Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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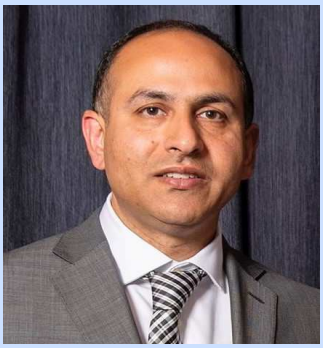
Thanks!

Next Meeting

Date: Wednesday, February 19, 2025

Speaker: Dr. Arbind Dubey MD, FRCPC
Chief Medical Officer and Radiation Oncologist, CancerCareMB

Topic: "Advances in radiation therapy for prostate cancer: how the patient benefits"
(*There will be lots of opportunity for a vigorous Q&A*)



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

"Once you choose hope, anything's possible."

- Christopher Reeve

First patient in Ontario treated with publicly funded Pluvicto™ in a major step forward for advanced prostate cancer care

MONTREAL, Jan. 14, 2025 /CNW/ - Novartis Pharmaceuticals Canada Inc. (Novartis) is pleased to announce that eligible patients in Ontario now have access to Pluvicto™ (lutetium (177Lu) vipivotide tetraxetan injection), a targeted radioligand therapy for adult patients with prostate-specific membrane antigen (PSMA) positive metastatic castration-resistant prostate cancer (mCRPC) who have received at least one androgen receptor pathway inhibitor (APRI) and at least one taxane-based chemotherapy. ***We commend Ontario for being the first province to provide access to this innovative treatment for patients in need.***

The decision by Ontario Health to reimburse Pluvicto™ follows the announcement of an agreement between Novartis and the pan-Canadian Pharmaceutical Alliance (pCPA) and underscores the critical need for additional treatment options for patients with advanced prostate cancer. This

(Continued on page 2)

SHARING IS CARING

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

(Continued from page 1)
milestone is a meaningful step forward for patients with progressing mCRPC, their families and loved ones.

"Our government is proud to be the first Canadian jurisdiction to administer the first publicly funded dose of Pluvicto™, a targeted radioligand therapy that utilizes medical isotopes to treat advanced-stage prostate cancer," said Sylvia Jones, Deputy Premier and Minister of Health. "Expanding the province's publicly funded drug program to connect more people to new, life-changing treatment, is one more way our government is championing innovation to connect people to the care they need, when they need it."

As Ontario sets the standard, Novartis remains focused on collaborating with publicly funded drug plans, provinces and territories across Canada to ensure that all eligible patients in Canada living with advanced prostate cancer have access to Pluvicto™ without delay.

The first publicly funded patient was treated on December 27, 2024, at London Health Sciences Centre (LHSC) in London, Ontario.

"This marks a breakthrough moment for those in the province facing advanced prostate cancer," said Dr. David Laidley, a nuclear medicine physician at LHSC. "Public reimbursement of Pluvicto™ brings much-needed hope to patients facing this aggressive and advanced form of cancer who have exhausted all other options."

"This is a step in the right direction for the Canadians living with advanced prostate cancer who can benefit from this therapy," Dr. Abby Collier, Executive Director, Prostate Cancer Foundation Canada. "Ongoing innovation is critical to advance patient care and reduce the burden of prostate cancer on individuals, families and society but the true impact is only realized when patients can access these innovations. We are encouraged by Ontario's leadership and remain optimistic that other provinces will also recognize the importance of making this innovation available to eligible patients."

"We commend the Ontario government for taking this decisive step. Seeing the first patient in Ontario treated under public funding highlights the tangible impact this innovative therapy can have on those living with advanced prostate cancer." said Mark Vineis, Country President, Novartis Canada "We look forward to continuing to work closely with the provinces to ensure that eligible patients and their families across Canada have equitable access to Pluvicto™."

About Pluvicto™
Pluvicto™ (lutetium (177Lu) vipivotide tetraxetan injection) is indicated for the treatment of adult patients with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have received at least one androgen receptor pathway inhibitor (ARPI) and taxane-based chemotherapy1. It is a type of precision cancer treatment combining a targeting compound (ligand) with a therapeutic radioisotope (a radioactive particle)1. After administration into the bloodstream, Pluvicto™ binds to target cells, including prostate cancer cells that express PSMA, a transmembrane protein[1]. Once bound, energy emissions from the radioisotope damage the target cells and nearby cells disrupting their ability to replicate and/or triggering cell death[1].

About Novartis
Novartis is a focused innovative medicines company. Every day, we work to reimagine medicine to improve and extend people's lives so that patients, healthcare professionals and societies are empowered in the face of serious disease. Our medicines reach more than 250 million people worldwide.

In Canada, Novartis Pharmaceuticals Canada Inc. employs approximately 600 people to serve the evolving needs of patients and the healthcare system and invests over $30 million in R&D yearly in the country. For more information visit www.novartis.ca.

References
1. Advanced Accelerator Applications USA, Inc. Pluvicto™ Canadian Product Monograph. August 25, 2022

Novartis Pharmaceuticals Canada Inc. (CNW Group/Novartis Pharmaceuticals Canada Inc.)
News provided by
Novartis Pharmaceuticals Canada Inc.
Jan 14, 2025

SOURCE Novartis Pharmaceuticals Canada Inc.
Source: www.newswire.ca/news-releases/first-patient-in-ontario-treated-with-publicly-funded-pluvicto-tm-in-a-major-step-forward-for-advanced-prostate-cancer-care-847712529.html

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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 any board member 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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Standard pathology reports may be difficult to understand for patients with prostate cancer

Overall, 39% of those who received a university-formatted report and 56% of those who received a VA-formatted report were able to identify that they had prostate cancer.

Findings from a recent survey published in JAMA showed that most participants were unable to decipher basic information, including whether they have cancer, from standard prostate cancer pathology reports.[1,2]

Reported worry was significantly linked to risk level in the PCPR cohort.

However, respondents who received a patient-centered pathology report (PCPR) were better able to comprehend diagnostic information and risk levels, indicating that tailored reports with plain language information may improve patient understanding.

"Pathologists can generate PCPRs as a supplement to their standard report using a template in a few minutes," the authors wrote. "However, few studies of PCPRs exist, and no previous study has directly compared PCPRs with standard formats in current use."

To that end, the investigators fielded an online survey to adult patients in the US who had a prostate and no history of prostate cancer. Participants were given a hypothetical scenario in which they had undergone a prostate biopsy and were receiving the associated pathology report.

In total, 2238 adults who met the inclusion criteria completed the survey and were included for analysis. Of those, 799 received the PCPR, 706 received a standard university pathology report, and 733 received a standard Veterans Affairs (VA) pathology report.

Overall, participants who received the PCPR were better able to identify if prostate cancer was present, their risk level, and their Gleason score.

Specifically, 93% of participants who received the PCPR were able to identify that they had prostate cancer, compared with only 39% of those who received the university report and 56% of those who received the VA report (P < .001).

Additionally, 93% of participants were able to accurately identify their risk level with the PCPR, compared with 41% of participants who received the university report and 36% of participants who received the VA report (P < .001). More specifically, in the PCPR cohort, 94.9% of participants in the low-risk scenario and 91.9% of participants in the high-risk scenario were able to correctly identify their risk level. In the university and VA arms, the risk level was correctly identified among 46.8% and 48.9% of participants in the low-risk scenario and 33% and 23.7% of participants in the high-risk scenario, respectively.

The findings also showed that 84% of participants who received the PCPR were able to identify the correct total Gleason score, compared with 48% of participants who received the university report and 40% of participants who received the VA report (P < .001).

In line with the finding that the PCPR led to a better understanding of risk, reported worry was significantly associated with risk level in these participants. Compared with participants in the standard arms, those in the PCPR cohort showed a lower level of worry in the low-risk scenario and a higher level of worry in the high-risk scenario (P < .001).

Specifically, in the PCPR group, the mean perceived worry was 2.86 (on a scale of 1 to 5) among patients in the low-risk scenario and 4.46 among participants in the high-risk scenario. In the university and VA cohorts, the mean perceived worry was 3.71 and 3.61 in the low-risk scenario and 3.90 and 3.79 in the high-risk scenario, respectively.

Overall, participants in the PCPR arm reported a significantly higher score for ease of understanding compared with those in the standard report groups (P < .001).

According to the authors, these findings support the use of PCPRs when communicating clinical information to patients.

"Hospital systems should consider including PCPRs with standard pathology reports to improve patient understanding," they concluded.

References

1. Lapedis CJ, Kurnot SR, Bergholtz SE, et al. Knowledge and worry following review of standard vs patient-centered pathology reports. JAMA. 2025. doi:10.1001/jama.2024.25461

2. Knowledge and worry following review of standard vs patient-centered pathology reports. News release. JAMA Network. January 2, 2025. Accessed January 23, 2025. https://www.eurekalert.org/news-releases/1069211

By Hannah Clarke January 23, 2025

Source: www.urologytimes.com/view/standard-pathology-reports-may-be-difficult-to-understand-for-patients-with-prostate-cancer

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Researchers identify two genes responsible for tumour progression in early-stage prostate cancer

An innovative study has uncovered two genes that promote the formation of prostate tumours. Both genes activate a signalling pathway that plays a part in the growth, division and death of cells and is therefore important for regulating the cell cycle.

Previous research has shown that this pathway, called the PI3K-AKT pathway, is frequently mutated in prostate cancer. Although the most common mutation, in a gene called Pten, had already been identified before this new study, scientists had not assessed the possible contributions of other genetic alterations.

Now, newly identified disease-causing genes, known as Bzw2 and Eif5a2, have been shown to cooperate with this common mutation, speeding the development of prostate cancer.

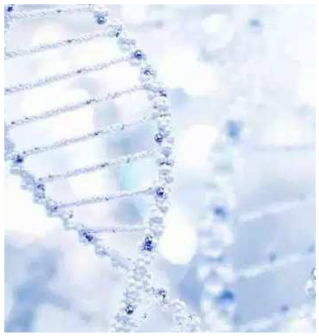
A deeper understanding of the genetics behind prostate cancer, which claims thousands of lives every year in the UK alone, could open the door to new treatment approaches that could vastly improve outcomes for people living with the disease.

The study, which has been published in the Nature journal Oncogene, was led by scientists at The Institute of Cancer Research, London, and funded by Prostate Cancer UK.

Taking a novel approach to screening Multiple genetic mutations have already been associated with prostate cancer, but it has proven difficult to distinguish between those that are directly responsible for the development and progression of the disease and those that occur simultaneously but do not give the cancer cells any growth advantages.

In addition, there has been little research into how combinations of different mutations might further promote cancer progression. This study aimed to get more insight into the processes that drive early-stage prostate cancer, with the long-term goal of informing the diagnosis and treatment of the disease.

The researchers decided to focus on genes involved in the PI3K-AKT pathway because of its known link with prostate cancer. They began by searching for genes associated with precancerous lesions of the prostate, known as prostate neoplasia, which increase the risk of prostate cancer. They screened for genes in samples from mice with mutations in the tumour suppressor gene Pten. The paper notes that this gene is linked to 20 per cent of primary prostate cancers and up to 40 per cent of metastatic prostate cancer samples.



The scientists knocked out one copy of the Pten gene in the mice to predispose them to cancer. However, they did not alter the second copy because they wanted to determine which other genes might be cooperating with the low Pten expression to promote cancer progression.

They then used a technique called transposon mutagenesis screening to assess gene activity. This process uses an enzyme to ‘cut and paste’ sections of DNA between different parts of the genome, helping reveal specific genetic mechanisms. Based on their findings, the researchers chose to follow up the Bzw2 and Eif5a2 genes.

In the second stage of the study, the researchers used prostate organoid models – mini versions of the prostate created in the lab – to further assess these genes. They found that alterations to both genes activated the PI3K-AKT pathway and promoted growth of the cancer. In addition, organoids with high Eif5a2 expression were shown to be sensitive to AKT inhibitors.

As a final step, the team analysed two databases of human prostate cancer samples, which confirmed a correlation between increased Eif5a2 expression and activation of the PI3K-AKT pathway in people.

Additional evidence supporting AKT inhibitors

Previous research has confirmed that loss-of-function mutations affecting the Pten gene result in the activation of a type of enzyme called AKT. Active AKT can limit the processes that lead to the death of cancer cells, thereby prolonging their survival, and it can promote the growth of cells.

AKT inhibitors have been shown to stop tumour cells from growing and dividing, and several ongoing trials are exploring their use in combination with other treatments.

These treatments are still relatively new in cancer; it was only at the end of 2023 that the Food and Drug Administration (FDA) approved the first one – Truqap (capivasertib) – for the treatment of breast cancer in the United States. The Institute of Cancer Research (ICR) had a pivotal role in the development of capivasertib, which is

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still under review as a treatment for prostate cancer.

This new study provides further evidence to support the effectiveness of these drugs for people with prostate cancer, showing that Eif5a2 is more highly expressed in prostate cancer cells and that these cells are responsive to treatment with AKT inhibitors.

Providing new hope

First author Dr Jeff Francis, Senior Scientific Officer in the Development and Cancer Group in the Division of Cancer Biology at the ICR, said:

"This study gave us the chance to investigate the early stage of prostate cancer, which has been somewhat overlooked in the research.

"Eif5a2 has been implicated in previous studies focusing on different types of cancer, suggesting that its involvement could be a common theme in oncology. As a result, we hope that this work will be useful for the cancer research community more broadly."

Senior author Dr Amanda Swain, Group Leader in the Division of Cancer Biology at the ICR, said:

"This work suggests that there are many ways to activate the PI3K pathway in prostate cancer, and we are pleased to have validated two more genes that have a key role. We have also confirmed that Eif5a2 is amplified in people with prostate cancer and that high levels of this gene make the cancerous cells sensitive to AKT inhibitors. This provides new hope for the future of treatment with AKT inhibitors.

"Further down the line, we might be able to use Eif5a2 expression as a marker to determine which patients are most likely to respond to drugs such as capivasertib. This could optimise treatment decision-making and ultimately lead to better outcomes for people with prostate cancer."

This is just the beginning

Hayley Luxton, Senior Research Impact & Intelligence Manager at Prostate Cancer UK, said:

"Prostate cancer is the most common cancer in men and the second largest cause of cancer death worldwide, but there's so much more we need to understand about the genes that accelerate the growth and spread of the disease.

"We're extremely pleased to have funded this work, which provides valuable new insight into the role of two particular genes in driving prostate cancer development and progression. By investigating these genes and their pathways, we can apply potential drug targets that could be harnessed with novel treatments. And with this knowledge we can help to identify those patients who are most likely to respond to these treatments.

"There is still so much we need to learn about prostate cancer, and we eagerly look forward to seeing how this work progresses over the coming years."

ICR news 16/01/25

Source: www.icr.ac.uk/about-us/icr-news/detail/researchers-identify-two-genes-responsible-for-tumour-progression-in-early-stage-prostate-cancer

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Trial Results Support SBRT as a Standard Option for Some Prostate Cancers

Some men receiving radiation therapy for prostate cancer can have their treatment compressed into just 5 sessions, compared with the minimum of 20 that is often used, according to results from a large clinical trial.

Most trial participants had prostate cancer that was at intermediate risk of coming back (recurring) after treatment. Men who received the shortened treatment, called stereotactic body radiotherapy (SBRT), did not have a higher risk of cancer recurrence over the next 5 years than men treated with other commonly used radiation therapy regimens given over 4 to 8 weeks, the study found.

Results from the study were published October 16 in the New England Journal of Medicine.

SBRT very precisely targets radiation to the tumor while minimizing exposure to normal tissue, allowing for the delivery of a much higher radiation dose per session and, therefore, far fewer treatment days.

Trial participants who were randomly assigned to receive SBRT had a higher risk of developing some urinary problems over the first 2 years after treatment than men randomly assigned to the standard radiation therapy group, but over time this difference disappeared. And the urinary problems, primarily a frequent need to urinate, can be well controlled with medications, said Nicholas van As, M. D., of the Royal Marsden Hospital in the United Kingdom, who led the trial.

"[These side effects] are short-lived. For the great majority of men, they disappear," he said.

"These data support the use of SBRT as a standard of care for intermediate-risk prostate cancer," said Krishnan Patel, M.D., a radiation oncologist from NCI's Center for Cancer Research, who was not involved with the trial. "But … it still may not be for everyone."

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Some people who may not be good candidates for SBRT include patients with larger prostate glands or those who already have substantial urinary problems, which could be made worse by SBRT, Dr. Patel explained. Additionally, many men with low-risk prostate cancer might now choose active surveillance at first, instead of either radiation therapy or surgery.

The new study's results support a shift in radiation therapy for prostate cancer that has been underway in the United States, said Dakim Gaines, M.D., Ph. D., a radiation oncologist from Vanderbilt-Ingram Cancer Center, who was not involved in the trial.

Results from earlier studies have suggested that neither of the two treatment schedules are worse at controlling cancer than the other. So, radiation oncologists at his hospital and elsewhere have been using SBRT to treat patients with low- and intermediate-risk prostate cancer for years, Dr. Gaines said. "It's extremely convenient to be able to shrink your treatment from about 5 and a half weeks to about a week and a half."

Excellent cancer control, both with SBRT or longer treatment
Until fairly recently, radiation therapy for prostate cancer was given 5 days a week for 8 weeks or even longer, for a total of about 40 treatment sessions.

Over the last decade, however, studies have shown that this treatment could safely be compressed, with each of 20 sessions using a slightly larger than normal dose of radiation—a strategy called hypofractionation.

For Some with Prostate Cancer, Altered Radiation Approach Proves Safe
Shorter duration, higher dose radiation doesn't harm quality of life, trial shows.

Using SBRT to cut the number of treatment sessions further, from 20 down to 5, is not only more convenient but also has the potential to greatly reduce the cost of treatment for both hospitals and patients, said Dr. van As. But it had to be confirmed that a 5-day course of SBRT was not worse at controlling cancer than standard radiation therapy and also that it does not come at the cost of unacceptably high side effects.

The trial, called PACE-B, was primarily funded by Accuray, a manufacturer of SBRT equipment, through the Royal Marsden NHS Foundation Trust. It enrolled 874 participants from hospitals in the United Kingdom, Ireland, and Canada. About 92% of participants had intermediate-risk prostate cancer and 8% low-risk, and none received hormone therapy in addition to radiation therapy. Participants had a median age of about 70 years.

Men in the trial were randomly assigned to receive SBRT or the standard radiation therapy regimen used at the center where they received treatment: hypofractionated (20 sessions) or conventional (39 sessions).

After a median follow-up period of just over 6 years, about 95% of men in both treatment groups remained alive without a recurrence of their cancer, demonstrating that SBRT was not worse than conventional radiation therapy.

No differences in bowel problems or sexual difficulties were seen between the groups. At 5 years after treatment, less than 1% of men in both groups reported bowel problems. This number would likely be even lower in men in the United States, explained Dr. Gaines, since U.S. hospitals use protective equipment called rectal spacers to reduce the potential damage to that region during SBRT.

About 10% of participants in both groups reported gastrointestinal problems, and about a quarter reported some degree of erectile dysfunction.

Over the 5 years of follow-up, a total of 27% of men in the SBRT group and 18% in the standard radiation therapy group reported urinary problems. However, this difference was largely seen right after treatment. The higher number of urinary problems in the SBRT group went away after 2 years, with similar numbers of men in both groups reporting irritation and an increased sense of urgency to urinate towards the end of the study.

More studies ongoing, more training required
An ongoing NCI-funded clinical trial called NRG GU005 is comparing SBRT with hypofractionated radiation therapy for intermediate-risk prostate cancer, with early results about side effects expected next year, said Dr. Patel.

An older male doctor talking with a middle-aged male patient.
Enzalutamide Gets Added Approval for Prostate Cancer That Hasn't Spread
The approval covers people whose cancer is at high risk of coming back.

Neither trial applies to men with high-risk prostate cancer, Dr. Patel added. Another ongoing trial, called PACE-C, is testing SBRT with hormone therapy versus standard hypofractionation with hormone therapy in men with higher risk of disease recurrence, but no results have been released to date.

An additional unanswered question is whether some of the men at lowest risk of recurrence in the PACE-B trial could have postponed treatment.

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"I think most of the men in the study required treatment. But there will have been [some] who could have had active surveillance, which wasn't as widely accepted when the trial started," said Dr. van As.

Another issue going forward will be ensuring access to SBRT as it was performed in PACE-B. Highly specialized radiation machines specifically designed for SBRT, including the CyberKnife device, were used in some of the treatment centers that participated in the trial, Dr. van As explained. However, SBRT can be delivered with most modern radiation therapy machines as well, he added.

Dr. Gaines's center uses a standard linear accelerator, or LINAC, to deliver SBRT, he explained. "We don't have a CyberKnife, and we've been doing this [safely] for years," he said.

But to ensure broader access to SBRT, Dr. van As said, "doctors will need training, physicists will need training, radiologists will need training," he added.

Some U.S. hospitals won't have the training yet to do this type of SBRT, Dr. Gaines said, but men in such situations shouldn't feel like they're getting worse treatment with a longer radiation therapy schedule. "That may be less convenient, but it's equally good in terms of cancer control," he said.

November 21, 2024, by Sharon Reynolds

Source: www.cancer.gov/news-events/cancer-currents-blog/2024/prostate-cancer-sbrt-effective-safe

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Steam-blast treatment for prostate cancer investigated in clinical trial

Prostate cancer is usually treated with surgery and radiation therapy, but these can have drastic side effects. A new clinical trial is exploring the safety and efficacy of killing the cancer cells with a blast of steam.

Prostate cancer is the most common cancer diagnosed in men, and the second most common cancer in the world, and while the outlook can be hopeful if caught early, treatment can impact a patient's quality of life. The prostate is a walnut-sized gland located between the bladder and the rectum, surrounded by nerves and muscles that control sexual and urinary function. As such, side effects of surgery and radiation therapy for prostate cancer often include incontinence, impotence and bowel dysfunction.

A new system from Francis Medical could treat prostate cancer without those side effects. It's called the Vanquish Water Vapor Ablation System, and as the name suggests it involves "vanquishing" the cancer with hot water vapor delivered directly to the gland.

Under general anesthesia, a catheter is inserted up the patient's urethra until it reaches the prostate. An ultra-fine needle is then deployed from the catheter into the tumor, which delivers a 10-second burst of steam into the affected cells.

The idea is that the steam moves quickly into the prostate tissue, before condensing back into water. This heats the local area effectively, killing off the cancer cells without harming surrounding healthy cells. Heat has been explored as a cancer treatment for years, but this is one of the most direct sources we've seen.

The process doesn't sound like much fun, but it's markedly less invasive than current methods. Francis Medical says that the procedure can be done in an outpatient setting, allowing patients to go home the same day and resume their normal functions as soon as the next day. In contrast, surgery requires an overnight stay in hospital and a longer recovery time – as well as all the other potential side effects.

Another advantage is that it only takes one session, as opposed to multiple visits required with radiation therapy. Several blasts of steam can be administered during the same procedure if needed.

Following success in using the Vanquish system to treat other prostate disorders, a clinical trial is now underway to investigate the safety and efficacy of using steam to treat prostate cancer. The trial involves about 400 male patients over 50 years of age with a stage 2 or below prostate cancer that hasn't spread to other organs.

Participants will be followed for five years to monitor their disease progression. So far, more than 180 patients have received the treatment.

By Michael Irving
January 09, 2025

Source: Keck Medicine of USC, Francis Medical

https://newatlas.com/cancer/steam-treatment-prostate-cancer-clinical-trial/

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FUTURE MEETINGS 2025

19 Mar: Dr. Jay Buenafe MD, CCFP, FCFP
Founder of Buenafe Clinic for Men's Sexual Health
Topic: *"Erectile Dysfunction treatment using state-of-the-art technology"*

16 Apr: Speaker and topic TBA

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