Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, August 19, 2026

Speaker: Mila Panaskevich OT Reg (MB)

Topic: "The SHAReClinic program at MHCM *This is a new men's sexual health program at the clinic in Winnipeg"*
(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

Second prostate-specific membrane antigen PET scan can change treatment for nearly half of prostate cancer patients

A second prostate-specific membrane antigen (PSMA) PET scan changed treatment plans for nearly half of patients whose first scan was negative, according to new research published in the July issue of The Journal of Nuclear Medicine. Findings from the repeat PSMA scans, which included both local and distant disease, resulted in a change in management for nearly 50% of these patients.

Managing recurrent prostate cancer after first-line treatment, such as prostatectomy or radiation therapy, remains a clinical challenge. Although PSMA PET imaging has improved disease detection, 30% of patients still have no detectable disease on initial imaging, even as rising prostate-specific antigen (PSA) levels suggest recurrence. Few studies have examined whether repeating PSMA PET in this situation is worthwhile.

"There is little information

(Continued on page 2)

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)

on the utility of repeating a PSMA PET after an initial negative scan," said Ur Metser, BSc, MD, FRCPC, professor of radiology at the University of Toronto and head of the Division of Molecular Imaging at the Joint Department of Medical Imaging at Princess Margaret Cancer Centre in Toronto. "In our study, my colleagues and I sought to determine the benefit of a second PSMA PET scan, as well as to assess predictors for positive PSMA PET scans."

The study included 210 patients from the Registry for Recurrent Prostate Cancer in Ontario who had more than one PSMA PET scan and whose initial scan was negative. The scan positivity rate, serum PSA, PSA doubling time and management change after the second scan were compared with baseline data. Disease distribution was classified as local recurrence, locoregional, oligometastatic (fewer than five positive disease sites) or extensive metastatic (more than five positive disease sites).

A second PSMA PET scan revealed evidence of disease in 56% of recurrent prostate cancer patients who had an initial negative PSMA PET scan. A management change was necessary for nearly 50% of patients, particularly those with oligometastatic disease. Researchers found that repeat imaging was most likely to detect disease in patients with higher PSA levels and a PSA doubling time of less than 12 months.

"The findings in this study further strengthen the pivotal role of PSMA PET in the management of men with recurrence of prostate cancer after first-line therapy," said Metser. "Understanding the extent of disease in patients who have initial negative PSMA PET scans provides valuable information for physicians as they create treatment plans."

Publication details

Ur Metser et al, Utility of PSMA PET/CT After an Initial Negative Scan: Results from a Prospective Multicenter PSMA PET Registry, Journal of Nuclear Medicine (2026). DOI: 10.2967/jnumed.126.272204

Journal information:

Journal of Nuclear Medicine

Provided by Society of Nuclear Medicine and Molecular Imaging

Who's behind this story?

Gaby Clark
MA in English, copy editor since 2021 with experience in higher education and health content. Dedicated to trustworthy science news.

Andrew Zinin
Master's in physics with research experience. Long-time science news enthusiast. Plays key role in Science X's editorial success.

July 11, 2026

by Society of Nuclear Medicine and Molecular Imaging

edited by Gaby Clark

reviewed by Andrew Zinin

The GIST

Source: https://medicalxpress.com/news/2026-07-prostate-specific-membrane-antigen-pet.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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New antibody drug stops aggressive prostate cancer from spreading

Summary:
Scientists have developed a fully human antibody that halted the growth and spread of aggressive prostate cancer in preclinical research. Although more testing is needed, the drug's unusual mechanism could open the door to a safer new treatment for advanced cancer.

Researchers at Umeå University and collaborating institutions have developed an experimental cancer drug that may be able to slow tumor growth and prevent aggressive prostate cancer from spreading. Their findings were published in the scientific journal Signal Transduction and Targeted Therapy.

"The new drug has been developed to prevent metastasis, and we are very pleased and proud that we have been able to identify the mechanisms that drive cancer cell growth, invasiveness, and metastatic spread," says Maréne Landström, Professor of Pathology at the Department of Medical Biosciences, Umeå University, who led the study.

Targeting Aggressive Prostate Cancer

Prostate cancer is among the most frequently diagnosed cancers in men. Many prostate tumors grow slowly and never become life threatening. In some patients, however, the disease becomes aggressive and spreads beyond the prostate, most often to the lymph nodes and bones.

To address this dangerous form of the disease, the research team led by Landström created a fully human antibody. Because the antibody is made entirely from human proteins, it has properties that make it suitable for development as a therapeutic drug.

In preclinical studies, the antibody stopped both tumor growth and metastatic spread in an aggressive form of prostate cancer. It works through a newly identified mechanism, which has led the researchers to suggest that it may also carry a lower risk of side effects.

A Step Toward a New Treatment

The findings show that the antibody performed as the researchers intended. This represents an important milestone in the long process of turning the experimental treatment into a drug that could eventually be used by patients.

"This is a promising step forward, but several important stages remain before the treatment can benefit patients. We still need to conduct additional safety studies, and the treatment must be approved by regulatory authorities in Europe or the United States," says Maréne Landström.

The broader goal of the project is to improve survival prospects and quality of life for men with advanced prostate cancer. The work has continued for several years, and Landström says its progress reflects the combined efforts of many researchers, organizations, and funding partners.

Collaboration Behind the Antibody

Drug development specialists at the SciLifeLab Drug Discovery and Development Platform played an important role in the project. Their expertise contributed to the creation of the antibody used in the study.

The Umeå Biotech Incubator at Umeå University also supported the research. Funding from MetaCurUm Biotech AB, a biotechnology company based in Umeå, was essential for developing and testing the treatment.

Testing the Drug Against Other Tumors

The researchers now plan to examine whether the same treatment strategy could work against other solid tumors.

"The next step is to investigate whether this treatment can also be used against other types of solid tumors. We hope that our work will ultimately contribute to the development of a new cancer drug that can benefit patients," says Maréne Landström.

The study was funded by the Knut and Alice Wallenberg Foundation (KAW), the Erling Persson Foundation, the Kempe Foundations, the Swedish Research Council, the Swedish Cancer Society, ALF funding, the Swedish Prostate Cancer Federation, the Cancer Research Foundation in Northern Sweden, and the Faculty of Medicine at Umeå University.

Materials provided by Umea University. Original written by Ingrid Söderbergh. Note: Content may be edited for style and length.

Journal Reference:

Per Flodbring Larsson, Alexej Schmidt, Yabing Mu, Guangxiang Zang, Jie Song, Vishnupriya Gajavilli, Junting Tao, Olena Rakhimova, Madelene Ericsson, Karthik Aripaka, Sofia Halin Bergström, Wei Yuan, Denisa Bogdan, Aaron Huairen Zhang, Jon Welti, Anders Bergh, Johann de Bono, Carl-Henrik Heldin, Maréne Landström. Targeting oncogenic TβRI signaling inhibits androgen-independent prostate cancer growth and metastasis. Signal Transduction and Targeted Therapy, 2026; 11 (1) DOI: 10.1038/s41392-026-02737-x

Umea University. "New antibody drug stops aggressive prostate cancer from spreading." ScienceDaily. ScienceDaily, 20 July 2026. <www.sciencedaily.com/releases/2026/07/260718010151.htm>

July 20, 2026

Source:
Umea University

www.sciencedaily.com/releases/2026/07/260718010151.htm

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Targeted prostate cancer treatment cuts risk of side effects, study suggests

A less invasive therapy for prostate cancer is just as effective as surgery or radiotherapy but with a lower risk of side effects, a major study suggests.

The treatment, named focal therapy, uses high-intensity ultrasound or freezing cryotherapy to destroy cancerous tissue.

A 10-year NHS study led by Imperial College London followed nearly 3,500 men who received the therapy, providing long-term data that medical regulators had previously said was missing.

Researchers say the results are "excellent" and they are likely to add to pressure for focal therapy to be made more widely available.

Research could 'change conversations'

Nearly all the men had intermediate or high-risk prostate cancer - but 10 years after treatment only two had died from the disease.

These outcomes are as good as surgery or radiotherapy, but with less than half the risk of side effects such as urine leakage or loss of sexual function.

Joint senior author Prof Hashim Ahmed, consultant urologist at Imperial College London and Imperial College Healthcare NHS Trust, said the findings demonstrated that "focal therapy delivers excellent long-term cancer control across a broad range of patients".

"It makes a compelling case for more centres to offer this treatment," he added.

Focal therapy was introduced more than 20 years ago but at present only about 1,000 men a year in the UK receive it - despite there being up to 15,000 who could benefit.

The therapy is not suitable for men whose cancer is in multiple parts of their prostate or has spread beyond the gland.

Rob Huxford was diagnosed with prostate cancer in 2020 when he was 44.

He says he feels "incredibly fortunate" his doctor offered him focal therapy.

"My outcomes have been fantastic," he says. "I have no long-term issues at all and it feels pretty unfair that this isn't offered to men across the whole country. It was the fact that I live in London that I was offered that treatment."

Paul Sayer, 70, founder of charity Prost8 UK, has also benefited from focal therapy and says this new study is incredibly significant.

"Our hope is that this evidence marks the point where every suitable man is routinely offered focal therapy as part of his treatment choices, regardless of where he lives," he tells the BBC.

"This research shouldn't just change clinical practice - it should change conversations in every consulting room across the UK."

So why has it been so little used?

A key reason the therapy has not been rolled out more widely to date is concern about long-term survival and whether treating only part of the prostate might lead to higher recurrence.

This study, supported by the National Institute for Health and Care Research, suggests these fears are largely unfounded. But the health regulator NICE has not approved focal therapy as a routine treatment largely because long-term evidence has been limited.

In turn this means hospitals are not obliged to offer it to patients.

As a result, routine access on the NHS is limited to 10 centres in England, with none elsewhere in the UK - a situation prostate cancer campaigners have condemned as a "postcode lottery".

Last month, the government committed up to £2.8m to expand focal therapy provision in England, creating several new centres.

Health Innovation and Safety Minister, Preet Kaur Gill, said: "Our National Cancer Plan sets out our ambition to transform cancer care, and backing innovations like focal therapy is exactly how we are delivering on that promise."

The charity Prostate Cancer UK said focal therapy "could help thousands of men each year avoid unnecessary side-effects" and called on NICE to review the evidence.

"Side effects like incontinence or sexual problems can be devastating, and this is the first long-term study that shows many men could avoid them without increasing the risk their cancer could return," Amy Rylance from the charity says.

"And it's not just important for individual men. These serious side effects are a major reason we don't yet screen for prostate cancer and reducing them makes it far more likely we can get to a screening programme for all men sooner. "

Hope for future screening programme

Several high-profile celebrities have

(Continued on page 5)

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revealed they have prostate cancer, including Olympic cycling legend Sir Chris Hoy who has said publicly he has terminal prostate cancer.

Former Prime Minister Lord Cameron revealed last year that he had been treated for prostate cancer using focal therapy, saying it was "not right" that many men do not have access to the treatment.

TV presenter Jeremy Clarkson, who is now in remission, also had focal therapy.

Lord Cameron said he had been treated for prostate cancer using focal therapy Prostate cancer is the most common cancer in men in the UK - more than 64,000 are diagnosed each year, and about 12,000 die from the disease.

A £60m trial is looking at the best way to introduce targeted prostate cancer screening by combining rapid MRI scans with treatments that cause lower harm, such as focal therapy.

All men diagnosed with prostate cancer as part of the "Transform" screening study will be offered focal therapy, if appropriate, to treat their disease.

One of the barriers to a national prostate screening programme has been the concern that it will lead to more harm than good because of the side effects of treatment.

This focal therapy trial, published in the journal European Urology, is another key piece of the jigsaw, which could help lead to a screening programme in years to come.

Dr Alastair Lamb, Clinical Reader, Barts Cancer Institute, St Bartholomew's Hospital, said: "It's an exciting potential treatment.

"We need randomised trials. We need better understanding of localised prostate cancer, how it arises, how it grows and how it spreads.

"We eagerly await the results of the PART Trial, the first and only large randomised controlled trial comparing focal versus radical therapy in prostate cancer that needs treatment – until then focal therapy remains a very promising experimental treatment."

Fergus Walsh Medical editor

07 16 26

Source: www.bbc.com/news/articles/cwyq3lnndvxo

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CRISPR makes prostate cancer vulnerable to immunotherapy

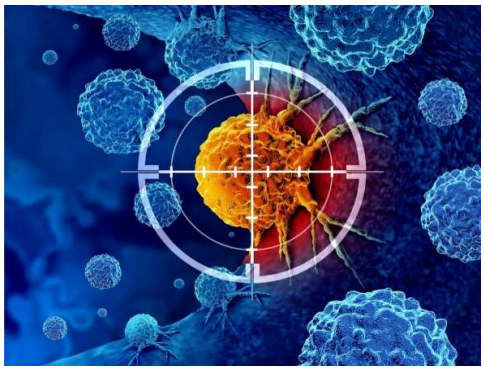
Summary

Scientists used CRISPR to make prostate cancer cells easier for the immune system to detect and destroy. The experimental treatment dramatically improved the effects of immunotherapy in mice and may offer hope for other hard-to-treat tumors.

FULL STORY

Prostate cancer is notoriously difficult to treat with immunotherapy, a type of cancer treatment that helps the immune system identify and destroy tumors. Now, researchers have developed an experimental RNA targeting technology that may make prostate tumors far more vulnerable to an immune attack.

Most prostate tumors are considered "immune cold" because they attract very few T cells (a type of immune cell). Without enough T cells entering the tumor, immunotherapy has little chance of working. In laboratory studies, scientists used a CRISPR-based tool to change RNA inside prostate cancer cells, effectively making the tumors more visible and attractive to cancer-fighting immune cells.



The findings, published in Nature Biomedical Engineering, showed that the technology improved the response of prostate tumors to immune checkpoint therapy in mice. More immune cells entered the tumors, where they attacked and destroyed cancer cells.

"Immune therapy is a monumentally different way to treat cancer, and a great way because you don't have to give patients terrible drugs that kill the cancer but harm healthy cells in the process," said Eric J. Wagner, PhD, co-author of the study from the University of Rochester Medicine. "The problem is that some cancers respond well to immune therapy, but others develop resistance or don't respond at all. Our tool strengthens the immune system's ability to make the cancer go away and could be used in conjunction with existing immunotherapies in prostate and potentially other immune-cold tumor types."

Why Prostate Cancer Resists Immunotherapy

The work grew out of a discovery

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Wagner's team made 12 years ago. While studying glioblastoma (brain cancer), the researchers found that many mRNAs (messenger RNAs) in tumor cells were shorter than normal. Later studies by Wagner's group and other scientists showed that this shortening occurs across many types of cancer and may help tumors adapt, survive, and escape treatment.

mRNA carries genetic instructions from DNA to the cell's protein-making machinery, which turns the information into proteins the body needs to function. Shortened mRNAs tend to be more stable. Like animals that make themselves smaller for protection (think hedgehogs and pangolins), compact mRNAs have less exposed surface area and are less likely to be "eaten" by enzymes inside the cell.

Short mRNAs are also harder for cells to regulate. Because they remain active for longer periods, they can continue producing large amounts of protein and may spread their effects without normal cellular controls.

The Immune Signal Cancer Cells Destroy

One reason a tumor can become immune cold is the loss of the MHC-1 complex. This complex acts like a molecular signal that helps T cells recognize tumor cells. Without it, malignant cells become much harder for the immune system to identify and kill.

The researchers uncovered a chain of events that helps explain how prostate cancer shuts down this signal:

- ◊ There is a specific protein (SPSB1) that destroys the MHC-1 complex.
- ◊ In prostate cancer, the mRNA that carries the instructions to create this protein is shortened. Consequently, it produces more protein.
- ◊ More SPSB1 protein means less of the MHC-1 complex.
- ◊ Less of the MHC-1 complex makes immune therapy futile, because there's no magnet to attract T cells to the tumor.

CRISPR Restores the Tumor's Immune Magnet

The collaborative research team, led by scientists from Duke University School of Medicine, created a first-of-its-kind therapy designed to restore the normal length of the mRNA that produces SPSB1. Using an RNA-based CRISPR Cas13 system, the researchers forced the shortened SPSB1 mRNA to re-lengthen.

CRISPR tools often work by cutting DNA or RNA. In this case, however, the system was engineered to attach to a specific section of the mRNA rather than cut it. By binding to that location, the tool prevented cancer cells from reaching and shortening the end, or tail, of the molecule.

Keeping the mRNA at its normal, longer length reduced the amount of SPSB1 protein produced by the cancer cells. This allowed the MHC-1 complex to return.

Once the MHC-1 complex was restored, immune checkpoint therapy became much more effective against the prostate tumors. The researchers also performed a detailed analysis of the results and found no detectable off-target effects from the experimental CRISPR treatment.

"No one has ever done this before. It's an excellent preclinical model showing that mRNAs can be forced to re-lengthen and when they do, there's therapeutic benefit," said Wagner, professor of Biochemistry and Biophysics and co-director of the Center for RNA Biology. "Cancer is super smart at evolving, but it's not a magician. If we can hit it with immunotherapy and another synergistic drug that pumps up the immune response, we could potentially cure it. It won't be able to evolve fast enough."

Testing the Technology in Other Cold Tumors

Wagner, who is also a member of Wilmot Cancer Institute's Genetics, Epigenetics and Metabolism research program, now plans to investigate whether the approach can work in other immune cold cancers.

His team recently received pilot funding from Wilmot and Roswell Park Comprehensive Cancer Center to test the technology in pancreatic cancer, another tumor type that often responds poorly to immunotherapy.

The research was funded by the National Cancer Institute at the National Institutes of Health.

Story Source:

Materials provided by University of Rochester Medicine. Note: Content may be edited for style and length.

Journal Reference:

Furong Huang, Fuwen Yuan, Kexin Li, Ya Cui, Lei Li, Wenbin Ye, Zhifen Cui, Jingyue Yan, Qiang Chen, Christopher Nicchitta, Yuebao Zhang, William Hankey, Jeffrey Everitt, Kai-Lieh Huang, Mu-En Wang, Ming Chen, Jiaoti Huang, Hongyan Wang, Eric J. Wagner, Xin Lu, Yizhou Dong, Wei Li, Qianben Wang. Programmable mRNA 3′UTR engineering restores MHC-I and overcomes immune evasion in prostate cancer. Nature Biomedical Engineering, 2026; DOI: 10.1038/s41551-026-01720-9

University of Rochester Medicine. "CRISPR makes prostate cancer vulnerable to immunotherapy." ScienceDaily. ScienceDaily, 26 July 2026. <www.sciencedaily.com/releases/2026/07/260726015250.htm>

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Source:
University of Rochester Medicine

www.sciencedaily.com/releases/2026/07/260726015250.htm

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Advanced radiotherapy for prostate cancer to cut sessions from 20 to five

Thousands of men in England who have prostate cancer will be offered high-powered precision radiotherapy that will slash the number of treatment sessions they typically need from 20 to just five.

Senior doctors said the technique – called SABR (stereotactic ablative radiotherapy) - would target the disease more effectively than standard radiotherapy and help reduce side-effects.

The treatment is already offered to some patients with other types of cancer, including lung and brain.

This is the first time it will be offered to low- and intermediate-risk prostate cancer patients outside of trials.

Of the 55,000 men diagnosed with prostate cancer each year, around 17,500 are deemed low or intermediate risk.

Modelling suggests a fifth of those - around 3,500 - are likely to take up the option of this form of radiotherapy.

That is largely because some with low-risk prostate cancer opt instead for active monitoring, rather than immediate treatment, since these cancers are very slow growing and may not cause harm.

NHS England said it expected all 48 radiotherapy centres around the country to start offering the treatment "within weeks".

National clinical director for cancer Prof Peter Johnson said while the move would not benefit all prostate cancer patients, it was an important step.

"This technology lets us focus a powerful and precise beam of radiotherapy directly on to the cancer, limiting the damage to healthy cells," he said.

"And the fact it can be delivered in 15 fewer doses will help men get back to living their lives far more quickly."

Amy Rylance, of Prostate Cancer UK, said: "It's wonderful news that thousands of men in England will now have access to this revolutionary targeted radiotherapy.

"It will massively reducing the burden that cancer places on them, and their loved ones."

The charity is hopeful in the future the treatment will become available to even more prostate cancer patients.

Trials are already under way to see if the precision radiotherapy can be used on high-risk prostate cancer patients.

Edwin Lambert, 70, from Suffolk, is in one of the trials.

He was diagnosed with prostate cancer in January 2025 and began hormone therapy. He experienced side effects, including loss of libido, hot flushes, mood swings and fatigue.

He then had the new type of radiotherapy, targeting his prostate and surrounding lymph nodes, which he said was "easier to deal with".

He said while he was treated in hospital he saw men undergoing the traditional radiotherapy who looked "dreadful" in comparison because of the repeated bouts of treatment.

He said he experienced a more frequent need to urinate during and shortly after the precision radiotherapy, but within five weeks was taking part in an archaeological dig he had long been planning.

"This treatment was an absolute godsend," he added.

9 June 2026

Nick Triggle
Health correspondent

Source: www.bbc.com/news/articles/crm02mmgr3ro

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Help us lower our costs :

Receive this newsletter by email ~ Please notify us and we'll make the changes. ***Thank-you***

FUTURE MEETINGS

16 Sep: ***Our highlight event of the year.*** September is prostate cancer awareness month in Canada. Our public meeting this month will be held at the Caboto Center in Winnipeg. ***Watch for details and don't miss it.***

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21 Oct: Dr. Melanie Leppelmann ND
Uptown Integrative Health
"Support for Radiation Therapy Patients"

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