his souped-up cells in what was a very early type of immunotherapy.

Clinical trials lead to new approaches Bouton's medical oncologist at Fred Hutchinson Cancer Center, Heather Cheng, MD, PhD, says his response is remarkable. When he was diagnosed, the cancer had already invaded his

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lymph nodes. Participating in clinical trials has given him access to novel therapeutic strategies such as chemotherapy prior to surgery at the time he was diagnosed more than two decades ago.

For more than a decade, Bouton's disease has been stable while taking abiraterone acetate (Zytiga), considered an experimental drug when he began taking it. "I knew because I had advanced cancer, I would need access to cutting-edge treatment and clinical trials," said Bouton.

"Our goal is to be able to offer all patients clinical trials," said Cheng, who took over Bouton's care in 2021. "That's a key part of our mission because clinical trials help us learn more about new approaches, and they help us develop and define new standards of care."

Case in point: abiraterone acetate is now considered standard of care for metastatic prostate cancer, as well as for prostate cancer with aggressive features that remains confined to the prostate. "The whole reason that this drug is a current standard of care is because people like Drew participated in clinical trials," Cheng said.

Living well with cancer

Bouton has also participated in other clinical trials, including ones related to tumor sequencing and to genetics, due to his family history of cancer. That said, Cheng notes that Bouton's response is not typical.

"His course has defied expectations in the best possible ways," she said. "But we do see exceptional cases, and if Drew's case can help people feel optimistic or be more open to clinical trials, that's a good thing. The access to clinical trials is part of being cared for at Fred Hutchinson Cancer Center. Patients now have more options than ever to keep their metastatic prostate cancer well-controlled. We know that people can live well with cancer and that we can help it stay in the background and not occupy the foreground of their life."

Over time, as Bouton watched his life extend far beyond the two years that had been initially predicted, his attitude toward having cancer shifted. He started making plans for the future, tapping into gratitude for time he didn't expect to have.

"I used to be very frightened about seeing a potential PSA rise," said Bouton, who continues to have quarterly blood draws to monitor his PSA levels. "For a long time in the early stages, I didn't think I would live long, and I made that assumption in my relationships with people. After a while, my psychologist stopped me and said, 'I looked through your file and don't see anything that indicates you're going to be dying soon. At that moment, I realized I don't need to keep thinking that way. I could actively continue pursuing my life."

When he was first diagnosed, he felt that he didn't want to burden anyone. But the woman who is now his wife stayed with him, and they got married in 2004. Four years later, they adopted a toddler daughter after fostering her for three years; she used to nap on Bouton's gurney while he was receiving infusions. She has grown up, never knowing her father as someone who doesn't have cancer. At the same time, she has witnessed her father deliberately shift his approach to his disease.

"My attitude toward it has gradually changed," said Bouton, a policy director with the Washington State Department of Financial Institutions, a regulatory agency that oversees consumer protection and financial services. "As I decided to build a family, I've gotten less apprehensive. I've grown accustomed to the status quo where I am stable."

A fortunate life

When Bouton would come in for treatment, he would chitchat with his nurses, whom he recalls saying that patients who had a good attitude tended to survive longer. "I tried hard to not go down the 'why me' or self-pity path," he said. "It's one thing to hear that, but another to put into practice."

It can be particularly challenging when confronted with the reactions of others. Bouton says it's not uncommon for people who hear about his diagnosis to seek to differentiate themselves from him as a way to protect themselves, a phenomenon Bouton calls "psychic distancing."

"They might ask if I'm a vegetarian," he said. "When I say no, they think, 'See, I'm a vegetarian so I'm not going to have what he has.' They try to find out a bit about my background so they can tell themselves, 'That's not going to happen to me.' It's not done out of cruelty but out of fear. It's a form of magical thinking. But I didn't do anything to bring this on."

In 2009, Bouton recorded a video for Seattle Cancer Care Alliance, which has since merged with Fred Hutch. In the clip, he talks about preparing to mark eight years since his diagnosis. "I feel pretty fortunate," he said.

Fourteen years later, Bouton's feelings haven't changed.

"Here I am," he said, "still kicking around."

Bonnie Rochman is a staff writer at Fred Hutchinson Cancer Center. A former health and parenting writer for

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Time, she has written a popular science book about genetics, "The Gene Machine: How Genetic Technologies Are Changing the Way We Have Kids—and the Kids We Have." Reach her at brochman@fredhutch.org.

This article was originally published January 15, 2024, by Fred Hutch News Service

February 8, 2024

By Fred Hutch News Service and Bonnie Rochman

Source: https://www.cancerhealth.com/article/22-years-drew-bouton-lived-metastatic-prostate-cancer

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Comparing side effects after prostate cancer treatment

Although prostate cancer is the most common cancer in men in the United States, it comes with a relatively good prognosis. Most men with prostate cancer will still be alive 15 years after their diagnosis.

Currently, men with prostate cancer that hasn't spread outside the gland have several treatment choices. Because most men with prostate cancer are expected to live a long time, weighing the long-term side effects of different treatments is important. Side effects can include bladder and bowel problems, and difficulty with sexual functioning.

Men with prostate cancer at low risk of spreading may undergo surgery to remove the whole prostate or radiation therapy. Some may instead choose active surveillance: observing the cancer over time with imaging and tissue biopsies, and only starting treatment if it grows. Men with cancer at higher risk of spreading may have surgery, or radiation plus therapy to suppress hormones that fuel prostate cancer growth.

Studies have shown that how long men live is similar regardless of the chosen treatment. Whether the long-term side effects differ substantially between these treatments hasn't been clear.

A research team led by Drs. Bashir Al Hussein Al Awamlh and Daniel Barocas from Vanderbilt University Medical Center decided to look more closely at this issue. They recruited almost 2,500 men, 80 years old or younger, from diverse racial backgrounds and geographic areas across the country for a new study, funded in part by NIH. All the men were treated for prostate cancer between 2011-2012 and followed for side effects for 10 years after treatment. The results were published on January 23, 2024, in JAMA.

As seen previously, survival rates were similar between men in the two groups, regardless of treatment received. Overall, 0.4% of men with low-risk cancer and 5% of men with high-risk cancer died of their disease over the following 10 years.

Participants reported similar levels of overall physical and mental health regardless of treatment choice. But the researchers did observe differences in some specific side effects between treatments. Men with low-risk cancer who underwent surgery were more likely to report problems with sexual functioning up to 5 years after treatment than men who had radiation or who initially chose surveillance. However, the differences between groups was no longer significant by the 10-year mark.

Among men with low-risk cancer, 14% who had surgery had trouble with leaking urine 10 years after treatment, compared with 4% of those who had radiation therapy and 10% of those who initially chose active surveillance. But 8% of men who had radiation reported serious bowel problems after 10 years compared with 3% of those who had surgery.

For men with high-risk cancer, no differences in sexual functioning were seen between surgery or radiation therapy plus hormone therapy at any time point. About a quarter of those who had surgery reported urinary leakage after 10 years, compared with 11% who had radiation therapy. Seven percent of men who had radiation plus hormone therapy reported serious bowel problems, compared with 2% to 5% of men who had surgery.

"Many men with localized prostate cancer survive for 15 years or more, with minimal differences in survival among various treatment strategies," says Al Hussein Al Awamlh. "Given this long-time horizon and similar survival rates, the choice of treatment for patients may be influenced by the adverse effects of the treatments."

References: Functional outcomes after localized prostate cancer treatment. Al Hussein Al Awamlh B, Wallis CJD, Penson DF, Huang LC, Zhao Z, Conwill R, Talwar R, Morgans AK, Goodman M, Hamilton AS, Wu XC, Paddock LE, Stroup A, O'Neil BB, Koyama T, Hoffman KE, Barocas DA. JAMA. 2024 Jan 23;331(4):302-317. doi: 10.1001/jama.2023.26491. PMID: 38261043.

by Sharon Reynolds February 6, 2024

Source: https://www.nih.gov/news-events/nih-research-matters/comparing-side-effects-after-prostate-cancer-treatment

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FUTURE MEETINGS 2024

17 Apr Jessica Heise MA, MTA Music therapist
Owner and Founder of Transformative Music Therapy
Topic: *"The Transformative Power of Music in Mental Health and in dealing with life as a Cancer Survivor"*

15 May Dr. Sean Ceaser, ND Naturopathic Doctor
Centre for Natural Pain Solutions
Topic: *"Naturopathic Medicine offers additional options towards better management of your prostate cancer"*

19 Jun TBA

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