Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 374 May 2023

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Thanks!

Next Meeting

Date: Wednesday, May 17, 2023

Speaker: Dr. Rashmi Koul MD FRCPC CCPE
Medical Director and Head, Radiation Oncology Program
CancerCare MB

Topic: "Stereotactic Body Radiation Therapy (SBRT) in prostate cancer"

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

Time: 7-9 pm (First hour for general discussion; second hour for expert guest speaker)

Free Admission Everyone Welcome Plenty of free parking Door Prizes

How does waiting on prostate cancer treatment affect survival?

An important clinical trial shows that many patients can delay it safely for years.

Prostate cancer progresses slowly, but for how long is it possible to put off treatment? Most newly diagnosed men have low-risk or favorable types of intermediate-risk prostate cancer that doctors can watch and treat only if the disease is found to be at higher risk of progression. This approach, called active surveillance, allows men to delay — or in some cases, outlive — the need for aggressive treatment, which has challenging side effects.

In 1999, British researchers launched a clinical trial comparing outcomes among 1,643 men who were either treated immediately for their cancer or followed on active surveillance (then called active monitoring). The men's average age at enrollment was 62, and they all had low- to intermediate risk tumors with prostate-specific antigen (PSA) levels ranging from 3.0 to 18.9 nanograms per milliliter.

Long-term results from the study, which were published in March, show that prostate

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Thought of The Day

"Perseverance is not a long race; it is many short races one after another."

Walter Elliott

SHARING IS CARING

The Manitoba Prostate Cancer Support Group offers support to prostate cancer patients but does not recommend any particular treatment modalities, medications or physicians ; such decisions should be made in consultation with your doctor.

MPCSG – active since 1992.

(Continued from page 1)
cancer death rates were low regardless of the therapeutic strategy. "This hugely important study shows quite clearly that there is no urgency to treat men with low- and even favorable intermediate-risk prostate cancer," says Dr. Anthony Zietman, a professor of radiation oncology who was involved in the research and is a member of the Harvard Medical School Annual Report on Prostate Diseases editorial board. "They give up nothing in terms of 15-year survival."

What the results showed

During the study, called the Prostate Testing for Cancer and Treatment (ProtecT) trial, researchers randomized 545 men to active monitoring, 533 men to surgical removal of the prostate, and 545 men to radiation.
After 15 years, 356 men had died from any cause, including 45 men who died from prostate cancer specifically: 17 from the active monitoring group, 12 from the surgery group, and 16 from the radiation group. Men in the active surveillance group did have higher rates of cancer progression than the treated men did. More of them were eventually treated with drugs that suppress testosterone, a hormone that fuels prostate cancer growth.

In all, 51 men from the active surveillance group developed metastatic prostate cancer, which is roughly twice the number of those treated with surgery or radiation. But 133 men in the active surveillance group also avoided any treatment and were still alive when the follow-up concluded.

Experts weigh in

In a press release, the study's lead author, Dr. Freddie Hamdy of the University of Oxford, claims that while cancer progression and the need for hormonal therapy were more limited in the treatment groups, "those reductions did not translate into differences in mortality." The findings suggest that for some men, aggressive therapy "results in more harm than good," Dr. Hamdy says.

Dr. Zietman agrees, adding that active surveillance protocols today are even safer than those used when ProtecT was initiated. Unlike in the past, for instance, active surveillance protocols now make more use of magnetic resonance imaging (MRI) scans that detect cancer progression in the prostate with high resolution.
Dr. Boris Gershman, a surgeon who specializes in urology at Harvard-affiliated Beth Israel Deaconess Medical Center, and is also an Annual Report on Prostate Diseases editorial board member, cautions that the twofold higher risk of developing metastasis among men on active surveillance may eventually translate into a mortality difference at 20-plus years. "It's important to not extend the data beyond their meaning," says Dr. Gershman, who was not involved in the study. "These results should not be used to infer that all prostate cancer should not be treated, or that there is no benefit to treatment for men with more aggressive disease." Still, ProtecT is a landmark study in urology, Dr. Gershman says, that "serves to reinforce active surveillance as the preferred management strategy for men with low-risk prostate cancer and some men with intermediate-risk prostate cancer."

Dr. Marc B. Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, and editor in chief of the Annual Report, points out that nearly all the enrolled subjects provided follow-up data for the study's duration, which is highly unusual for large clinical trials with long follow-up. The authors had initially predicted that patients from the active monitoring group who developed metastases at 10 years would have shortened survival at 15 years, "but this was not the case," Dr. Garnick says. "As with many earlier PSA screening studies, the impact of local therapy on long-term survival for this class of prostate cancer — whether it be radiation or surgery — was again brought into question," he says.

April 28, 2023

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

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

Source: www.health.harvard.edu/blog/prostate-cancer-how-does-waiting-on-treatment-affect-survival-202304282929

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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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Five-day 'turbo-charged' radiotherapy could 'cure' high risk prostate cancers faster than usual 20 days

New radiotherapy method from Queen's University Belfast safe and effective as usual ...
Treatment blitz could cure prostate cancers in five days rather than typical 20

Men with high-risk prostate cancer could have their disease cured by just five days of 'turbo-charged' radiotherapy, rather than the typical 20, research has shown.

The radical method, pioneered at Queen's University Belfast, has been proved to be as safe and effective as the standard approach – and could also free busy cancer clinics to see more patients.

Radiotherapy involves blasting the prostate with powerful energy waves that destroy tumour cells. It can also be an alternative to surgical removal of the gland.

It's normally given in a number of doses over a period of weeks. However, a newer method, called stereotactic ablative radiotherapy, uses higher-powered beams.

These are delivered from different angles, blasting the site of the tumour with pinpoint accuracy.

The precise nature of the treatment means there isn't as much damage to surrounding healthy tissue, as can happen with the standard approach. And as higher doses are given, just five days of treatment are needed. The method has previously been used to treat small, lower-risk prostate tumours, but this study was the first to show it worked well in men with more advanced, higher-risk cancer.

One of the worries with high-powered radiotherapy to the prostate, which sits below the bladder, is that there can be collateral damage to the bowel and rectum. Radiation can damage the nerves and muscles that control when men go to the toilet, causing incontinence.

To mitigate this, prior to treatment, the 30 men in the trial had a gel called a SpaceOAR injected behind the prostate. It gently moves the rectum away from the prostate and create a barrier, reducing the radiation that reaches surrounding tissue by 70 per cent. In the trial, none of the men suffered significant bowel problems after the procedure.

Professor Suneil Jain, of Queen's University, said: 'Men appreciate having their treatment completed so rapidly. Twenty days of radiotherapy can be daunting for some.

'Prostate cancer seems to be very sensitive to these big doses. If we can reduce the number of sessions each patient needs by 75 per cent, it's a big win for radiotherapy departments, too.'

About 50,000 men are diagnosed with prostate cancer every year in the UK. Many have no active treatment and are monitored regularly. However, if the patient is considered high-risk, radiotherapy, given with surgery, hormone medication or on its own, is effective.

If the cancer hasn't spread, nine in ten survive at least five years with these treatments. For men whose cancer has spread, 65 per cent survive at least five years after radiotherapy and hormone drugs.

The patients in the trial began treatment between 2016 and 2018, so survival data isn't yet available. However, Prof Jain said: 'We expect to see comparable results with this treatment protocol.'

One participant in the trial, John Creswell, 69, was diagnosed with prostate cancer in 2018. The father-of-three from Coleraine said: 'I have a few friends who have had prostate cancer and have gone through the hormone and radiotherapy treatments. They've all had negative side effects, so I was a bit worried.'

But Mr Creswell, a retired fire officer, said he didn't suffer any major problems. 'There was no blood in my urine or bowel. Also, the convenience of just a week of hospital visits for treatment was more user-friendly. My cancer was treated before it spread.'

Prostate Cancer UK's research manager, Hayley Luxton, said: 'We now know this pioneering technique is safe, opening the door to more accurate, higher-dosage treatments and fewer hospital visits for men living with prostate cancer.'

By JONATHAN NEAL
15 April 2023

Source: https://www.dailymail.co.uk/health/article-11976133/5-day-turbo-charged-radiotherapy-cure-high-risk-prostate-cancer-faster-usual-20-days.html

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New Hope for High-Risk Prostate Cancer – Promising Immunotherapy Agent Proven To Be Safe

Cancer Treatment Concept
Prostate cancer is a common type of cancer that affects men, and it occurs in the prostate gland which is a part of the male reproductive system. High-risk prostate cancer refers to aggressive and advanced forms of the disease that are more likely to spread to other parts of the body. The treatment of high-risk prostate cancer can be challenging as it often requires a combination of therapies, including surgery, radiation, and hormone therapy.

According to a phase 2 study conducted by the Johns Hopkins Kimmel Cancer Center and its Bloomberg~Kimmel Institute for Cancer Immunotherapy, the monoclonal antibody enoblituzumab is deemed safe for use in men with aggressive prostate cancer and has the potential to induce clinical activity against cancer throughout the body. If future studies support these findings, enoblituzumab could become the first promising antibody-based immunotherapy agent against prostate cancer.

The clinical trial involved 32 men with high-risk or very high-risk prostate cancer who underwent six weekly infusions of enoblituzumab before their scheduled prostate cancer surgery. The patients were then monitored for an average of 30 months after the procedure. The results were promising, with 66% of the patients, or 21 individuals, exhibiting undetectable levels of prostate-specific antigen (PSA) 12 months post-surgery, indicating the absence of residual disease. The drug was found to be well-tolerated, with no reported surgical delays or medical complications during or after the surgery.

A description of the work was recently publsihed in the journal Nature Medicine.

If enoblituzumab continues to perform well in further larger randomized studies, it could represent a new pathway for immunotherapy against multiple cancers, and the first one that may have a role for prostate cancer, says lead study author and cancer immunology researcher Eugene Shenderov, M.D., Ph.D., assistant professor of oncology at the Johns Hopkins University School of Medicine. Other existing antibody-based immunotherapy drugs have targeted immune checkpoints, natural on/off switches mediating immune responses, such as CTLA-4, PD-1, and LAG-3. Cancer cells hijack these checkpoints, turning off the immune response to cancer. “Drugs that block these checkpoints have had success in other types of cancers, including lung cancer and melanoma, but not in prostate cancer,” says Shenderov.

Enoblituzumab works by binding to a protein called B7-H3 that is overexpressed on prostate cancer cells and believed to impede the immune system’s ability to attack cancer cells. The new therapy could pack a one-two punch against cancer, Shenderov says, by blocking B7-H3’s inhibition of the immune system’s recognition and elimination of cancer cells, and also triggering a process called antibody-dependent cellular cytotoxicity (ADCC), which leads to tumor cell destruction by activating additional immune cells such as macrophages and natural killer cells.

“Enoblituzumab appears safe and seems to activate the immune system in a way that involves both T-cells and myeloid cells,” Shenderov says. “What this means is if these results can be replicated in a larger, randomized study, it opens the possibility that combining this therapy with local, curative-intent therapies like surgical prostate removal or radiation therapy, would allow this drug to potentially kill micrometastatic disease hiding elsewhere in the body, and therefore prevent a significant number of men from experiencing recurring disease. That could be a paradigm shift in prostate cancer.”

The median age of study participants was 64 (age range 48–74). About half (47%) had a PSA greater than 10 ng/mL at diagnosis, which is abnormally high, and 50% had Gleason grade group 5 at biopsy, meaning they had highly aggressive disease. Patients were enrolled from February 2017 through June 2019. Enoblituzumab was confirmed to penetrate into prostate tumors and to bind to B7-H3 in the vast majority of participants, according to prostate samples studied after surgery.

Side effects of enoblituzumab were generally mild and included fatigue, neurological symptoms such as headache or dizziness, and flu-like or cold symptoms. One patient developed inflammation of the heart (myocarditis), which fully resolved with steroid treatment, and is a known side effect of other immune checkpoint drugs.

Beyond safety and anti-tumor activity based on PSA dropping to undetectable levels, investigators also looked for changes in the tumor microenvironment before and after enoblituzumab treatment. They found increased markers of cytotoxicity after treatment,

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consistent with the concept that the immune system was activated against tumor cells. The tumors showed increased infiltration with granulocytes, leukocytes, and effector T-cells, and there was roughly a doubling of the density of cytotoxic T-cells after treatment.

"The findings are exciting but exploratory, and need to be confirmed in larger study cohorts," cautions senior study author Emmanuel S. Antonarakis, M.D., the Clark Endowed Professor of Medicine and director of GU Oncology for the University of Minnesota Masonic Cancer Center. Antonarakis was the senior investigator of the study while he was at the Johns Hopkins Kimmel Cancer Center.

"However, these results in high-risk prostate cancer patients, and the broader need for immunotherapeutic strategies with efficacy in prostate cancers, provide justification to further develop multipronged approaches that include targeting B7-H3 to optimize antitumor activity in prostate cancers and other solid malignancies," he says.

Investigators are now planning a larger, randomized trial of enoblituzumab in newly diagnosed prostate cancer patients to assess the clinical activity of the drug compared to current standards of care.

By JOHNS HOPKINS MEDICINE

APRIL 25, 2023

Reference: "Neoadjuvant enoblituzumab in localized prostate cancer: a single-arm, phase 2 trial" by Eugene Shenderov, Angelo M. De Marzo, Tamara L. Lotan, Hao Wang, Sin Chan, Su Jin Lim, Hongkai Ji, Mohamad E. Allaf, Carolyn Chapman, Paul A. Moore, Francine Chen, Kristina Sorg, Andrew M. White, Sarah E. Church, Briana Hudson, Paul A. Fields, Shaohui Hu, Samuel R. Denmeade, Kenneth J. Pienta, Christian P. Pavlovich, Ashley E. Ross, Charles G. Drake, Drew M. Pardoll and Emmanuel S. Antonarakis, 3 April 2023, Nature Medicine.
DOI: 10.1038/s41591-023-02284-w

The study was funded by the National Institutes of Health, NCI SPORE in Prostate Cancer, the Prostate Cancer Foundation Young Investigator Award, the Department of Defense, the Bloomberg~Kimmel Institute for Cancer Immunotherapy, and Macrogenics Inc.

E. Shenderov is a paid consultant to GT Biopharma, Guidepoint Global, FirstThought, GLG, and receives institutional research funding from MacroGenics Inc., manufacturer of enoblituzumab. These relationships are managed by The Johns Hopkins University in accordance with its conflict of interest policies. E. Antonarakis has served as a paid consultant for Janssen, Astellas, Sanofi, Bayer, Bristol Myers Squibb, Amgen, Constellation, Blue Earth, Exact Sciences, Invitae, Curium, Pfizer, Merck, AstraZeneca, Clovis and Eli Lilly; and has received research support from MacroGenics, Janssen, Johnson & Johnson, Sanofi, Bristol Myers Squibb, Pfizer, AstraZeneca, Novartis, Curium, Constellation, Celgene, Merck, Bayer, Clovis and Orion. These relationships are managed by the University of Minnesota (Antonarakis' current institution) in accordance with their conflict of interest policies.

Source: https://scitechdaily.com/new-hope-for-high-risk-prostate-cancer-promising-immunotherapy-agent-proven-to-be-safe/

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87% Survival – New Combined Therapy Greatly Improves Prostate Cancer Survival

The combination therapy patient group underwent pelvic lymph node radiation and androgen deprivation treatment, as well as salvage prostate bed radiation. Over 87 percent of these patients had five-year freedom from cancer progression.

A Cedars-Sinai cancer study indicates improved survival following a combination of hormone therapy and pelvic lymph node treatment
A combination of androgen deprivation therapy—a common hormone injection—and pelvic lymph node radiotherapy prevented prostate cancer from therapy in nearly 90% of clinical trial participants for five years, according to a ground-breaking study from Cedars-Sinai Cancer. The results were recently published in the peer-reviewed journal The Lancet.

The research also demonstrates that individuals with prostate cancer who did not get pelvic lymph node radiotherapy or androgen restriction treatment had a five-year survival rate of 70%.

"We can now confirm that pelvic lymph node treatment used together with androgen deprivation therapy, or even used as a stand-alone treatment option, greatly improves outcomes in patients with postoperative prostate cancer," said Howard Sandler, MD, chair of the Department of Radiation Oncology at Cedars-Sinai Cancer and senior author of the study. "These findings are an encouraging step forward, both for the medical community and for the patients and their loved ones seeking curative treatment options."

Between March 31, 2008, and March 30, 2015, 1,716 participants were recruited in the global Phase III clinical trial that formed the basis of The Lancet research. Three groups of participants were created.

Salvage prostate bed radiotherapy was administered to Group 1; this kind of radiation is often directed towards the prostate's former location before it was surgically removed. The median five-year survival rate for these individuals was 71%.

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The second group underwent androgen deprivation therapy in addition to the conventional radiation therapy. They had an 81^ median five-year survival rate.

The third group received salvage prostate bed radiotherapy, androgen deprivation therapy, and pelvic lymph node radiation. These patients had a five-year freedom from progression of just over 87%.

"The combined treatment approach proved to be the most beneficial approach," said Sandler, also the Ronald H. Bloom Family Chair in Cancer Therapeutics and professor of Radiation Oncology at Cedars-Sinai.

Prostate cancer is the most common non-skin cancer in the U.S., affecting 1 in every 6 to 7 men. While there are rarely early warning signs of the disease, there is a robust screening test that can catch the disease in its earliest stages. Diagnosis usually accompanies an elevated level of PSA, an acronym for prostate-specific antigen.

Many men diagnosed with prostate cancer will undergo a prostatectomy—the surgical removal of the prostate. After surgery, a man's PSA level should be near zero. However, some men start to see their PSA levels rise several years after surgery. This is typically an indication that radiation therapy is needed.

Sandler says men with postoperative prostate cancer can have excellent

outcomes, especially if radiation is given early—when PSA levels are at their lowest—and in combination with proven therapies, as suggested in this new research.

"Improving and extending lives is at the heart of all we do at Cedars-Sinai Cancer," said Dan Theodorescu, MD, Ph.D., director of Cedars-Sinai Cancer, the PHASE ONE Foundation Distinguished Chair, and professor of Surgery and Pathology and Laboratory Medicine. "These pivotal clinical findings exemplify our mission while showcasing how ideas spur leading-edge research and treatment innovations."

This study was funded by grants U10CA180868 (NRG Oncology Operations), U10CA180822 (NRG Oncology Statistical and Data Management Center), UG1CA189867 (NCORP), and U24CA180803 (Imaging and Radiation Oncology Core).

Reference: "The addition of androgen deprivation therapy and pelvic lymph node treatment to prostate bed salvage radiotherapy (NRG Oncology/RTOG 0534 SPPORT): an international, multicentre, randomised phase 3 trial" by Professor Alan Pollack, MD, Professor Theodore G Karrison, Ph.D., Alexander G Balogh, MD, Professor Leonard G Gomella, MD, Professor Daniel A Low, Ph.D., Professor Deborah W Bruner, Ph.D., Jeffrey S Wefel, Ph. D., Professor Andre-Guy Martin, MD, Professor Jeff M Michalski, MD, Steve J Angyalfi, MD, Professor Himanshu Lukka, MBChB, Sergio L Faria, MD, Professor George B Rodrigues, MD, Marie-Claude Beauchemin, MD, R Jeffrey Lee, MD, Samantha A Seaward, MD, Professor Aaron M Allen, MD, Drew C Monitto, MD, Wendy Seiferheld, MS, Professor Oliver Sartor, MD, Prof Felix Feng, MD, Professor Howard M Sandler, MD, 14 May 2022, The Lancet.

DOI: 10.1016/S0140-6736(21)01790-6

By CEDARS-SINAI JULY 16, 2022

Source: https://scitechdaily.com/87-survival-new-combined-therapy-greatly-improves-prostate-cancer-survival/

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Guideline updated for initial management of advanced prostate cancer

For patients with noncastrate advanced prostate cancer, docetaxel, abiraterone, enzalutamide, apalutamide, or darolutamide are each recommended as standards of care with androgen deprivation therapy (ADT), and doublet therapy is inferior to triplet therapy, according to a guideline update published online April 3 in the Journal of Clinical Oncology.

Katherine S. Virgo, Ph.D., from the Rollins School of Public Health at Emory University in Atlanta, and colleagues developed updated recommendations for initial management of noncastrate advanced, recurrent, or metastatic prostate cancer.

The authors note that each of docetaxel, abiraterone, enzalutamide, apalutamide, or darolutamide, administered with ADT, represent five separate standards of care for noncastrate metastatic prostate cancer. There are no recommendations for the use of any of these agents in any other combination or in any other series, apart from the triplet therapies of docetaxel plus abiraterone plus ADT and docetaxel plus darolutamide plus ADT. Docetaxel plus ADT should be offered to patients with metastatic noncastrate prostate cancer with high-volume disease (four or more bone metastases, one or more of which is outside of the spine or pelvis, and/or the presence of any visceral disease) who are candidates for chemotherapy but are unwilling or unable to receive triplet therapy. Triplet therapy should be offered to patients with de novo metastatic noncastrate prostate cancer with high-volume disease who are being offered ADT plus docetaxel chemotherapy, with significant overall survival and radiographic progression-free survival benefits.

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"Patients should be made aware that doublet therapy (docetaxel plus ADT) has proven inferior overall survival compared to triplet therapy, such as abiraterone and prednisone plus docetaxel plus ADT," the authors write.

One author disclosed employment with NantHealth.

More information: Abstract/Full Text https://ascopubs.org/doi/full/10.1200/JCO.23.00155 Katherine S. Virgo et al, Initial Management of Noncastrate Advanced, Recurrent, or Metastatic Prostate Cancer: ASCO Guideline Update, Journal of Clinical Oncology (2023). DOI: 10.1200/JCO.23.00155

Journal information: Journal of Clinical Oncology

by Elana Gotkine

April 12, 2023 HealthDay

Source: https://medicalxpress.com/news/2023-04-guideline-advanced-prostate-cancer.html

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PSMA and Treating Advanced Prostate Cancer

Prostate-specific membrane antigen (PSMA) is a protein found in small amounts in your prostate gland. When you have prostate cancer, you have many times more PSMA than normal. This makes PSMA a good target for treating advanced prostate cancer. You might hear this new treatment called lutetium PSMA therapy, Lu-PSMA, or just PSMA therapy.

What It Is

PSMA therapy uses two drugs joined together. One is a molecule called PSMA-617. It finds and attaches to PSMA on cancer cells. The other is a radioactive medicine named lutetium 177 (Lu 177). It binds to PSMA-617, which carries it into the tumor.

This helps destroy cancer with less harm to healthy tissue. PSMA therapy won't cure prostate cancer, but it may ease symptoms, slow its growth, and help you live longer.

Who Gets It

PSMA therapy is for men with metastasized prostate cancer who've tried hormone treatments and chemotherapy. When they don't slow cancer spread, PSMA therapy may be an option.

Before Treatment

Your doctor will talk with you about possible side effects and answer any questions you have. You'll have tests to make sure PSMA therapy is right for you. These include blood tests and tests to check your kidneys and salivary glands. You'll also have a PSMA PET scan that can spot cancer outside your prostate. This will help target your treatment.

How You Get It

PSMA therapy usually takes place in a hospital's nuclear medicine department. A health care professional injects the medicine into a vein in your arm.

It takes about 30 minutes for the drug to infuse into your bloodstream.

You get anti-nausea meds and a diuretic to help flush the Lu 177 from your system. After that, you may need to wait in the hospital for a few hours or longer to make sure your radiation levels start to come down.

A day or two after your treatment, you'll have an imaging test called a single-photon emission computerized tomography (SPECT) scan. This checks to make sure your therapy hit the right targets.

Side Effects

PSMA therapy can cause:

- ◊Dry mouth
- ◊Dry eyes
- ◊Nausea
- ◊Vomiting
- ◊Fatigue

Most of these symptoms go away in a few days. There's a small chance dry eyes and mouth can be permanent. A few people have lower blood counts because Lu 177 can affect your bone marrow.

Lu 177 can also target healthy organs that have very small amounts of PSMA, like your salivary glands, small intestine, and kidneys.

Talk with your doctor to see if PSMA treatment is right for you.

SOURCES:

Memorial Sloan Kettering Cancer Center: "PSMA: A New Target for Prostate Cancer Treatment."

Cancer.net blog (American Society of Clinical Oncology): "Clinical Trials in Genitourinary Cancers: VISION, INTACT, and PROSPER."

Radiology.co.nz: "Lutetium-177 PSMA Therapy."

Journal of Medical Radiation Sciences: "Lutetium 177 PSMA radionuclide therapy for men with prostate cancer: A review of the current literature and discussion of practical aspects of therapy."

Clinical Advances in Hematology & Oncology: "PSMA PET/CT for Staging and Treatment of Prostate Cancer."

Written by Linda Rath
Medically Reviewed by Michael W. Smith, MD on March 31, 2021

Source: www.webmd.com/prostate-cancer/prostate-cancer-treat-psma

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Notice from board of directors regarding newsletter publishing

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

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FUTURE MEETINGS 2023

21 Jun Dr. Gary Jawanda MD CCFP
Manitoba Men's Health Clinic
"Role of the GP in early diagnosis, treatment and management of prostate cancer"

19 Jul Dr Sabine Mai BSc MSc PhD
CancerCare MB Research Institute
Professor, Max Rady College of Medicine, University of Manitoba
"Liquid biopsy for prostate cancer: what circulating tumor cells reveal"

16 Aug Dr. Rene Zahedi MSc PhD
Director, MB Centre for Proteomics and Systems Biology (Internal Medicine)
"Proteomics and systems biology: powerful tools in the fight against prostate cancer"

20 Sep To be announced

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