Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Medical Oncologist

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Thanks!

Next Meeting

Date: Wednesday, March 18, 2026

Speaker: Dr. Jasmir Nayak MD, FRCSC, FACS
Urologic Oncologist, CancerCareMB

Topic: *"Taking Back Control: What You Can Do After a Prostate Cancer Diagnosis" (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

"Through perseverance, many people win success out of what seemed destined to be certain failure."

- Benjamin Disraeli

Oxybutynin shows promise in managing hot flashes for prostate cancer patients

A national clinical trial led by the Alliance for Clinical Trials in Oncology has found that oxybutynin, a drug often used to treat overactive bladder symptoms, reduces hot flashes compared to the placebo in men receiving hormone therapy for prostate cancer. This primary analysis of Alliance A222001 is published in the Journal of Clinical Oncology.

Oxybutynin demonstrated clear and clinically meaningful improvements in both hot flash frequency and quality of life for men undergoing hormone therapy for prostate cancer. These results provide strong support for its use as an effective management option for this challenging and often overlooked side effect of prostate cancer treatment."

Bradley J. Stish, MD, study's lead investigator and radiation oncologist, Mayo Clinic

Androgen-deprivation therapy (ADT) is an

(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)
effective treatment against prostate cancer as it lowers male hormones like testosterone needed to fuel cancer cells. However, ADT causes hot flashes in up to 80 percent of the men who take it, leading to fatigue, sleep disturbances and reduced quality of life, often leading patients to discontinue ADT due to the side effects.

The Phase II randomized, double-blind, placebo-controlled trial evaluated whether two doses of oxybutynin (2.5 mg twice daily and 5 mg twice daily) could improve hot flash symptoms compared with placebo over six weeks. The study enrolled 88 men from 15 academic and community cancer centers; 81 participants were eligible for final analysis. The average age of the participants was 68.5.

In this trial, both doses of oxybutynin substantially improved hot flash symptoms compared to the placebo over the six-week treatment period. Men receiving placebo experienced an average reduction of 2.15 hot flashes per day and a 4.85-point drop in daily hot flash severity scores, whereas those taking 2.5 mg of oxybutynin twice daily reported reductions of 4.77 hot flashes per day and a 9.94-point decrease in severity, and those receiving 5 mg twice daily experienced the largest improvements, with 6.89 fewer hot flashes per day and a 13.95-point reduction in severity.

eBook: Mastering plate reader assays for drug discovery eBook Access your complete companion guide to plate reader assays for drug discovery. Download the latest edition Improvements occurred quickly, often during the first week of treatment, and were sustained throughout the study. The proportion of patients achieving at least a 50 percent reduction in hot flash scores was also markedly higher with oxybutynin: 57 percent in the 2.5 mg group and 79 percent in the 5 mg group, compared with 32 percent taking placebo. Treatment was well tolerated overall. Dry mouth was the most common side effect reported.

"These results are incredibly encouraging," added Dr. Stish. "Men with hot flashes from hormone therapy now have another therapeutic option available to help reduce their symptom burden. Future research will look to further our understanding of hot flash therapy options in this patient population."

In addition to the Mayo Clinic in Rochester, MN, investigators on the study included scientists from the Alliance Protocol Operations in Chicago, IL; Alliance Statistics and Data Management Center at the Mayo Clinic in Scottsdale, AZ; Aspirus Regional Cancer Center in Wausau, WI; Ellis Fischel Cancer Center in Columbia, MO; Georgetown-Lombardi Comprehensive Cancer Center, Washington, DC; Gibbs Cancer Center in Spartanburg, SC; Mayo Clinic Division of Nursing in Jacksonville, FL; Sandra and Edward Meyer Cancer Center at Weill Cornell Medicine in New York, NY; SCOR-Messino Cancer Centers in Ashville, NC; Sidney Kimmel Cancer Center in Baltimore, MD; The Ohio State University in Columbus, OH; and Yale University School of Medicine, New Haven, CT.

The study was supported by the National Cancer Institute of the National Institutes of Health under the Award Number UG1CA189823 (Alliance for Clinical Trials in Oncology NCORP Grant); UG1CA239762, UG1CA189858, UG1CA239758, and UG1CA239769

Journal reference:
Stish, B. J., et al. (2026). Alliance A222001: Oxybutynin Versus Placebo for the Treatment of Hot Flashes in Patients Receiving Androgen-Deprivation Therapy for Prostate Cancer. Journal of Clinical Oncology. doi: 10.1200/jco-25-01486. https://ascopubs.org/doi/10.1200/JCO-25-01486

Editorial Checklist Reviewed
Alliance for Clinical Trials in Oncology

Feb 2 2026

Source:
Alliance for Clinical Trials in Oncology

www.news-medical.net/news/20260202/Oxybutynin-shows-promise-in-managing-hot-flashes-for-prostate-cancer-patients.aspx

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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 study in JNCCN unlocks important information about how to treat recurring prostate cancer

UCLA researchers found that routine PSMA PET/CT scans could help doctors select treatment approaches for the best long-term outcomes in patients with recurring prostate cancer after surgical removal of the prostate.

New research in the February 2026 issue of JNCCN—Journal of the National Comprehensive Cancer Network found that incorporating information from prostate-specific membrane antigen (PSMA) PET/CT scans may be able to predict progression-free survival (PFS) and guide treatment planning in patients with rising prostate-specific antigen (PSA) levels following removal of the prostate.

The researchers used retrospective clinical data from 113 patients treated for prostate cancer at University of California Los Angeles (UCLA) Jonsson Comprehensive Cancer Center. All were staged with PSMA PET/CT scans for recurrent disease.

According to exploratory analysis, patients who showed no visible disease on the scans (T0N0M0) had the most favorable PFS, and whole-pelvis radiotherapy (WPRT) had no significant benefit compared to prostate bed radiotherapy alone. However, WPRT did significantly improve PFS for patients with local, visible disease (TrN0M0). For patients with nodal or distant metastatic disease visible on the scans, androgen deprivation therapy (ADT) was significantly associated with improved PFS. Thus, PSMA PET/CT scans may help better tailor therapy for recurrence in this patient population.

"This research highlights the importance of facilitating routine PSMA PET/CT scans in patients with a biochemical recurrence of prostate cancer after surgery to remove the prostate gland," said Lead Researcher John Nikitas, MD, UCLA Jonsson Comprehensive Cancer Center. "The information from these scans is strongly associated with long-term outcomes and frequently changes treatment recommendations. We found that other measures, like PSA levels, were not strongly associated with long-term response to secondary/salvage therapy."

The researchers noted that by using PET/CT scans, they may be able to tailor therapies to not only achieve better results but also to reduce side-effects by avoiding any treatments that are less likely to be effective.

"PSMA PET imaging lets us move from one-size-fits-all radiation therapy in the secondary/salvage setting to treatment that's guided by the anatomy, and perhaps by extension, the actual biology of a patient's prostate cancer," commented E. Christopher Dee, MD, Memorial Sloan Kettering Cancer Center, who was not involved in this research. "This study shows that seeing where the cancer is, even at low PSA levels, may meaningfully shape treatment decisions and could potentially influence long-term outcomes. It's a step forward in making prostate cancer care more precise and effective and can inform future prospective research in the secondary/salvage radiation space."

Dr. Dee wrote a longer commentary on the study that is also featured in the February 2026 issue of JNCCN. To read the entire study at https://jnccn.org/view/journals/jnccn/24/2/article-p11.xml and the corresponding "The Last Word" commentary, visit https://jnccn.org/view/journals/jnccn/24/2/article-p61.xml

9-Feb-2026

Peer-Reviewed Publication
National Comprehensive Cancer Network

The February 2026 issue of JNCCN is now available at JNCCN.org

Source: www.eurekalert.org/news-releases/1115640

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Erleada Shows Survival Advantage in Real-World Study of Metastatic Prostate Cancer

Key Takeaways

- ◊ Erleada significantly reduces the risk of death by 51% in mCSPC patients compared to Nubeqa, without chemotherapy, over 24 months.
- ◊ The study used inverse probability of treatment weighting to ensure fair comparison, mimicking randomized trial conditions.
- ◊ Real-world evidence supports Erleada's survival benefits seen in clinical trials, highlighting its efficacy in typical oncology practice.
- ◊ Erleada is a key treatment option for mCSPC, offering meaningful survival advantages and informing shared decision-making between patients and oncologists.

A real-world study found Erleada reduced the risk of death compared with Nubeqa in patients with metastatic castration-sensitive prostate cancer.

New real-world evidence suggests that treatment choice may make a meaningful difference for patients living with metastatic castration-sensitive prostate cancer (mCSPC), according to a news release from Johnson & Johnson. A large head-to-head analysis found that patients who started treatment with Erleada (apalutamide), without chemotherapy, experienced a significantly lower risk of death compared with those who received Nubeqa (darolutamide) without docetaxel.

According to findings, which were also presented at the 36th Annual International Prostate Cancer Update, patients treated with Erleada had a 51% reduction in the risk of death through 24 months of follow-up compared with patients treated with Nubeqa. Researchers reported a hazard ratio of 0.49, meaning patients receiving Erleada were roughly half as likely to die during the study period. The results were statistically significant.

Importantly, this is the first real-world, head-to-head comparison of overall survival between Erleada and Nubeqa in patients with mCSPC, offering new insight into how these therapies perform outside of clinical trials.

"These real-world data show the survival benefit of apalutamide versus darolutamide in patients with mCSPC without the concurrent use of docetaxel. The results are consistent with other datasets showing similar overall survival benefit versus other commonly used agents," said Dr. Mehmet Bilen, director of Genitourinary Medical Oncology Program, Winship Cancer Institute of Emory University, in the news release. "This real-world analysis utilized large contemporary datasets using rigorous methodology to support clinical decision-making in the absence of prospective head-to-head studies that are likely impractical to conduct."

Real-world study shows improved overall survival with Erleada

The retrospective analysis evaluated outcomes for patients treated in routine U.S. clinical practice rather than in controlled trial settings. Investigators identified 1,460 patients who initiated Erleada and 287 patients who initiated Nubeqa, all without docetaxel chemotherapy, between August 2022 and June 2025.

After adjusting for differences in patient characteristics, researchers found that patients receiving Erleada lived longer overall. At 24 months, 92.1% of patients treated with Erleada were alive, a rate that compares favorably with survival outcomes previously reported in clinical trials.

Building on prior evidence from the TITAN trial

The new real-world data build on earlier evidence supporting Erleada in metastatic castration-sensitive prostate cancer. In the phase 3 TITAN trial, more than 1,000 patients were randomly assigned to receive Erleada plus androgen deprivation therapy (ADT) or ADT alone.
In that study, Erleada significantly improved overall survival at both the initial and final analyses. Patients receiving Erleada plus ADT had a 35% reduction in the risk of death at the final analysis compared with ADT alone. The trial also showed benefits in radiographic progression-free survival, meaning cancer spread was delayed.

Additionally, earlier analyses demonstrated that Erleada was associated with rapid and deep declines in prostate-specific antigen (PSA) levels, a marker often used to track prostate cancer activity. These PSA responses were linked with longer survival, reinforcing the clinical relevance of the treatment.

The current real-world findings suggest that the survival benefits seen in controlled trials may extend to patients treated in typical oncology practices.

How researchers compared treatments fairly

Because this was not a randomized clinical trial, investigators used statistical techniques to help ensure a fair comparison between treatment groups. Specifically, they applied inverse probability of treatment weighting, a form of propensity score matching that balances baseline characteristics such as age, disease features and prior treatments.

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This approach is designed to mimic the conditions of a randomized study and reduce bias from measured confounding factors. Researchers also performed power calculations in advance to ensure the study included enough patients to detect meaningful differences in survival.

The study focused on patients diagnosed with metastatic castration-sensitive prostate cancer, meaning their disease had spread beyond the prostate but still responded to hormone therapy. All patients were treated with either Erleada or Nubeqa without docetaxel chemotherapy, allowing for a clearer comparison of the two androgen receptor inhibitors.

Patients reflected a contemporary, real-world population treated across U.S. clinical settings. This diversity helps capture how therapies perform among patients who may not meet strict clinical trial eligibility criteria, including those with varying health backgrounds and comorbidities.

Additional findings and what this means for patients

Experts noted that real-world evidence complements randomized clinical trials by showing how treatments work in everyday practice. For patients and caregivers, these findings highlight the importance of early treatment decisions in advanced prostate cancer.

Prostate cancer remains a major public health issue, with approximately 330,000 new diagnoses each year in the United States. Despite advances in care, thousands of men continue to die from the disease annually, underscoring the need for effective therapies that improve survival.

Erleada is currently approved for both non-metastatic castration-resistant prostate cancer and metastatic castration-sensitive prostate cancer. As with all cancer treatments, it carries potential side effects, including fatigue, rash, falls, fractures, cardiovascular events and rare but serious reactions. Patients are encouraged to discuss benefits and risks with their care team to determine whether Erleada is an appropriate option based on individual health factors.

Overall, this head-to-head real-world analysis provides new evidence that Erleada may offer a meaningful survival advantage over Nubeqa for patients with metastatic castration-sensitive prostate cancer treated without chemotherapy, helping inform shared decision-making between patients and their oncologists.

"Real-world comparisons can provide critical information to support patient care when conducted in a rigorous and methodologically sound manner," said Dr. Mahadi Baig, vice president of U.S. Medical Affairs at Johnson & Johnson Innovative Medicine, in the news release. "We have now seen in repeated real-world examinations the overall survival benefit of apalutamide versus other agents and this head-to-head analysis supports apalutamide being a key standard of care treatment for patients with mCSPC."

References

Real-world head-to-head analysis shows 51% reduction in risk of death for patients with metastatic castration-sensitive prostate cancer treated with ERLEADA® (apalutamide) versus darolutamide without docetaxel through 24 months, by Johnson & Johnson. News release; Feb. 2, 2026.
Editor's note: This article is for informational purposes only and is not a substitute for professional medical advice, as your own experience will be unique. Use this article to guide discussions with your oncologist. Content was generated with AI and reviewed by a human editor.

February 2, 2026

Author(s)CURE staff

Fact checked by:
Ryan Scott, Alex Biese

Source: www.curetoday.com/view/erleada-shows-survival-advantage-in-real-world-study-of-metastatic-prostate-cancer

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AI-Powered Clinical Trial Brings Hope to Prostate Cancer Patients

BC Cancer is setting new standards in cancer care, bringing hope and breakthrough treatments to patients across British Columbia

Mike Miles is one of the first participants in the innovative ADAPT-25 precision radiation clinical trial for prostate cancer.

For Mike Miles, professional geoscientist specializing in the study of river processes, facing prostate cancer was a challenge unlike any other. But thanks to the groundbreaking ADAPT-25 precision radiation clinical trial recently launched at BC Cancer – Victoria, Mike found hope in scientific innovation and in the compassionate care of his medical team.

Made possible by BC Cancer Foundation donor support, the trial is testing whether just two doses of advanced, AI-guided precision radiation are effective in treating curative prostate cancer — meaning the cancer has not spread beyond the prostate. This B.C.-led innovation could transform prostate cancer care, by reducing both the number of necessary treatments and the severity of toxic side effects.

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Finding Hope in Science and Compassion

Mike's journey began with the uncertainty and fear familiar to anyone facing a cancer diagnosis.

"It was scary. I've lost friends to cancer and watched others struggle with harsh side effects," he recalls. Drawing on his scientific background, Mike researched numerous potential treatments, determined to make informed choices about his care.

While surgery is an option for some prostate cancer patients, it can be challenging for older individuals to tolerate. With the majority of prostate cancer cases diagnosed in people over 70, advances in non-invasive treatments like precision radiation are essential for improving outcomes and quality of life.

But it wasn't just science that guided Mike, it was the people at BC Cancer and supporting physicians.

"Drs. Lisa Billsberger, Stacy Miller, John Kinahan, Abe Alexander — all provided compassionate and knowledgeable care. BC Cancer goes out of its way to make things friendly, from the greeters at the front door to the staff who take time to answer all your questions. I found it a surprisingly human experience in a busy system."

A pivotal moment came when Mike's oncologist, Dr. Stacy Miller, who also serves as BC Cancer – Victoria's executive medical director, told him about the newly opened ADAPT-25 trial.

"I was excited to be part of something innovative. The trial felt like a game changer. Following treatment, my Prostate-Specific Antigen (PSA) levels dropped almost immediately, and while I had some fatigue, the side effects were minimal. If this works, it means I'll have spent less time in treatment and more time living life."

What is Prostate-Specific Antigen (PSA)?

PSA is a protein produced by cells in the prostate gland. PSA levels are measured through a blood test to help detect and monitor prostate cancer.

Mike also benefited from the PSMA PET scanner—a cutting-edge imaging technology that detects with remarkable precision when prostate cancer has spread. Previously only available in Vancouver, this technology is now at BC Cancer centres in Victoria and Kelowna thanks to BC Cancer Foundation funding.

Dr. Alexander on ADAPT-25

ADAPT-25 is led by BC Cancer – Victoria radiation oncologist Dr. Abraham (Abe) Alexander, whose research focuses on pushing the boundaries of cancer care to deliver better outcomes.

Less than five years ago, the standard treatment for curative prostate cancer involved five to eight weeks of daily radiation — up to 40 doses. Thanks to a previous clinical trial co-led by Dr. Alexander, this was reduced to just five treatments using a form of high-precision radiation called Stereotactic Ablative Radiotherapy (SABR).

What is Stereotactic Ablative Radiotherapy (SABR)?

SABR delivers high-powered radiation with pinpoint precision. This minimizes damage to healthy tissue and shortens treatment timelines.

Dr. Alexander saw an opportunity to refine treatment even further using the power of artificial intelligence (AI). His team worked with an industry partner to develop a custom AI algorithm that can adapt SABR treatments to daily changes in a patient's body, guiding treatment with greater precision.

"Seemingly small changes, like a full bladder or shifts in the digestive tract, make a tremendous impact when we're planning radiation. With AI, we're now able to provide adaptive radiation to our patients, which means less exposure to healthy tissues and, ultimately, a gentler experience for those in treatment."

Interest in ADAPT-25 has been strong since the trial launched in September 2025, says Dr. Alexander. Ten participants are already enrolled, with nearly as many in the process of joining. It's still early in the trial, but patients have so far experienced only mild, short-term side effects. This summer, the trial will expand to BC Cancer centres in Surrey and Abbotsford, bringing this precise, innovative treatment to more families across the province.

Looking Forward

Mike will continue to be monitored over the next five years with regular PSA tests to ensure his levels remain healthy.

As a small business owner, stepping back to focus on his health was stressful. Now, knowing his energy is steadily returning brings comfort — as does knowing Dr. Alexander is just a phone call away.

February 3, 2026

Source: https://bccancerfoundation.com/news-and-media/blog/ai-powered-clinical-trial-brings-hope-to-prostate-cancer-patients

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90% of Prostate Cancer Tumors Contained Microplastics

A new study reports that tiny plastic particles were present in nine out of 10 men diagnosed with prostate cancer. Researchers also found that these fragments appeared in greater amounts inside cancerous tumors than in nearby noncancerous prostate tissue.

The investigation was conducted at NYU Langone Health, including its Perlmutter Cancer Center and Center for the Investigation of Environmental Hazards. Scientists set out to examine whether exposure to microplastics could play a role in the development of prostate cancer, which the American Cancer Society identifies as the most common cancer affecting American men.

How Microplastics Enter the Body

Plastic used in food containers, packaging, cosmetics, and other everyday products can break down into microscopic pieces when heated, worn down, or chemically altered. These particles can be swallowed, inhaled from the air, or absorbed through the skin. Previous research has detected microplastics throughout the human body, including in major organs, bodily fluids, and even the placenta. Despite their widespread presence, scientists still do not fully understand their health effects.

Higher Plastic Levels Found in Tumors

For this study, researchers analyzed prostate tissue samples from 10 patients undergoing surgery to remove the prostate gland. Microplastic particles were identified in 90% of tumor samples and in 70% of noncancerous samples.

Notably, tumor tissue contained significantly more plastic. On average, cancerous samples had about 2.5 times the concentration found in healthy prostate tissue (about 40 micrograms of plastic per gram of tissue compared with 16 micrograms per gram).
“Our pilot study provides important evidence that microplastic exposure may be a risk factor for prostate cancer,” said study lead author Stacy Loeb, MD, a professor in the NYU Grossman School of Medicine’s Departments of Urology and Population Health.

Loeb explained that while earlier studies had hinted at links between microplastics and conditions such as heart disease and dementia, there had been little direct research connecting them to prostate cancer.

The findings will be presented on February 26 at the American Society of Clinical Oncology’s Genitourinary Cancers Symposium. According to Loeb, this is the first study conducted in the West to measure microplastic levels in prostate tumors and directly compare them with levels in noncancerous prostate tissue.

Careful Testing to Prevent Contamination

To carry out the analysis, scientists first examined the tissue visually. They then used specialized instruments to measure the quantity, chemical makeup, and structural characteristics of microplastic particles. The team focused on 12 of the most commonly produced plastic molecules.

Because plastic is widely used in medical and laboratory tools, the researchers took extra precautions to prevent contamination. They replaced plastic equipment with alternatives made from aluminum, cotton, and other nonplastic materials. All testing took place in controlled, clean rooms specifically designed for microplastic analysis.

Possible Link Between Microplastics and Inflammation

“By uncovering yet another potential health concern posed by plastic, our findings highlight the need for stricter regulatory measures to limit the public’s exposure to these substances, which are everywhere in the environment,” said study senior author Vittorio Albergamo, PhD.

Albergamo, an assistant professor in the NYU Grossman School of Medicine’s Department of Pediatrics, said the next step is to determine how microplastics behave inside the body and whether they contribute directly to cancer development. One theory the team plans to investigate is whether these particles trigger a persistent immune response (inflammation) in prostate tissue. Over time, chronic inflammation can damage cells and lead to genetic changes that allow cancer to form.

Albergamo emphasized that the study involved a small number of patients and that larger studies will be necessary to confirm the results.

Prostate Cancer Risk and Study Support
According to the Centers for Disease Control and Prevention, about one in eight men in the U.S. will be diagnosed with prostate cancer during their lifetime.

Meeting: American Society of Clinical Oncology’s Genitourinary Cancers Symposium

The research was funded by the U.S. Department of Defense.

In addition to Loeb and Albergamo, the NYU Langone research team included Leonardo Trasande, MD, MPP; Trevor Johnson, PhD; Fang-Ming Deng, MD, PhD; Mark Strong, DO; David Wise, MD, PhD; José Alemán, MD, PhD; Zixuan Mo, BS; Mariana Rangel Camacho, BS; Nataliya Byrne, BA; Tatiana Sanchez Nolasco, MPH; Adrian Rivera, MPH; William Huang, MD; Herbert Lepor, MD; Wei Phin Tan, MD; and James Wysock, MD.

Samir Taneja, MD, of Northwell Health in New York City also contributed to the study.

Loeb has consulted for pharmaceutical company Astellas, digital health company Savor Health, and men’s health organization Movember, and has received research support from Endo USA Inc. She also participated in advisory boards for Endo USA, Blue Earth Diagnostics, Pfizer, Sumitomo Pharma, and Doceree. Wysock has consulted for medical equipment manufacturers Edap — Focal One, and URO-1 Medical. Wise is a paid consultant for Pfizer, Bayer, K36, OncoC4, AstraZeneca, and Janssen Pharmaceuticals, and is an expert witness for Exxon Mobil. None of these activities are related to the current study. NYU Langone Health is managing the terms and conditions of these relationships in accordance with its policies and procedures.

By NYU Langone Health / NYU Grossman School of MedicineFebruary 23, 2026

Source: https://scitechdaily.com/90-of-prostate-cancer-tumors-contained-microplastics

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FUTURE MEETINGS

15 Apr: Dr. Sabine Mai PhD
"Advances in prostate cancer diagnosis and treatment potential"

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

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