Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Thought of The Day

"It's your reaction to adversity, not adversity itself that determines how your life's story will develop."

- Dieter F. Uchtdorf

PROSTATE CANCER
Affects 1 in 8 men
Anyone can be that 1

September is prostate cancer awareness month in Canada

Good things are happening

Prostate Cancer Awareness Evening

Learn about progress that is happening against prostate cancer here in Manitoba

- ***Early detection*** *through increased awareness*
- ***da Vinci robot*** *to enhance* ***surgery***
- ***Emerging therapies*** *on the horizon to extend effective treatment beyond the limitations of current therapies*

Keynote speakers:

Dr. J. Saranchuk — **MD FRCSC**
Surgical oncologist
Head Manitoba Urology
Medical Director, Manitoba Prostate Centre
CancerCareMB

Dr. H. Zhang — **MD FRCPC**
Cancer research scientist
Medical Oncologist, CancerCareMB
Medical Director, Systemic Therapy Program
Assistant Professor, UofM Medical College

Maurice Sabourin — Manitoba Motorcycle Ride-For-Dad
Organizing Co-Chair

The audience will have opportunity to ask questions and make comments

Date and time: Wednesday, September 17, 2025 7-9 pm

Location: Caboto Centre, 1055 Wilkes Ave., Winnipeg

Everbody Welcome Free Admission Free Parking Door Prizes

You're invited. Don't miss it. Bring a friend.

Hosted by Manitoba Prostate Cancer SUPPORT GROUP

Sponsored by CancerCare Manitoba FOUNDATION — All funds raised stay in Manitoba. RIDE FOR DAD

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.

Personalising prostate cancer treatment through molecular testing

Testing the molecular profile of tumours identifies which patients with advanced prostate cancer are more likely to benefit from chemotherapy and live longer, sparing patients less likely to benefit from unpleasant side effects, according to a new study led by researchers from University College London (UCL).

Published in Cell, the study is the first strong evidence that a gene expression test performed on routinely collected prostate tissue can help guide therapy choices for prostate cancer patients whose cancer has spread to other parts of the body (metastatic cancer). The test is called the Decipher Prostate Genomic Classifier test and is manufactured by Veracyte.

The study included 1,523 patients recruited to the STAMPEDE phase III trials, that had been diagnosed with advanced prostate cancer and started treatment with androgen deprivation therapy (ADT), which blocks male hormones such as testosterone that can drive prostate cancer growth. The STAMPEDE trials tested the additional benefit of adding abiraterone or docetaxel to ADT and the study patients were followed up for a median of 14 years.

Among the 832 patients with metastatic prostate cancer, those with high Decipher Prostate scores had a 36% reduction in the risk of death after treatment with docetaxel, while those with lower Decipher scores had a reduction in the risk of death that was estimated at less than 4%. This finding is significant as while docetaxel chemotherapy improves survival for some patients, it also reduces quality of life. This test may be used to identify which patients are likely to have docetaxel-sensitive tumours and live longer with docetaxel chemotherapy treatment.

"By identifying which patients are most likely to have a survival benefit from chemotherapy, we can avoid unnecessary side effects and develop alternative treatments for people with metastatic prostate cancer who are unlikely to benefit"

Gert Attard

The Decipher Prostate test is already widely used in the US to help identify localised prostate cancer more likely to spread. It becomes the first molecular test with clinical evidence from a randomised trial showing it can guide treatment choices for metastatic prostate cancer.

Professor Gerhardt (Gert) Attard, lead researcher at UCL Cancer Institute and UCLH, said: "The STAMPEDE trial has resulted in several changes to the way patients presenting with advanced prostate cancer are treated. Now through large-scale molecular analysis linked to long-term follow-up, for the first time we identify groups of patients recruited to the trial who had very different benefit from treatment. The ability to personalise chemotherapy decisions based on the Decipher Prostate test will greatly enhance patient care and outcomes. By identifying which patients are most likely to have a survival benefit from chemotherapy, we can avoid unnecessary side effects and develop alternative treatments for people with metastatic prostate cancer who are unlikely to benefit."

There are around 55,100 new prostate cancer cases in the UK every year and 12,000 men are expected to die from prostate cancer this year. Prostate cancer is the second most common cause of cancer death in males in the UK, accounting for 14% of all cancer deaths in this group. Most prostate cancer deaths occur in patients who first presented with advanced or metastatic disease.

Treatment intensification with docetaxel, in addition to standard-of-care androgen deprivation therapy (ADT), can improve survival for patients with metastatic prostate cancer. However, response rates vary, and clinicians have limited tools to identify who is likely to benefit and who is not. Veracyte's Decipher Prostate test addresses this gap by providing a more personalised approach to treatment decisions.

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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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UCL Business (UCLB), the commercialisation company for UCL, brokered Veracyte's collaboration with UCL to bring together the company's expertise in profiling expression patterns in tumours with UCL's expertise in clinical trials and cancer biology. In addition to identifying the first commercially available test that can predict docetaxel efficacy, the collaboration has also identified several new molecular classifiers that predict outcomes of patients.

Dr Emily Grist, a lead researcher of this study at UCL Cancer Institute, added: "One of our additional discoveries is of a signature that identifies inactivity of the tumour suppressor gene PTEN. This both predicts shorter life expectancy with hormone therapy and greater benefit from chemotherapy, as compared to those with PTEN activity. I believe our study is a milestone in efforts to re-classify prostate cancer into distinct molecular groups. The long-term impact will be bespoke treatments based on tumour molecular profiles that should improve outcomes for patients."

Harriet Story, Senior Business Manager for UCLB, said: "This collaboration between UCL and Veracyte demonstrates the potential of gene expression tests to revolutionise cancer treatment by identifying patients who will benefit from docetaxel chemotherapy. It's deeply satisfying to see the outputs of this UCL research already available as a reimbursed test in the US to help metastatic prostate cancer patients receive more personalised treatment – impact made possible by UCL's collaboration with a global diagnostics developer."

Simon Grieveson, Assistant Director of Research at Prostate Cancer UK, said: "Around 10,000 men are diagnosed with advanced prostate cancer every year in the UK. We're thrilled to have supported this innovative research in partnership with Movember which could help to predict upfront which men will benefit most from the addition of chemotherapy – helping some men live longer, while others can avoid the side effects of unnecessary treatment. This is a fantastic example of charities, academic researchers and industry collaborating to deliver real impact for men affected by prostate cancer."

Funding to support UCL research costs in the collaboration with Veracyte were provided by Prostate Cancer UK, Cancer Research UK, the John Black Charitable Foundation and the Prostate Cancer Foundation, amongst others. The STAMPEDE trial is funded by Cancer Research UK and led by researchers at the UCL MRC Clinical Trials Unit and UCL Cancer Institute. The trial aims to find new treatment approaches for advanced prostate cancer.

30.08.2025

Source: University College London

https://healthcare-in-europe.com/en/news/personalised-prostate-cancer-molecular-testing.html

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Pfizer, Astellas' Xtandi combo extends survival in early prostate cancer setting

Pfizer and Astellas announced Thursday that in the Phase III EMBARK study, the combination of Xtandi (enzalutamide) and leuprolide significantly improved overall survival (OS) versus leuprolide alone in men with non-metastatic hormone-sensitive prostate cancer (nmHSPC) with biochemical recurrence. The companies noted that Xtandi is the first androgen receptor inhibitor-based regimen to demonstrate a survival benefit in this setting.

"These positive results add to the robust clinical support for the use of Xtandi and broaden clinical confidence, offering men with high-risk BCR evidence that they might live longer when they start Xtandi early," remarked Johanna Bendell, Pfizer's oncology chief development officer.

Previous results from the EMBARK trial had shown that Xtandi plus leuprolide significantly reduced the risk of metastasis or death by 58% versus leuprolide alone, meeting the primary endpoint. Findings from the study — which enrolled 1068 patients with nmHSPC with biochemical recurrence at high risk for metastasis — supported approvals of the regimen in the US and EU.

Pfizer and Astellas noted Thursday that the combination also led to a statistically significant and clinically meaningful improvement on the key secondary endpoint of OS over leuprolide alone. However, while the Xtandi monotherapy arm showed a favourable trend towards improved OS versus leuprolide alone, the difference was not significant, the companies noted.

Source: https://firstwordpharma.com/story/5980238
https://pfizer.com/news/press-release/press-release-detail/xtandi-plus-leuprolide-significantly-improves-survival

Matthew Dennis July 10, 2025

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7 Ways to Prioritize Your Emotional Health When You Have Advanced Prostate Cancer

Use these strategies to manage anxiety, depression, and stress.

A diagnosis of advanced prostate cancer affects more than just your physical health — it also takes a toll on your mental health. Research shows that nearly 1 in 5 people with prostate cancer experience depression or anxiety.

An advanced cancer diagnosis also increases your risk of frailty — meaning you're less able to recover from illnesses or injuries. This, in turn, can impact your mental health. A recent study found that the prevalence of frailty in older, long-term prostate cancer survivors was associated with a greater impact on emotional health and a worse quality of life.

That's why it's crucial to protect your mental health when you're dealing with advanced prostate cancer. "A cancer diagnosis or bad news of a relapse can be highly stressful, so it's important to identify personalized approaches to managing anxiety, stress, and depression," says Andrew J. Armstrong, MD, a professor of medicine at the Duke University School of Medicine in Durham, North Carolina.

Here are a few ways to take care of your emotional health while managing advanced prostate cancer.

1. Get Screened for Anxiety and Depression

Anxiety and depression can interfere with your ability to get treatment, so it's important to be screened for mental health conditions.

In fact, assessing you early on for anxiety and depression is one of the more important jobs of your provider, says Dr. Armstrong. If you do have either (or both) conditions, your doctor can advise you on ways to treat them with options such as medication, therapy, or both.

2. Don't Hide Your Feelings

You don't have to put on a brave face. Hiding your fears from others (or even yourself) won't help you feel better. rather than burying feelings of sadness, anger, grief, or fear, acknowledge them. Start by admitting how you're feeling to yourself; then, open up to others you're comfortable confiding in.

3. Lean on Your Loved Ones

"Men with strong social support networks … tend to have better treatment outcomes," says Armstrong. A spouse or partner, for example, can play a big role in helping you make decisions about which treatment option to pursue, as well as keeping you motivated throughout the treatment process, he says.

Spiritual support, as well, may help you feel better. Some research shows that spiritual or religious beliefs and practices can boost well-being, possibly by lowering levels of anxiety, depression, anger, and feelings of isolation.

4. Join a Support Group

No matter how many loved ones you have at your side, you may want to join a support group. Connecting with others who have prostate cancer and understand what you're experiencing can help you feel less alone. Even better? These connections can improve your quality of life and may even extend your lifespan

Armstrong notes that support groups provide more than just emotional support. These groups also offer access to practical advice when others share their experiences with certain treatments and strategies for managing symptoms and side effects.

If you're receiving treatment at a cancer center, you should have access to a range of patient support groups. Ask your cancer care team or a social worker at the hospital for a referral.

"No man should face this diagnosis alone," says Armstrong.

5. Keep Up a Healthy Lifestyle

More than ever, now is the time to stay active and eat a healthy diet to stave off frailty. Try to move as much as possible with activities like walking and, if you're able, light strength training. Eat a healthy diet, as well — especially one that includes plenty of protein and healthy fats — to reduce your risk of frailty.

6. Practice Relaxation Techniques

To reduce the stress that can often accompany a cancer diagnosis, try engaging in meditation, mindfulness, or relaxation techniques, such as deep breathing and guided imagery. Other ideas, says Armstrong, include exercise, yoga, spiritual practices, and time in nature.

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You can combine certain techniques - for example, take a walk around your neighborhood, meditate outside, or practice mindfulness while standing in line. Aim for a 5- to 10-minute session. If you notice your mind wandering, that's okay; just refocus your attention on the task.

7. Consider Counseling

You may benefit from seeing a mental health professional, such as a therapist, counselor, psychologist, or psychiatrist, says Armstrong. You can opt for one-on-one counseling or group counseling, depending on your preferences.

Before scheduling a session, you may want to call to discuss your needs and goals. Speak with a provider in advance to determine whether their style of support is a good fit for you.

You can also find mental health resources through leading organizations or patient advocacy groups such as:

◊ Prostate Cancer Foundation
◊ National Comprehensive Cancer Network
◊ American Cancer Society
◊ ZERO Prostate Cancer
◊ Prostate Health Education Network

The Takeaway

◊ An advanced prostate cancer diagnosis can increase your risk of depression, anxiety, and frailty, all of which can interfere with your ability to treat the disease.
◊ To protect your mental health, try practicing relaxation techniques and keeping up a healthy lifestyle.
◊ Talk with others — in a support group or in counseling sessions — to learn techniques to better cope with your condition.

EDITORIAL SOURCES

Everyday Health follows strict sourcing guidelines to ensure the accuracy of its content, outlined in our editorial policy. We use only trustworthy sources, including peer-reviewed studies, board-certified medical experts, patients with lived experience, and information from top institutions.

Sources / Resources

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By Maria Masters

July 17, 2025

Medically Reviewed byWalter Tsang, MD

Source: www.everydayhealth.com/cancer/emotional-health-and-advanced-prostate-cancer

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New urine test uses AI to diagnosis prostate cancer with 92% accuracy

A new AI-driven urine test may soon offer men a painless, accurate way to detect prostate cancer earlier than current methods allow.

Prostate cancer is one of the most common and deadly forms of cancer in men, yet early detection remains a major challenge. That difficulty lies in how subtle the disease can be in its earliest stages—and how hard it is to detect with current tools. Scientists have long known that cancer begins with complex gene activity inside the body. But understanding and tracking those changes in a way that's useful for early diagnosis has proven difficult—until now.

A recent international study may be a major turning point. Researchers from the Karolinska Institute in Sweden have discovered a way to diagnose prostate cancer early using just a simple urine sample. This approach combines advanced gene analysis, spatial transcriptomics, and artificial intelligence. And it may outperform the widely used PSA test, which often lacks precision.

Mapping the Genes Behind Cancer

Every tumor in the body contains thousands of genes interacting with one another. Those interactions evolve as the cancer becomes more aggressive. But the problem is that they don't always look the same in different people—or even in different parts of the same tumor. This makes it extremely hard to find a single biological "marker" that always signals the early presence of cancer.

To address this challenge, scientists focused on three key facts. First, tumors can show different levels of change from benign to aggressive. Second, spatial transcriptomics can measure gene activity based on each cell's position in tissue. Third, the

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pattern of change over time—called pseudotime—can be modeled using this data. By combining these tools, researchers can track how cells gradually shift from healthy to cancerous.

In the new study, scientists used data from three prostate cancer studies to create pseudotime models. They analyzed how genes behaved in thousands of prostate cells with different cancer grades. This allowed them to find which genes were most closely tied to cancer progression.

Building Digital Models with AI
Researchers created digital models using the full mRNA activity of every human gene in these cells. They mapped the gene activity with each cell's location and cancer level to form a detailed picture. This showed how prostate cancer grows and changes over time.

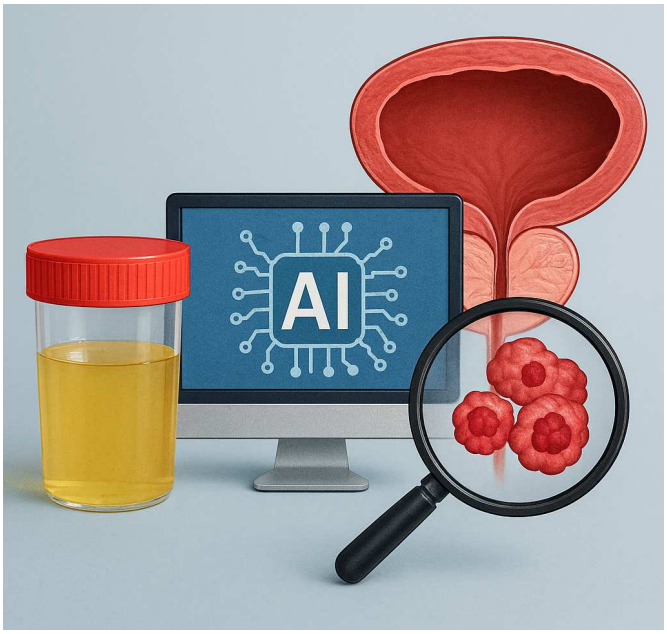
Artificial intelligence was used to study the models and find useful biomarkers. These biomarkers are proteins that may signal the presence of prostate cancer in the body. The team found them not only in tumor tissue but also in blood and urine samples. Samples came from nearly 2,000 men, making the data strong and wide-ranging. Many markers showed up clearly in urine, making testing easy and non-invasive.

Machine learning models tested the urine biomarkers for accuracy in spotting cancer. The models reached an AUC score of 0.92, showing very high precision. This score measures how well a test separates healthy from diseased patients. In this case, it outperformed the PSA blood test used in clinics today.

Why Urine Testing Matters

Dr. Mikael Benson led the study at Karolinska Institutet. He says urine testing for biomarkers offers many important benefits. "It's non-invasive and painless and can potentially be done at home," says Benson. "The sample can then be analyzed using routine methods in clinical labs."

This approach could make early testing easier and more accessible worldwide. Instead of needing a biopsy or hospital visit, men could send urine from home. They might get a clear answer sooner and without discomfort. The research also showed that urine markers may reveal how severe the cancer is. Knowing this early could help doctors choose the right treatment without delay.



A Path Toward Clinical Use

Though the results are promising, more testing is still needed. Large clinical trials are being planned to test the method further. One trial may run through TRANSFORM, a national UK prostate cancer study. Professor Rakesh Heer of Imperial College London leads TRANSFORM and co-authored the study.

"New, more precise biomarkers than PSA can lead to earlier diagnosis and better prognoses for men with prostate cancer," says Benson. "Moreover, it can reduce the number of unnecessary prostate biopsies in healthy men." Biopsies are invasive and carry risks, so fewer false positives would help patients.

Looking Forward

This new approach could reshape how cancer is diagnosed. It uses spatial transcriptomics, pseudotime models, and artificial intelligence in a powerful way. Not only might it improve prostate cancer testing, but it could help detect other complex cancers too.

The study, published in the journal Cancer Research, succeeded by linking gene changes to cancer grade in thousands of samples. It analyzed samples from more than 2,000 people, which made the findings strong. The clear appearance of biomarkers in urine could make early cancer detection more practical.

This method may someday help detect cancers that are currently hard to find early. For now, the next step is to confirm the findings in more real-world trials. If proven, these urine-based tests could soon reach doctors and patients across the globe.

Note: The article above provided above by The Brighter Side of News.

Mac Oliveau Aug 7, 2025

Source: www.thebrighterside.news/post/new-urine-test-uses-ai-to-diagnosis-prostate-cancer-with-92-accuracy

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Biopsy grade alone may underestimate risk in GG1 prostate cancer

Data showed that 1 in 6 men with GG1 prostate cancer ultimately had higher-risk disease when other clinical features were taken into account.

Recent data published in JAMA Oncology show that 1 in 6 men with grade group 1 (GG1) prostate cancer ultimately had intermediate- to high-risk disease when other clinical features were taken into account.

"Grade group (GG) 1 prostate cancer is considered low-risk based on its non-aggressive clinical course for the majority of patients," says urologist Nirmish Singla, M.D. "However, there is an uncommon subset of these low-grade tumors that is capable of invading through the capsule of the prostate." www.hopkinsmedicine.org/news/articles/2024/12/when-prostate-cancer-is-low-grade-but-invasive

According to the authors, these data suggest that relying on biopsy grade alone can lead to an underestimation of disease risk.

"We don't want to miss aggressive cancers that initially present as grade group 1 on biopsy," explained co-senior author Bashir Al Hussein Al Awamlh, MD, MPH, an assistant professor of urology and population health sciences at Weill Cornell Medicine in New York, New York, in a news release on the findings. "Such underestimation of risk could lead to undertreatment and poor outcomes."

In total, the cohort study included data from 117,162 patients with localized GG1 prostate cancer. Data were obtained from the Surveillance, Epidemiology, and End Results database. The median age of patients was 64 years (IQR, 58 to 69).

Among these patients with GG1 prostate cancer, 10,440 (9%) had favorable intermediate-risk disease, 3145 (3%) had unfavorable intermediate-risk disease, and 4539 (4%) had high-risk disease when clinical data such as prostate-specific antigen levels and tumor sizes were considered. Of the patients with high-risk GG1 prostate cancer, 867 (60%) were found to have adverse pathology at prostatectomy.

Al Hussein added, "Our data show that up to 30% of patients who were diagnosed with GG1 but were in the higher risk category underwent active surveillance, which means they were potentially undertreated."

The prostate cancer-specific mortality (PCSM) rate was 2.4% for patients with unfavorable intermediate-risk GG1 disease and 4.7% for patients with high-risk GG1 disease. Further, the PCSM rates for patients with favorable intermediate-risk GG2 disease and unfavorable intermediate risk GG2 or higher disease were 2.1% and 4.0%, respectively.

Compared with patients with low-risk GG1 disease, the risk of PCSM was higher for patients with favorable intermediate-risk GG1 disease (aHR, 1.60; 95% CI, 1.30 to 1.96), unfavorable intermediate-risk GG1 disease (aHR, 2.10; 95% CI, 1.53 to 2.89), and high-risk GG1 disease (aHR, 3.58; 95% CI, 2.93 to 4.38).

"These data indicate that not all GG1 prostate cancer follows an indolent course," the authors wrote. "A subset of men with biopsy GG1 prostate cancer have outcomes comparable to those of men with higher-grade intermediate-risk prostate cancer, a group that often undergoes treatment."

The authors also suggested that these findings may inform ongoing discussions surrounding whether to drop the 'cancer' label for GG1 tumors.

"There is a misunderstanding that 'low grade' and 'low risk' are the same. Here, we show clearly that they are not," said co-senior author Jonathan Shoag, MD, associate professor of urology at Case Western Reserve University and an urologist at University Hospitals Cleveland, in the news release. "Attempts to rename GG1 are misguided as many patients with GG1 cancers on biopsy have substantial risks of their cancers causing pain and suffering over their lifetime if untreated."

Ultimately, these findings can be used to improve patient counseling for those who are determined to have GG1 disease.

"We need to find a better way to inform patients about their prognosis when they have GG1 prostate cancer with adverse clinical features," Al Hussein concluded in the news release. "As physicians, the responsibility falls on us to educate patients and provide them with the information they need to understand their diagnosis and decide on the best approach for treatment, while continuing to advocate for active surveillance for those who are indeed low risk."

Author(s):
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Fact checked by:
Benjamin P. Saylor

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Source: www.urologytimes.com/view/biopsy-grade-alone-may-underestimate-risk-in-gg1-prostate-cancer

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15 Oct: TBA

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19 Nov: TBA

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