Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, April 15, 2026

Speaker: *Dr. Sabine Mai PhD*

Topic: *"Advances in prostate cancer diagnosis and treatment options"*
(Have your questions answered in the 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

"Strength does not come from physical capacity. It comes from an indomitable will."

- Mahatma Gandhi

Enolen Displays 84% Reduction in Tumor Volume of Localized Prostate Cancer

Twenty patients with low-to-intermediate risk, localized prostate cancer underwent successful implantation with the anti-androgen eluting implants.

All patients in a small cohort of those with low-to-intermediate risk, localized prostate cancer underwent successful implantation with the enzalutamide (Xtandi)-containing anti-androgen eluting implant Enolen, according to a news release from the developer, Alessa Therapeutics.

In a National Cancer Institute (NCI)–led phase 1 study (NCT06257693), 20 patients undergoing prostatectomy underwent treatment with the implants. All implantations achieved high intraprostatic enzalutamide levels with minimal systemic drug exposure resulting in no delays to surgery. Additionally, pre-radical prostatectomy MRIs showed an 84% reduction in tumor volume among 18 patients over an average duration of 35 days, with 2 pending.

(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)

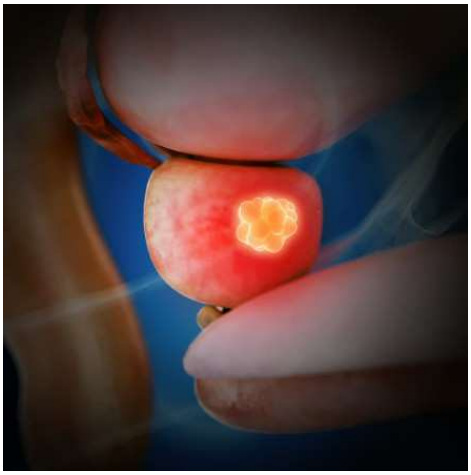
There were no effects on testosterone levels or negative impacts on sexual function. Additionally, reported adverse effects (AEs) were consistent with biopsy-like procedures without impact on future surgery and imaging.

"The preliminary safety and efficacy data from this study are compelling and demonstrate the potential of Enolen to serve as a new treatment option for [patients] with localized prostate cancer that avoids the negative [adverse] effects of current treatments," said Peter Pinto, MD, chief of the Prostate Cancer Division at the National Cancer Institute and principal investigator on the study.1 "These initial findings, particularly MRI-documented tumor shrinkage and therapeutic enzalutamide levels in the prostate with minimal systemic exposure, strongly support further development of Enolen."

Patients in the phase 1 study underwent multiparametric MRI of the prostate at baseline prior to treatment. Following implantation, patients received standard-of-care prostatectomy 6 to 12 weeks to 4 to 12 months later. Cohort A consisted of 20 patients who received up to 16 implants and had a prostatectomy planned between weeks 6 and 12 after the implant procedure.

The coprimary end points of the study were AEs per CTCAE v5.0 and pharmacokinetics. MRI changes in prostate and tumor volume changes, prostate-specific antigen changes, and testosterone changes were all secondary end points of the study.

"Being the first study to demonstrate that enzalutamide can be safely and locally administered to the prostate via sustained drug eluting implants is a significant clinical milestone both for Alessa and for the broader treatment landscape for prostate cancer," Pamela Munster, MD, chief scientific advisor and founder of Alessa, explained in the news release.1 "We look forward to continuing our clinical advancement of Enolen, which includes further investigation of dose optimization and duration of drug exposure through 2 additional cohorts underway in this phase 1 trial."



Those eligible for inclusion on the trial included patients 21 years and older with histologically confirmed adenocarcinoma of the prostate who qualified and were planned to undergo radical prostatectomy. Moreover, at least 1 prostate lesion measurable by an MRI greater than or equal to 0.5 cm, a Gleason score of 3+4 or higher, and an ECOG performance status of 0 or 1 were among the eligibility criteria for enrollment in cohort A of the study.

Patients who underwent prior radiotherapy or surgery for prostate cancer, those receiving hormonal therapy for prostate cancer less than 3 months before study treatment, and those unwilling or unable to undergo MRI were excluded from enrollment on the trial. Additional exclusion criteria included those with metastatic disease, a lack of evidence for extracapsular extension of disease, a history of prostate infection within 2 years of treatment, and those who would be at an increased risk of refractory urinary retention due to implantation per treating clinician.

References

Alessa Therapeutics announces positive preliminary safety and efficacy data from Enolen phase 1 trial. News release. March 16, 2026. https://tinyurl.com/jzxmp3s9

Enzalutamide implants (Enolen) in patients with prostate cancer. ClinicalTrials.gov. February 27, 2026. https://tinyurl.com/2v44nau5

March 16, 2026

By Roman Fabbricatore

Fact checked by: Russ Conroy

Source: www.cancernetwork.com/view/enolen-displays-84-reduction-in-tumor-volume-of-localized-prostate-cancer

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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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Prostate Cancer Clinical Trial Shows Significant Tumour Shrinkage Using New 'Masked T-Cell Engager' Drug

VIR-5500 belongs to a class of immunotherapies known as "masked T-cell engagers." These therapies activate the immune system—specifically T-cells—to identify and destroy cancer cells more effectively.

Unlike conventional treatments, this approach directly links immune cells to cancer cells, forcing the immune system into action.

A new experimental drug, VIR-5500, is generating optimism in the treatment of advanced prostate cancer, based on findings reported in The Conversation by Sheena Cruickshank and Jonathan Worboys. Early clinical trial results suggest the therapy may significantly reduce tumour size by harnessing the body's own immune system.

What Makes VIR-5500 Different?

VIR-5500 belongs to a class of immunotherapies known as "masked T-cell engagers." These therapies activate the immune system—specifically T-cells—to identify and destroy cancer cells more effectively.

Unlike conventional treatments, this approach directly links immune cells to cancer cells, forcing the immune system into action.

Encouraging Early Trial Results

The ongoing trial focuses on patients with advanced prostate cancer who have not responded to existing treatments.

Key findings include:

- 82% of patients receiving the highest doses showed a reduction in PSA (prostate-specific antigen) levels.
- Nearly half experienced tumour shrinkage, both at the original tumour site and in metastatic areas.

Although the data is still preliminary and not yet peer-reviewed, the results are considered highly promising.

How T-Cell Engagers Work

T-cell engagers function by physically binding T-cells to cancer cells. This close interaction triggers:

- Release of cancer-killing substances
- Activation of inflammatory responses that help eliminate tumours

There are currently over 200 T-cell engagers being studied across various cancers, including blood cancers and lung cancer.

Beyond Cancer: Wider Potential

Interestingly, T-cell engagers may also help treat chronic viral infections like hepatitis B, where viruses evade immune detection in ways similar to cancer cells.

The Safety Challenge: Managing Inflammation

Despite their potential, these therapies can trigger excessive immune responses, leading to a dangerous condition called cytokine release syndrome (CRS).

CRS occurs when inflammatory signals spiral out of control, potentially causing severe complications such as organ failure.

The 'Masking' Innovation

To reduce risks, researchers have developed a "masking" strategy:

- The drug remains inactive in the bloodstream
- It becomes active only inside tumours, where specific molecules remove the mask

This targeted activation helps:

- Limit damage to healthy tissues
- Reduce widespread inflammation
- Improve precision in attacking cancer cells

Improved Safety and Dosing Advantages

Masking also offers practical benefits:

- Slower, controlled drug activation
- Reduced need for gradual dose escalation
- Potentially longer drug lifespan in the body

Notably, most patients receiving high doses of VIR-5500 experienced only mild inflammatory side effects, suggesting improved safety.

Future Possibilities in Cancer Treatment

If ongoing trials confirm these findings, masked T-cell engagers could:

- Be combined with chemotherapy or radiotherapy
- Expand treatment options for difficult cancers like pancreatic and colorectal cancer

Other similar therapies are already being tested across multiple cancer types.

While the early data is encouraging, it comes with limitations:

- Trials are still ongoing
- Patient numbers remain small
- Results have yet to undergo peer review

Still, the findings offer renewed hope for treating cancers that have resisted other forms of immunotherapy.

By: Dikshant Sharma

March 22, 2026

Source: https://sundayguardianlive.com/science/prostate-cancer-clinical-trial-shows-significant-tumour-shrinkage-using-new-masked-t-cell-engager-drug-178307/

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Personalizing Care Improves Outcomes in Metastatic Prostate Cancer

Key Takeaways

- ARPI-based doublet regimens improve progression-free survival broadly, yet agent choice and magnitude of benefit can vary with age and comorbidity profiles, including heightened cardiovascular and neurologic considerations.
- Triplet therapy may be appropriate for high-volume disease, while emerging combinations with PARP or AKT inhibitors show radiographic PFS gains at the cost of added toxicity.
- HRR alterations and other biomarkers are under evaluation for treatment selection, but PSA failure to reach <0.2 ng/mL by ~7 months predicts worse overall survival and may justify intensification trials.
- Primary-tumor radiation in metastatic settings can improve progression-free survival without consistent overall survival benefit, underscoring nuanced patient selection and endpoint interpretation.
- Structured supportive care—~225 minutes/week of aerobic plus resistance exercise, aggressive cardiometabolic risk control, and early management of ADT-related symptoms—supports adherence, function, and survivorship outcomes.

For patients living with metastatic hormone-sensitive prostate cancer (mHSPC), a more personalized approach to treatment and supportive care is helping improve outcomes and quality of life. According to findings presented by Dr. Tanya Dorff at the 19th Annual New York GU Cancers Congress®, optimizing therapy selection based on individual health factors, combined with proactive supportive care, can make a meaningful difference throughout the disease journey.

Dorff is division chief of the Genitourinary Disease Program and a professor in the Department of Medical Oncology & Therapeutics Research at City of Hope.

Most patients with mHSPC benefit from combination, or doublet, therapy, although some may be candidates for more intensive triplet approaches. However, experts also emphasize that treatment decisions should consider not only cancer characteristics, but also comorbidities, life expectancy and lifestyle.

Beyond treatment itself, exercise, cardiovascular health management and side effect support play a critical role in helping patients stay on therapy and maintain well-being.

Personalized treatment, exercise and supportive care improve outcomes for patients with metastatic hormone-sensitive prostate cancer.

Most patients benefit from combination therapy

Evidence shows that many patients with mHSPC benefit from androgen receptor pathway inhibitor (ARPI)-based treatment strategies. These therapies improve progression-free survival across multiple clinical trials, although their impact may be somewhat reduced in older patients, particularly with certain agents such as abiraterone.

Doublet therapy remains the standard for most individuals, although triplet therapy (which adds chemotherapy or other agents) may be appropriate for select patients, especially those with high-volume disease. Emerging research is also exploring biomarker-driven triplet strategies. For example, studies evaluating combinations such as abiraterone with targeted therapies like PARP inhibitors or AKT inhibitors have shown improvements in radiographic progression-free survival, although these regimens may come with increased side effects. Importantly, not all patients are candidates for every therapy. Preexisting conditions, such as cardiovascular disease or neurologic risks, may influence treatment selection. For instance, certain therapies may not be suitable for patients with a history of seizures or stroke, emphasizing the importance of individualized care.

Biomarkers and prognostic indicators continue to evolve

Although researchers are investigating biomarkers to guide treatment decisions in mHSPC, these tools are not yet ready for routine clinical use. Early findings suggest that genetic alterations, such as homologous recombination repair (HRR) mutations, may help identify patients who benefit most from targeted therapies. However, further validation is needed.

One prognostic marker already showing clinical relevance is prostate-specific antigen (PSA) response. Patients whose PSA levels do not fall below 0.2 ng/mL within approximately seven months of starting therapy tend to have poorer overall survival outcomes. Ongoing clinical trials are exploring whether these patients may benefit from treatment intensification strategies, such as switching to triplet therapy.

Other studies are evaluating the role of advanced imaging and targeted radiation approaches, although results remain mixed. For example, treating the primary prostate tumor with

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radiation has shown improvement in progression-free survival, but not overall survival, highlighting the complexity of treatment decision-making.

A shift toward personalized care
Historically, treatment for metastatic prostate cancer relied heavily on androgen deprivation therapy (ADT) alone. Over time, research has demonstrated that combining ADT with additional agents significantly improves outcomes, leading to the current emphasis on doublet and triplet strategies.

At the same time, there is growing recognition that survivorship care is equally important. Long-term ADT is associated with side effects such as metabolic changes, cardiovascular risks, bone loss and cognitive effects. Addressing these issues proactively is now considered a key component of comprehensive cancer care.

Trials such as LATITUDE, STAMPEDE, TITAN and others have contributed to the current understanding of how ARPI-based therapies perform across different subgroups. In addition, ongoing studies are investigating newer combinations and biomarker-driven approaches in more selected patient populations.

Additional findings highlight importance of lifestyle and supportive care

Beyond drug therapy, supportive care plays a critical role in improving both survival and quality of life. Exercise, in particular, stands out as one of the most impactful interventions patients can adopt. Research suggests that regular physical activity, including both cardiovascular and resistance training, is associated with improved survival and better overall quality of life. Experts recommend aiming for approximately 225 minutes of moderate exercise per week.

Managing cardiovascular risk factors is another essential component of care. Monitoring and controlling blood pressure, cholesterol and blood sugar levels may help reduce the risk of serious complications associated with long-term ADT.

Patients may also experience side effects such as hot flashes, fatigue, cognitive changes and sexual dysfunction. Addressing these issues early and proactively can help patients remain on treatment longer and maintain daily functioning.

Dietary choices may also play a role, with some studies suggesting that plant-based diets are associated with improved outcomes, potentially through cardiovascular benefits.

A collaborative approach to care
Ultimately, optimizing outcomes in mHSPC requires a strong partnership between patients and their care teams. As treatment options continue to expand, shared decision-making becomes increasingly important. Patients are encouraged to stay engaged in their care, adopt healthy lifestyle habits and work closely with both oncologists and primary care providers to manage overall health.

References

"Optimizing Outcomes in mHSPC: Patient Selection, Supportive Care, and Survivorship," by Dr. Tanya Dorff. Presented at: 19th Annual New York GU Cancers Congress

By Ryan Scott
Fact checked by Alex Biese
March 16, 2026

Source: www.curetoday.com/view/personalizing-care-improves-outcomes-in-metastatic-prostate-cancer

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Novel Enzalutamide Delivery Implant Is Safe and Active in Early-Stage Prostate Cancer

Key Takeaways

- ◊ Talazoparib combined with enzalutamide achieved statistically significant, clinically meaningful rPFS improvement in HRR-mutated mCSPC, exceeding the prespecified HR target and leaving most patients progression-free at analysis.
- ◊ Benefit was consistent across HRR subgroups, including both BRCA-altered and non-BRCA HRR alterations, supporting broad applicability within DDR-deficient metastatic castration-sensitive disease.
- ◊ Interim overall survival showed a strong favorable trend, while ORR, DOR, and time to PSA progression also improved versus enzalutamide monotherapy.
- ◊ Trial eligibility required adult DDR-deficient mCSPC, ECOG 0–1, adequate organ function, and imaging-confirmed metastases, with randomization to talazoparib 0.5 mg daily or placebo plus enzalutamide 160 mg daily.
- ◊ Regulatory precedent exists in mCRPC, where FDA approved talazoparib plus enzalutamide in 2023 based on TALAPRO-2 rPFS benefit, motivating potential submissions to move the regimen earlier.

Enolen was safe and feasible for the treatment of patients with early-stage prostate cancer.

Enolen, an implant for the localized, sustained delivery of enzalutamide (Xtandi), was safe and feasible for patients with early-stage prostate cancer, according to data from a phase 1 trial (NCT06257693) presented during the 41st Annual EAU Congress.

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Findings from the phase 1 trial revealed that all patients treated with Enolen (n = 18) were able to undergo planned post-implant multiparametric MRI and radical prostatectomy. Additionally, no adverse effects (AEs) higher than grade 3 severity related to the procedure or the implants were reported.

"Our trial was feasible and we completed accrual in February of 2026," Braden Millan, MD, MSc, FRCSC, a urologic oncology fellow at the National Cancer Institute in Bethesda, Maryland, stated during a presentation of the data. "All patients completed planned study interventions with no grade or higher AEs related to the implant procedure or drug. We observed effective local delivery of the drug without systemic exposure."

In January 2026, the FDA granted fast track designation to Enolen for the treatment of patients with low- to intermediate-risk localized prostate cancer.

Phase 1 Trial of Enolen: Key Takeaways

- ◊ Enolen is an implant for the localized, sustained delivery of enzalutamide.
- ◊ Findings from a phase 1 trial showed that it was safe, with no grade 3 or higher AEs, and feasible for the treatment of patients with early-stage prostate cancer.
- ◊ Two additional cohorts are currently enrolling patients to investigate dose and duration.

How was the phase 1 trial designed?

The phase 1 trial enrolled patients with at least 1 measurable lesion greater than 5 cm per MRI. Patients were also required to have prostate-specific antigen levels greater than 3 ng/mL, grade group 2 disease or higher, and be planning to undergo radical prostatectomy. Other key eligibility criteria included being at least 21 years old, having an ECOG performance status of 0 or 1, having adequate organ function, and having aspartate aminotransferase, alanine aminotransferase, and alkaline phosphatase levels less than 2.5 times the upper limit of normal.

After screening, patients underwent MRI-US fusion-guided placement of Enolen implants in situ followed by standard prostatectomy either 6-12 weeks or 4-12 months post-implant procedure. After, they proceeded to tissue bioanalysis. 1 The Enolen implants contained a 20% polymer matrix and an 80% drug payload.

The dual primary end points were the incidence of AEs associated with Enolen implants and assessing pharmacokinetic measures. Secondary end points included MRI changes, changes in PSA levels, and changes in testosterone.

What additional data were shared during EAU?

Additional efficacy findings from the phase 1 study revealed that all but 2 patients treated with Enolen experienced a shrinkage in tumor volume from baseline to the pre-radical prostatectomy MRI. Notably, 1 patient experienced a 100% shrinkage in tumor volume over this time frame; this patient had Enolen implanted for 60 days. Other patients experienced shrinkages of 55%, 46%, 42%, and 39%.

In terms of safety, AEs that were deemed to be related to the implant procedure that occurred on the day of the implant consisted of pain, stomach pain, dysgeusia, dysuria, urinary frequency, hematuria, urinary retention, and perineal pain; all of these events were grade 1 except for 1 instance of grade 2 urinary retention in a single patient. One patient experienced grade 1 hematospermia, constipation, and hematuria on days 2 through 4 post-implant, and another experienced grade 1 myalgia, arthralgia, fatigue, and perineal pain on the second day following the implant procedure.

Medication was used in 7 instances to treat AEs. These AEs were made up of grade 2 abdominal pain, urinary tract infection, abdominal distention and pain, and sore throat, as well as a grade 3 thromboembolic event and grade 1 laryngeal inflammation, extremity pain, and constipation.

"We observed tumor volume reduction on imaging," Millan explained in his conclusion. "We are currently enrolling 2 additional cohorts to investigate dose levels as well as duration."

By Kyle Doherty
Fact checked by: Courtney Flaherty

March 28, 2026

Disclosures: Millan had no relevant financial disclosures to share.

References

Millan B, Gurram S, Turkbey B, et al. A phase 1 safety, PK and preliminary efficacy study of localized therapy using Enolen (enzalutamide) implants for early-stage prostate cancer. Presented at: 41st Annual EAU Congress; March 13-16, 2026; London, United Kingdom. Abstract A0601.

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Enzalutamide implants (Enolen) in patients with prostate cancer. ClinicalTrials.gov. Updated February 27, 2026. Accessed March 27, 2026. https://clinicaltrials.gov/study/NCT06257693

Source: www.onclive.com/view/novel-enzalutamide-delivery-implant-is-safe-and-active-in-early-stage-prostate-cancer

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Hormone patches for men with locally advanced prostate cancer on the horizon following major UCL-led trial

A landmark UCL study has shown that simple hormone patches, similar to those already used in women's hormone replacement therapy (HRT), are as effective as standard injections, with fewer side effects, for men with locally advanced prostate cancer.

In the UK, more than 55,000 men are diagnosed with prostate cancer each year, making it the most common cancer among men. The findings offer a potential new route to improve patient quality of life, while reducing the need for regular hospital visits.

The results come from a large UCL-led clinical trial involving 1,360 men across the UK, and published in The New England Journal of Medicine. The study compared the hormone patches with current standard of care – injections of LHRH agonists (luteinizing hormone-releasing hormone agonists), which requires multiple hospital or GP visits, whereas oestradiol patches can be put on by patients at home.

Encouraging findings

After at least three years of follow-up, both treatments performed almost identically at controlling the cancer. 87% of men using patches were alive with no cancer spread, while 86% of men using injections had the same outcome.

However, the differences in side effects were significant. Hot flushing symptoms were reported 44% of the time with patches vs 89% with injections. Bone fractures after five years were down to 2.8% with patches vs 5.8% with injections. However, breast tissue swelling (gynaecomastia) was more frequent with patches, affecting 85% of participants compared to 42% of those on injections.

Why hormone therapy matters

Prostate cancer often relies on testosterone to grow. For decades, the standard treatment has been injections called luteinizing hormone-releasing hormone (LHRH) agonists, which switch off the body's testosterone production. While effective, these injections lower oestrogen levels too, leading to difficult side effects such as severe hot flushes, bone thinning and changes to cholesterol or blood pressure.

The UCL trial, carried out on men with locally advanced, non-metastatic prostate cancer (i.e. cancer that had not spread to other parts of the body) tested an alternative: skin patches that deliver oestradiol (a type of oestrogen) directly into the bloodstream. This approach reduces testosterone production but avoids the very low oestrogen levels that cause many of the unwanted effects.

UCLB is working closely with Lead Author Professor Ruth Langley and the MRC Clinical Trials Unit at UCL to help progress the next steps. This includes engaging with manufacturers, navigating the licensing landscape and exploring routes to ensure the patches can become widely and confidently prescribed.

Dr Richard Fagan, Director of Biopharm, UCLB, said: "This study is a powerful example of how long-term academic research can lead to real improvements in patients' lives. We're supporting Professor Langley and her team to move these findings beyond the clinic by working with potential commercial partners, navigating the licensing landscape and helping lay the groundwork for regulatory approval. Our role is to help ensure promising evidence like this can translate into treatments that are accessible, and ultimately available to the men who could benefit most."

Participants in the study were recruited from the UCL-led PATCH and STAMPEDE trials between 2007 and 2022 from 75 centres in the UK. The study was sponsored initially by Imperial College London and then UCL and funded by Cancer Research UK and the UKRI Medical Research Council (MRC) Clinical Trials Unit.

Better patient choice

The patches can be applied at home, removing the need for repeated GP or hospital appointments. Researchers note that the patches used in the study are identical to those used for women's HRT. They are not yet licensed specifically for prostate cancer, meaning clinicians must prescribe them "off-label". For wider adoption, a manufacturer would need regulatory approval, a process UCLB is actively supporting.

Professor Langley notes that giving men a choice matters. She said: "We believe our findings should lead to men with locally advanced prostate cancer being able to choose which hormone therapy suits them best. For some men, for instance, hot flushes can be very debilitating, and so the patches could greatly increase their quality of life."

26 March 2026

Source: www.uclb.com/2026/03/26/hormone-patches-for-men-with-locally-advanced-prostate-cancer-on-the-horizon-following-major-ucl-led-trial

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FUTURE MEETINGS

20 May: Dr. Sean Ceaser ND
"Naturopathic medicine in management of prostate cancer"

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17 Jun: Dr. Aldrich Ong & Dr. Shen Zhang
"Current status of radiation therapy in treatment of prostate cancer"

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