Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 411 *MPCSG – active since 1992.* **September 2026**

Medical Advisors

Paul Daeninck M.D.
Medical Oncologist

Darrel Drachenberg M.D. Urologist

Arbind Dubey M.D.
Radiation Oncologist

Piotr Czaykowski M.D.
Medical Oncologist

Thanks!

Thought of The Day

"It isn't the challenge that defines you. It's what you do with it."

Sharon Pearson

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.

September is prostate cancer awareness month

Prostate cancer can be a killer

But it doesn't have to be

We're lucky to live in a time and place where the likelihood of a good outcome is enhanced thanks to CancerCareMB and its teams of medical specialists

Awareness makes a difference

Prostate Cancer Awareness Evening

Date and time: Wednesday, September 16, 2026 7-9 pm
Location: Caboto Centre, 1055 Wilkes Ave., Winnipeg

Learn more about CancerCareMB's central role, successes and challenges in delivering and advancing treatments that make a difference

Keynote speakers:

Dr. Kent Stobart, President and CEO CCMB / Direction
Dr. Donna Turner, VP and Chief of Population Oncology / Epidemiology
Dr. Joel Pearson, Scientist, Paul Albrechtson Research Institute / Research
Dr. Julian Kim, Medical Oncologist / Treatment

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

Optimal prostate-specific antigen cutoff linked to improved prostate cancer survival

After treatment for metastatic prostate cancer, a drop in prostate-specific antigen (PSA) levels in the blood is an indicator that the treatment is working. A recent real-world study indicates that reaching a PSA level below 0.2 ng/mL is an indicator of improved patient survival. The study is published by Wiley online in CANCER, a peer-reviewed journal of the American Cancer Society.

Multiple phase 3 clinical trials have shown that a PSA level below 0.2 ng/mL is the best cut-off for determining a patient's prognosis. Real-world data are lacking, however, and physicians often use other metrics, such as percentage of PSA decline, to assess treatment response. To determine whether there is a PSA response target associated with the most favorable outcome in community-dwelling adults with metastatic prostate cancer, investigators analyzed Veterans Health Administration data on 4,890 patients who received testosterone deprivation therapy with or without other treatments in 2018–2023 for metastatic hormone-sensitive prostate cancer.

Over a median follow-up of approximately 2 years, 896 patients died. Patients whose PSA levels dropped below 0.2 ng/mL within 9 months of starting treatment were 54% less likely to die than patients whose levels did not drop this low, whether their PSA levels also decreased by at least 90% or not. Patients who had at least a 90% PSA decline but did not achieve a PSA of less than 0.2 ng/ml had no improvement in survival. The findings suggest that patients who do not experience a PSA drop below 0.2 ng/mL could be candidates for more aggressive treatments. Also, patients who received testosterone deprivation therapy plus another drug to further block testosterone were more likely to reach a PSA below 0.2 ng/mL.

These data show that we need to target a PSA below 0.2 ng/ml as our metric of success to optimize outcomes for our patients with metastatic prostate cancer."

Stephen J. Freedland, MD, corresponding author, professor of Urology at Cedars-Sinai and Staff Physician at the Durham VA Medical Center

Journal reference:

Freedland, S. J., et al. (2026). How low do you need to go? Association between various prostate-specific antigen response measures and clinical outcomes in metastatic castration-sensitive prostate cancer in the Veterans Health Administration data. Cancer. DOI: 10.1002/cncr.70494. https://onlinelibrary.wiley.com/doi/10.1002/cncr.70494 Aug 10 2026

Source:

https://newsroom.wiley.com/press-releases/press-release-details/2026/What-is-the-optimal-prostate-specific-antigen-cutoff-to-determine-the-success-of-prostate-cancer-treatment/default.aspx

www.news-medical.net/news/20260810/Optimal-prostate-specific-antigen-cutoff-linked-to-improved-prostate-cancer-survival.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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Awareness is the First Line of Defence against Prostate Cancer

September is prostate cancer awareness month in Canada. This proclamation helps focus public attention on the very important protective role that such awareness can play in reducing the death and suffering associated with this disease. The underlying reason for that is simple. In its beginning prostate cancer, as is true for all cancers, starts and grows silently and stealthily, giving no indication through pain or other symptoms of its presence and of the developing pathology. Everything appears normal to the unsuspecting host until such time when the cancer has grown to an extent that it interferes with normal function. There might then be pain, bleeding or some other manifestation of the growing tumor. Unfortunately, by that time the disease may have reached an advanced stage, which is much more difficult to treat, and less likely to have a favorable outcome. It is a general truth in dealing with all types of cancer that the earlier it is discovered and treated, the better the likelihood of a favorable outcome. Awareness can be a major determinant of whether such early discovery happens or not.

Discovery of the cancer during its period of silent, surreptitious growth creates the opportunity for early treatment. Fortunately, in the case of prostate cancer such detection is favored by two factors. First, it is located in a small well-defined part of the anatomy, so that we know where to look. Second, we are lucky to be living in a time and place where two simple, easily applied tests exist that can reveal the possible presence of hidden developing trouble. One of these is a simple blood test (the PSA test), and the other is the digital rectal exam (DRE) in which the shape and consistency of the prostate are assessed by the examining physician. Any abnormalities detected by either, or both, of these tests serve as "flags" that indicate the need for further investigation. Neither test, carried out every year or so, imposes any significant undue burden or inconvenience on the patient. However, since these tests involve healthy individuals it's easy to overlook and neglect them and a deliberate choice must be expressed to ensure they're done. It is for this reason that it is so important to raise public awareness about prostate cancer.

Fortunately, here in Manitoba there are concerted efforts to raise such awareness. The most highly visible is the annual Ride For Dad (RFD) event where many hundreds of motorcyclists participate in a spectacular cavalcade of riders, raising both money and awareness. This event is widely advertised and is supported by a broad range of community public service organizations, involving politicians, police and firemen associations, news media, and others. Each rider's network of supporters amplifies the effectiveness of spreading their message. That simple and effective message of "Get Checked" is broadcast via multiple communication channels and reaches a broad sector of the public. We'll never know how many lives have benefitted from these exhortations, but their influence is undeniable. A second effort flows from the work of the Manitoba Prostate Cancer Support Group (MPCSG), through its monthly public meetings, newsletter, website (manpros.org) and other activities. Besides raising awareness their mission is centered on providing support and educational presentations by relevant specialists. MPCSG's September meeting recognizes and honors the "prostate cancer awareness month" theme and is their highlight event of the year. It will be held on Wednesday, September 16, 2026, at the Caboto Center, 1055 Wilkes Ave in Winnipeg. Time is 7 to 9 pm. This year's program will include eminent keynote speakers from CancerCare Manitoba and will feature the central role, successes and challenges in delivering and advancing treatment for prostate cancer, and indeed all cancer, patients in our province. Don't miss it. And bring a friend.

Joseph Borsa, Ph.D., cancer survivor, Board member and Past-Chair of MPCSG.

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Traditional prostate cancer risk factors do not predict hormone therapy benefit, study finds

A new study led by investigators at the UCLA Health Jonsson Comprehensive Cancer Center found that while traditional pathological features used to classify aggressive prostate cancer—such as high-grade disease, cancer extending outside the prostate and cancer involving the seminal vesicles—after surgery can help identify patients who are more likely to have worse outcomes, they do not predict who will benefit more from adding hormone therapy to postoperative radiation.

The findings, published in European Urology, were led by Dr. Amar Kishan, professor and executive vice chair of radiation oncology at the David Geffen School of Medicine at UCLA, and highlight the need for molecular biomarkers that can better predict treatment response and personalize treatment based on tumor biology.

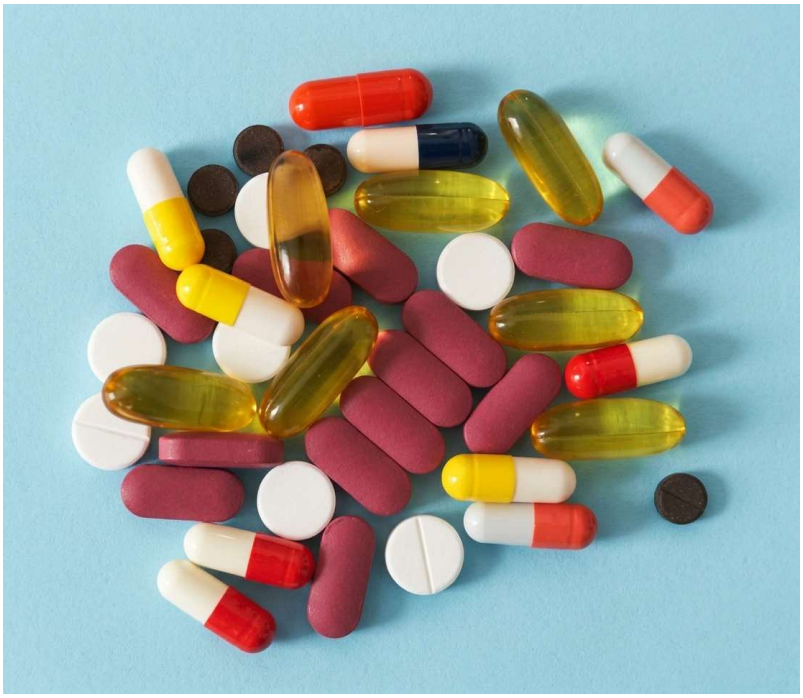
After prostate cancer surgery, some patients receive radiation therapy if there is concern that their cancer may return. Doctors may add hormone therapy, which reduces the levels of hormones that can fuel prostate cancer growth, to improve outcomes for certain patients.

However, hormone therapy can cause side effects, including fatigue, hot flashes, sexual dysfunction, bone loss and metabolic changes. Identifying which patients are most likely to benefit is important to ensure they receive effective treatment while avoiding unnecessary side effects.

Testing pathology against treatment benefit

Doctors commonly use features found in the prostate tissue removed during surgery to estimate how aggressive a patient's disease may be. These features are known to predict outcomes, but it has remained unclear whether they can identify patients who are more likely to benefit from adding hormone therapy.

Researchers analyzed individual patient data from five phase 3 randomized clinical trials that compared postoperative radiation therapy alone with radiation therapy combined with hormone therapy.



The analysis included 4,781 patients who had undergone prostate cancer surgery and later received radiation therapy. The researchers developed an adverse feature count score based on four high-risk pathological findings:

- ◊ High-grade disease (Grade Group 4–5)
- ◊ Cancer that had spread into the seminal vesicles
- ◊ Cancer that extended outside the prostate
- ◊ Positive surgical margins, meaning cancer cells were found at the edge of the removed tissue

Patients received a score from zero to four based on the number of adverse features present. The researchers then evaluated whether this score influenced the benefit of adding hormone therapy for two key outcomes: overall survival and metastasis-free survival.

Risk rises, benefit does not

The researchers confirmed that patients with more adverse pathological features had worse outcomes. Patients with a higher adverse feature count had an increased risk of death and cancer spreading to other parts of the body.

However, the number of adverse features did not predict whether a patient would benefit more from adding hormone therapy to radiation therapy.

Even patients with multiple high-risk features, including high-grade disease and seminal vesicle invasion, did not experience a greater improvement in overall survival or metastasis-free survival from adding hormone therapy compared with patients with fewer risk factors.

The findings were consistent among patients with a prostate-specific antigen (PSA) level of 0.5 ng/mL or less before radiation, a group in which previous research found limited overall benefit from adding hormone therapy.

Need for more precise biomarkers
The study shows that traditional pathological features are useful for identifying patients with a higher risk of recurrence but do not indicate who

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will respond best to hormone therapy.

"These findings highlight an important distinction between predicting risk and predicting treatment benefit," said Kishan, who is also the co-director of the cancer molecular imaging, nanotechnology and theranostics program at the UCLA Health Jonsson Comprehensive Cancer Center. "While pathology helps us understand which cancers are more aggressive, we need biomarkers that can tell us which patients are most likely to benefit from a specific therapy. By identifying which patients truly benefit from additional treatment, more personalized approaches could help improve outcomes while reducing unnecessary treatment-related side effects."

The study's senior author is Dr. Daniel Spratt from University Hospitals Seidman Cancer Center and Case Western Reserve University. Other UCLA authors are Tahmineh Romero-Kalbasi, Dr. Michael Steinberg, Dr. Luca Valle, Dr. Kekoa Taparra, Dr. Matthew J. Farrell, Dr. Matthew Rettig, Dr. Adam Singer, Dr. Nikita Baclig, Dr. Robert Reiter, Dr. Scott Eggener, Dr. Wayne Brisbane and Dr. Nicholas Nickols.

Publication details

Amar U. Kishan et al, Influence of Adverse Pathologic Features on Potential Benefit of Hormone Therapy Use with Postoperative Radiotherapy in Recurrent Prostate Cancer: An Individual Patient Data Meta-analysis, European Urology (2026). DOI: 10.1016/j.eururo.2026.07.013

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The GIST

Source: https://medicalxpress.com/news/2026-08-traditional-prostate-cancer-factors-hormone.html

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Psychological side effects for common prostate cancer treatment raise concerns

In short:

Medical experts are pushing for more ongoing psychological support to be given to prostate cancer patients undergoing androgen deprivation therapy.

About 12 per cent of men diagnosed with prostate cancer will experience suicidal ideation.

International studies show a link between the commonly used hormone therapy and deteriorating mental health in patients.

There are calls for urgent reform of the way a widely used prostate cancer treatment is prescribed following a number of suicides by men undergoing the therapy.

Androgen deprivation therapy — known as ADT — is a hormone treatment that's commonly prescribed for men with advanced prostate cancer because it blocks the testosterone on which the cancer feeds.

It slows the progress of the cancer, but the side effects can be so debilitating that some men have chosen to take their own lives.

Prostate Cancer Foundation of Australia (PCFA) wants all men diagnosed with prostate cancer to be screened for distress and referred to a specialist nurse trained in providing ongoing psychological care.

This should include conversations with partners or loved ones when appropriate, education about the potential side effects of the treatment and strategies for maintaining quality of life.

PCFA chief executive Anne Savage said both doctors and patients need to be made more aware of the mental health risks of ADT.

"We are aware of a number of cases where ADT is believed to have played a role in the deterioration of men's mental health, leading to suicide," she said.

"Overall, around 12 per cent of men impacted by prostate cancer will experience suicidal ideation, which is significantly associated with hormonal treatment."

Thousands of Australians undergo ADT each year

Every year, more than 26,000 Australian men are diagnosed with prostate cancer.

About 4,000 of these men have stage 3 or 4 cancer, which will likely require ADT. Many more previously treated for prostate cancer will be recommended for the therapy if their cancers recur or progress.

Research reported by PCFA has warned that men on ADT for prostate cancer face a higher risk of suicide.

According to Ms Savage, the potentially deadly side effects have been well established by international and Australian studies, but are not well known.

(Continued on page 6)

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But she said it's important to remember that ADT remains an effective method to slow the cancer for most patients.

"What we don't want is for men to stop taking hormone therapy. This is a life-saving treatment that stops prostate cancer from spreading," Ms Savage said.

"What we must do, though, is ensure that men don't walk alone with the disease or its treatment."

Melbourne prostate cancer specialist professor Declan Murphy said no-one would argue with the call to provide better support to patients.

He said the likelihood of suicide is extremely low, but it does appear to be higher in men who have started ADT.

"I think it's likely that the burden of being diagnosed with metastatic prostate cancer itself is also contributing to depression and suicide risk, so the relative risk increase may be overstated," he said.

Prostate cancer patients must survive both treatment and disease

Surfing writer Tim Baker had just turned 50 when he was diagnosed with advanced prostate cancer, which had metastasised into the bone.

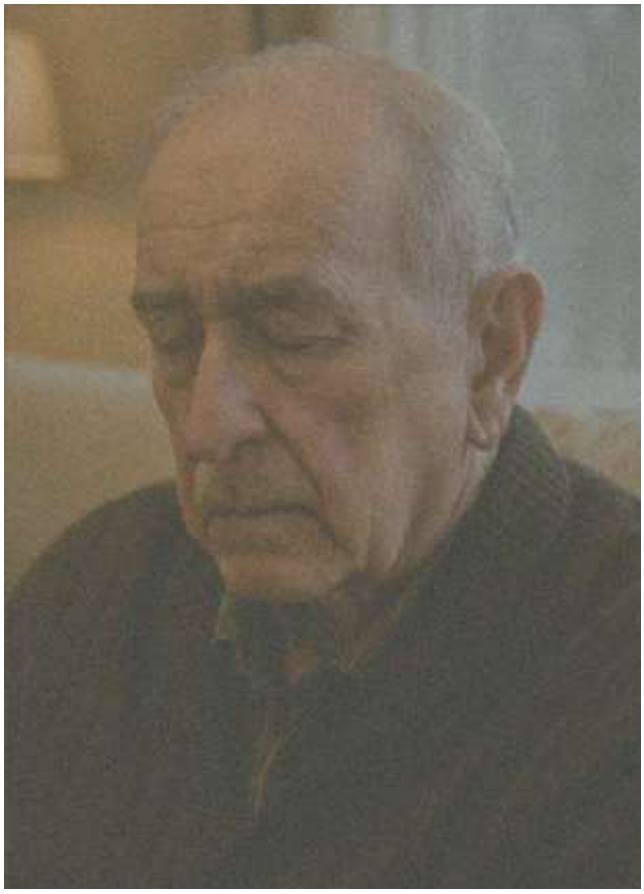
Put onto ADT hormone treatment, he soon began to feel emotionally vulnerable.

"The hormone therapy amounted to chemical castration. It meant loss of libido, loss of erectile function, loss of bone density, and it causes breast swelling, genital shrinkage and loss of muscle mass," he said.

"I remember thinking, 'I'll never be whole again, and I'm not sure how I survive this. The treatment, let alone the disease.'"

He doesn't remember any warning about the risk of suicide, but within months, he found himself lying awake at night feeling that his family would be better off without him.

"I felt like the warnings around ADT were entirely inadequate, and I do think prescribing ADT to men and not providing better support is medically negligent."



Unknown to Mr Baker, his experience was one shared by a stranger on the other side of the country.

'He just fell into the abyss': Craig's story

WA farmer Craig Heggaton was diagnosed with prostate cancer at age 56 and soon after underwent a prostatectomy, which he assumed would be the end of the matter.

But the cancer returned four years later.

His doctor recommended he go onto ADT, a treatment that his wife, Liz, queried at the time.

"I asked the specific question about how it may impact Craig's mental wellbeing because he's on antidepressants," she said.

When the doctor told her he'd only had one patient with an adverse reaction to ADT, she didn't think much more about it.

Within two months, she noticed him becoming irritable, not sleeping well and having zero libido — something that troubled Mr Heggaton himself.

"It was just this insidious slide of him not being his normal happy-go-lucky self," Ms Heggaton said.

"And it was like he just fell into the abyss."

But it was a shock when Mr Heggaton took his own life last year while on a camping trip with friends to the Big Red Bash music festival near Birdsville in Central Australia.

At first, his wife had no answers as to why her husband had taken such an extreme step.

Months later, she listened to an ABC Conversations interview with Mr Baker and had a "light bulb moment" when he described his emotional meltdown while on ADT.

(Continued on page 7)

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"The night that Craig died, I hadn't really suspected that it was the ADT. The thing that really struck me was that Tim had been on the same treatment that Craig was on," she said.

"This drug, the power of this drug could in fact have caused Craig's suicide."

She emailed Mr Baker and was "shocked and excited" to receive a response from him within 30 minutes.

"Liz's story about her husband's suicide touched me so deeply because I'd been there," Mr Baker said.

"I'd been in his position where I'd questioned whether life was worth living, and I could entirely relate to his decision."

After hearing more of Mr Heggaton's story, he believes the popular farmer and sheep breeder was given inadequate warning about the side effects of ADT treatment, particularly since he was on antidepressants.

"He should have been told that the drug carries the very real risk of inducing depression and mood swings, and that it carries an increase in your risk of suicide," Mr Baker said.

The odd couple teaming up to raise awareness

Mr Baker and Ms Heggaton have now joined forces to drive an awareness campaign about prostate cancer, which is the most commonly diagnosed form of cancer in Australia.

They describe themselves as an odd pairing, an unlikely alliance of a WA farmer and a northern NSW surfer, who would otherwise have never crossed paths.

With the support of PCFA, they hope to start an annual sporting event — like the Pink Test for breast cancer — to raise funds and research into prostate cancer.

Tim Baker and Liz Heggaton want to raise awareness about the potential dangers of ADT treatment.

Mr Baker has written a book, Patting the Shark, about his cancer experience and has since become a respected patient advocate.

After 10 years on and off ADT, he has come to accept the treatment as a necessary evil.

"Oh look, if I hadn't done ADT hormone treatment, I don't think I'd still be here," he said.

But the effectiveness of the treatment for him is waning, which means he'll have to consider targeted radiation or look for a clinical trial of an alternative approach.

"But there are no curative options ahead of me. So it's really a matter of managing it and staying fit and healthy for as long as I can," he said.

Ms Heggaton believes every man and his partner need to be counselled about the side effects of ADT before going on the drug, to ensure they are fully warned about how their body is going to feel when they start treatment.

She hopes that something good may flow from her husband's tragic death.

"I want to find my voice and not let Craig's death be in vain. Make good of a really shitty situation, and try and help others through this process."

Story edited for content

13 Jul 2025

By Ben Cheshire
Australian Story

Source: www.abc.net.au/news/2025-07-14/prostate-cancer-androgen-deprivation-therapy-mental-health/105511892

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If you or anyone you know in Manitoba needs help:

Suicide Crisis Helpline
Call or Text 988

Klinic Crisis Line
204-786-8686
1-877-435-7170
(toll free)

First Nations & Inuit Hope for Wellness Help Line
1-855-242-3310
(toll free)

Texting CONNECT (or keywords like TALK) to 686868 connects you to a free, 24/7 confidential mental health crisis service in Canada

https://mb.211.ca/quick-refrence-guide-helplines/

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NAME:_____

ADDRESS:_____ POSTAL CODE_____

THIS GIFT IS IN MEMORY/HONOUR OF_____ PLEASE SEND NOTIFICATION TO:_____

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***Make payment to**: Manitoba Prostate Cancer Support Group;*
Box 315 – 971 Corydon Ave., Winnipeg, Manitoba, R3M 0X1
**A tax deductible receipt will be issued. Charity number: 88907 1882 RR0001*

***Credit Card** donations can be made by going to our website at: www.manpros.org and clicking on the donate tab.*

Canada Helps will issue a tax receipt. ***Amount:*** *$25 $50 $75 $100 Other_____*

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Email - manpros@mts.net ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL

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

FUTURE MEETINGS

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

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18 Nov: TBA

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