Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 387 *MPCSG – active since 1992.* **July 2024**

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!

Next Meeting

Date: Wednesday, July 17, 2024

Speaker: Dr. Kevin M. Coombs, PhD
Professor, Medical Microbiology University of Manitoba

Topic: "Anti-cancer treatment from an unexpected source: Viruses as killers of cancer cells"

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

Perseverance is not a long race; it is many short races one after the other.

Walter Elliot

Manitoba motorcyclists brave rain to raise funds, 'critical' awareness for prostate cancer

"Men ages 40 and up should get checked each year", says Motorcycle Ride for Dad organizer Ed Johner.

Manitobans revved up their motorcycles on a chilly, rainy Saturday to raise money for prostate cancer research and education.

The 16th annual Manitoba Motorcycle Ride for Dad kicked off at Polo Park shopping centre on Saturday morning, with the police-escorted parade heading west on Portage Avenue to Assiniboia Downs. The plan was for the riders to continue to the communities of Selkirk and Gimli, before returning to Winnipeg.

It's all part of a six-week campaign to spread awareness and education about prostate cancer in Manitoba.

Ed Johner, a spokesperson who has been involved since the annual fundraising ride began, says prostate cancer can easily go undetected.

His father and uncle both died from prostate cancer,

(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)

but he survived the disease after a doctor diagnosed him during an unrelated physical exam in 2007, when Johner was 49.

"I had no symptoms whatsoever," he told host Nadia Kidwai during a Saturday interview with CBC Radio's Weekend Morning Show.

"I've been very fortunate and I want guys to know that, you know, once you get to the age of 40, get checked and continue to do so annually."

Organizer Ed Johner estimates that 15,000 people have participated in the ride since it began, raising just over $4 million altogether. *(Arturo Chang/CBC)*

The Canadian Cancer Society estimates that nearly 28,000 men in the country will be diagnosed with prostate cancer in 2024 and the disease will cause 5,000 deaths this year.

"It affects us all — men and women, you know, husbands, brothers, sons, fathers," said Johner. "It's critical to get word out there and get guys seeing their doctors regularly."

Annual motorcycle fundraiser rallies record amount for Manitoba prostate cancer research

About 1,200 people participated in last year's Ride for Dad, which raised a record amount of just over $600,000 for prostate cancer research and education in Manitoba, according to organizers.

Johner estimates that 15,000 people have participated in the Manitoba ride since it began in 2009, raising just over $4 million altogether.

He says the volunteers and donors who have shown support for the ride over the years have made a difference to Manitobans suffering from prostate cancer.

"The people here are just amazing, and the support has been incredible."

Paul Gibson, president of Guardians of the Children Canada — a Winnipeg non-profit made up of motorcyclists who want to spread education about child abuse — says it was his sixth time participating in the ride.

About half of the nearly 400 cyclists who registered for the ride showed up Saturday, likely due to rainy conditions, he said.

"We're all here to just help out men … to help raise money, help build awareness, and make the world a better place for different people," said Gibson.

"We could do without the rain, [but] we love it."

With files from Sierra Sanders and Arturo Chang

CBC News May 25, 2024

Source: www.cbc.ca/news/canada/manitoba/motorcyle-ride-for-dad-2024-1.7215041

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.

Active Surveillance Shown to Be an Effective Management Strategy for Prostate Cancer Patients

"The goal of active surveillance for prostate cancer is to reduce unnecessary treatments and side effects."

Researchers from Fred Hutch Cancer Center have found that active surveillance for prostate cancer patients with a low risk of progression is an effective alternative to immediate surgery or radiation to manage the disease.

Published in JAMA, the study found that 10 years after diagnosis, 49% of men using active surveillance – which includes regular prostate-specific antigen (PSA) testing, biopsies and digital-rectal exams to monitor whether the cancer is growing or becoming more aggressive – remained free of treatment or progression. Less than 2% developed metastatic disease and less than 1% died of prostate cancer.

Further, patients who were treated after several years of active surveillance had the same rates of poor outcomes, such as adverse pathology or metastasis, as those treated immediately following a confirmatory biopsy, validating active surveillance as a safe initial management strategy for low-risk prostate cancers.

The research is part of the Canary Prostate Active Surveillance Study (CanaryPASS), which collects data and tissue samples from more than 2,300 patients with early-stage prostate cancer. Researchers use the CanaryPASS data to better distinguish between low-risk and aggressive prostate cancers, develop biomarkers that can help with early detection and reduce overtreatment.

"The goal of active surveillance for prostate cancer is to reduce unnecessary treatments and side effects among those diagnosed with lower risk cancer while avoiding undertreatment of aggressive disease," said Daniel Lin, MD, prostate cancer researcher and professor of urology at Fred Hutch and UW Medicine, and principal investigator of CanaryPASS. "We hope this study encourages a national acceptance of active surveillance as an effective management strategy for prostate cancer."

According to the American Cancer Society, 1 in 8 men will be diagnosed with prostate cancer. If detected early, prostate cancer is highly treatable and most men survive. More than 30% of patients have slow-growing prostate cancer and may not benefit from invasive treatments that can cause debilitating side effects such as urinary incontinence and impotence.

"This study should reassure people with prostate cancer that, with a lower risk cancer, they don't need to receive treatment right away," said Lisa Newcomb, PhD, a cancer prevention researcher at Fred Hutch, first author of the study and CanaryPASS deputy director. "By utilizing active surveillance, patients visit the clinic for regular exams and occasional biopsies and PSA tests, and many can avoid invasive treatments altogether."

Researchers from CanaryPASS are working to develop better biomarkers that can identify earlier which patients will develop more aggressive prostate cancers to help more men avoid unnecessary and uncomfortable treatment

This press release was originally published May 30, 2024, by Fred Hutch News Service

Source: www.cancerhealth.com/article/active-surveillance-shown-effective-management-strategy-prostate-cancer-patients.

▪ ▪ ▪

Prostate cancer: Brachytherapy linked to long-term risk of secondary malignancies

A decade later, an updated study found that the risk of a second cancer increased over time.

When cancer patients are treated with radiation, it's possible that the therapy itself may cause new tumors to form in the body later. Radiation kills cancer cells by damaging their DNA, but if the treatments cause genetic damage to normal cells near the radiation target, there's a small risk that these secondary malignancies may arise over time.

Just over 10 years ago, Canadian researchers set out to assess the risk of secondary malignancy among men with prostate cancer who were treated with a type of radiation called brachytherapy. Unlike radiation delivered from sources outside the body, brachytherapy is accomplished by implanting dozens of radioactive pellets, or "seeds," directly into the tumor site. Those seeds, which are never removed, emit radiation at a dose that declines toward zero over the course of a year.

Brachytherapy has the advantage of convenience. Instead of traveling for repeat sessions of radiation, men need only one treatment, usually given in an outpatient setting. But brachytherapy is also falling out of favor, in part because newer types of external beam radiation deliver high-precision doses with fewer side effects.

Study methodology and results

The Canadian study compared rates of

(Continued on page 4)

(Continued from page 3)

secondary malignancies in the pelvis among men treated either with brachytherapy or with surgery to remove the prostate. All the treatments took place in British Columbia between 1998 and 2000. The brachytherapy group included 2,418 men with an average age of 66, while the surgically-treated group contained 4,015 men whose average age was 62. Within that group, 2,643 men had been treated with surgery alone, and 1,372 men with surgery plus external beam radiation given later.

After median follow-ups of between 5.8 years (brachytherapy) and 6.4 years (surgery), the study team reported in 2014 that there was no difference in rates of secondary malignancies between the groups, or with cancer incidence in the general population.

But that's no longer the case: In April 2024, the researchers published updated findings. This time, rates of new cancers in the pelvis — including the bladder and rectum — were higher in the brachytherapy group. Specifically, 6.4% of brachytherapy-treated men had secondary malignancies at 15 years of follow-up, increasing to 9.8% after 20 years. By contrast, 3.2% and 4.2% of surgically-treated men developed secondary pelvic malignancies over the same durations. There was no difference in deaths from secondary malignancies between the groups.

The strength of the association with bladder cancer in particular is "similar to that seen with smoking," wrote the author of an accompanying editorial. Results from the study "should be considered when treating men with localized prostate cancer who have a long life expectancy," the authors concluded.

Commentary from experts

"I do believe that this study reveals a dark truth about radiation for prostate cancer that has been long suspected," says Dr. Anthony Zietman, a professor of radiation oncology at Harvard Medical School and Massachusetts General Hospital, and a member of the advisory and editorial board for the Harvard Medical School Guide to Prostate Diseases. "As the decades pass after radiation therapy of any kind — brachytherapy or external beam — the risk for radiation-induced malignancies rises.

"These malignancies are usually in adjacent organs like the bladder and rectum, or within the prostate itself. They may be very curable, and thus the survival rates are the same for radiation or surgically treated patients, but there is little doubt that, for these patients, they represent a 'sting in the tail' long after the radiation has been given and forgotten. This data certainly gives us pause when offering radiation to very young men with several decades of life expectancy ahead of them, and it also reminds us of the value of follow-up visits."

"The fact that second cancers arise in the area where radiation was given is not surprising, but the magnitude of the long-term increases is concerning," added Dr. Marc Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, and editor in chief of the Harvard Medical School Guide to Prostate Diseases. "There are other common and troublesome urinary side effects of brachytherapy — independent of second cancers — that patients should fully consider before selecting it as a treatment option. This is especially true given the availability of other convenient and similarly effective prostate cancer therapies."

By Charlie Schmidt, Editor, Harvard Medical School Annual Report on Prostate Diseases

Reviewed by Marc B. Garnick, MD, Editor in Chief, Harvard Medical School Annual Report on Prostate Diseases; Editorial Advisory Board Member, Harvard Health Publishing

June 3, 2024

Source: www.health.harvard.edu/blog/prostate-cancer-brachytherapy-linked-to-long-term-risk-of-secondary-malignancies-202406033046

▪ ▪ ▪

Glowing dye may help surgeons eradicate prostate cancer

A glowing marker dye that sticks to prostate cancer cells could help surgeons to remove them in real-time, according to a paper published in the European Journal of Nuclear Medicine and Molecular Imaging, titled "First-in-man study of the PSMA Minibody IR800-IAB2M for molecularly targeted intraoperative fluorescence guidance during radical prostatectomy."

Scientists, based at the Nuffield Department of Surgical Sciences and the Department of Oncology, University of Oxford, Oxford University Hospitals and Oxford NIHR Biomedical Research Center used a fluorescent dye attached to a special marker molecule to give medics a "second pair of eyes" during surgery for prostate cancer.

Twenty-three men with prostate cancer were injected with the marker dye before undergoing prostate removal surgery. The marker dye found areas of cancerous tissue not picked up by the naked eye or other clinical methods.

The dye allowed the surgeons to remove all cancerous tissues—which could reduce the chances of cancer coming back—while preserving healthy tissues. Preserving healthy tissues means fewer life-changing side effects after surgery.

The combination of dye and targeting molecule, called IR800-IAB2M, allows surgeons to see the edges of the tumor and identify any clusters of cells that have spread from the tumor into nearby pelvic tissues and lymph nodes. This guides the surgeon to remove all cancerous tissues and preserve healthy areas around the prostate.

This substantially reduces the chances that the cancer will come back in future and minimizes the possibility of life changing side-effects for the patient after the operation.

The dye and marker molecule work by attaching themselves to a protein called Prostate-Specific Membrane Antigen (PSMA) commonly found on the surface of prostate cancer cells.

The marker molecule is made from a smaller version of an antibody called a "minibody," which can only bind to PSMA and not to any other molecule. The dye and marker molecule combination were developed by Oxford scientists in collaboration with ImaginAb Inc., a company based in Inglewood, California.

In the first stage of the ProMOTE study, 23 men diagnosed with prostate cancer were injected with the fluorescent dye before undergoing robot-assisted surgery to remove the prostate (known as a radical prostatectomy).

Surgeons used an imaging system that shines a special type of light on the prostate and nearby areas, to make the prostate cancer cells glow. The imaging system was developed by an engineering team led by Professor Borivoj Vojnovic at the University of Oxford.

For multiple patients in the study, the dye identified clusters of cells which had spread away from the tumor which couldn't be seen by the naked eye.

This marker dye is in its early stages of clinical development, but in future it could be used routinely by surgeons to see every part of the cancer while they perform surgery to remove the prostate.

The imaging system to see glowing cancer cells could be integrated into the robot-assisted tools used for prostate surgery. The marker dye could also be used for other types of cancer, by changing the protein it uses to attach itself to the cancer cells.

Further clinical trials are already underway in larger groups of patients to find out if the technique removes more prostate cancer, and preserves more healthy pelvic tissue, compared to existing surgical methods.

Prostate cancer is the most common cancer in men in the UK, with around 52,300 new cases every year.

Nuffield Professor of Surgery at the University of Oxford and lead author of the study, Professor Freddie Hamdy, said, "We are giving the surgeon a second pair of eyes to see where the cancer cells are and if they have spread. It's the first time we've managed to see such fine details of prostate cancer in real-time during surgery.

"With this technique, we can strip all the cancer away, including the cells that have spread from the tumor which could give it the chance to come back later. It also allows us to preserve as much of the healthy structures around the prostate as we can, to reduce unnecessary life-changing side-effects like incontinence and erectile dysfunction.

"Prostate surgery is life changing. We want patients to leave the operating theater knowing that we have done everything possible to eradicate their cancer and give them the best quality of life afterwards. I believe this technique makes that possibility a reality."

Executive Director of Research and Innovation at Cancer Research UK, Dr. Iain Foulkes, said, "Surgery can effectively cure cancers when they are removed at an early stage. But, in those early stages, it's near impossible to tell

(Continued on page 6)

(Continued from page 5)

by eye which cancers have spread locally and which have not.

"We need better tools to spot cancers which have started to spread further. The combined marker dye and imaging system that this research has developed could fundamentally transform how we treat prostate cancer in the future.

"We hope that this new technique continues to show promise in future trials. It is exciting that we could soon have access to surgical tools which could reliably eradicate prostate and other cancers and give people longer, healthier lives free from the disease."

More information: European Journal of Nuclear Medicine and Molecular Imaging (2024). DOI: 10.1007/s00259-024-06713-x

by Cancer Research UK

JUNE 9, 2024

Source: https://medicalxpress.com/news/2024-06-dye-surgeons-eradicate-prostate-cancer.html

■ ■ ■

JUN protein could slow prostate cancer growth, study finds

As prostate cancer progresses, it becomes increasingly aggressive and can metastasise. In this form, the tumor is difficult to treat, which is reflected in high mortality rates: Worldwide, the malignant disease of the prostate is the second most common cause of cancer death in men. An international study led by Lukas Kenner (MedUni Vienna) and Sabine Lagger (Vetmeduni Vienna) has now identified a protein that could slow tumor growth. The results, which have just been published in the top journal "Molecular Cancer", provide a new starting point for the development of therapies.

The complex molecular processes that lead to the progression of prostate cancer have not yet been fully clarified by science. The protein known as JUN is being intensively researched as a possible driver of tumor growth.

"Numerous studies have shown that JUN is produced excessively in cancer. So, a link has been established between tumor growth and high JUN levels," says Lukas Kenner (Clinical Institute of Laboratory Medicine at MedUni Vienna, Department of Laboratory Animal Pathology at Vetmeduni Vienna), explaining the background to the current study. In collaboration with national and international partners, it was shown that the opposite is the case with prostate cancer: the research team's investigations using a mouse model and clinical samples revealed that the progression of prostate cancer is not accelerated but slowed down when JUN is present in high levels. On the contrary, it was observed that the tumor grows faster when the protein is missing.

The fact that JUN plays an important role in the activation of genes and various processes such as cell growth was discovered back in the 1980s. "In our investigations, we found that JUN is significantly involved in the regulation of prostate cancer by influencing the body's immune response," says Sabine Lagger from the Department of Laboratory Animal Pathology at Vetmeduni Vienna, explaining the connections currently being researched. If the protein is missing, the recruitment of certain immune cells in the tumor's micro-environment is impaired, which leads to accelerated cancer growth. These results could explain why Prostate cancer is less responsive to immune therapy and could help to understand how to reactivate local immune responses.

Most common cancer in men

Prostate cancer has been the most common cancer in men in Austria for decades. Every year, around 6,000 new cases and 1,300 deaths are registered as a result of prostate cancer. In the vast majority of cases, tumors in the prostate gland remain localized and are therefore easily treatable. However, around 20 per cent of patients develop metastatic prostate cancer, which remains difficult to treat. "Our research suggests that activating JUN could potentially be a promising therapeutic option for slowing the progression of prostate cancer," Sabine Lagger and Lukas Kenner summarize the significance of their study ahead of further investigations to confirm the results.

Jun 5 2024

Source:
Medical University of Vienna

www.news-medical.net/news/20240605/JUN-protein-could-slow-prostate-cancer-growth-study-finds.aspx

Journal reference:
Redmer, T., et al. (2024). JUN mediates the senescence associated secretory phenotype and immune cell recruitment to prevent prostate cancer progression. Molecular Cancer. doi.org/10.1186/s12943-024-02022-x

■ ■ ■

Study shows making diet change could impact severity of prostate cancer: 'Healthier than a conventional diet'

While the study didn't establish causation, the association was "quite strong."

A new study has potentially promising news for men diagnosed with prostate cancer, with participants who ate the largest quantities of plant-based foods showing a reduced risk of the disease's progression.

As detailed by Health, previous research by the study's authors found that a plant-based diet reduced the risk of being diagnosed with prostate cancer. The latest findings complement that work.

"Consuming a primarily plant-based diet — and less animal-based food — after a prostate cancer diagnosis may be associated with better prostate cancer-specific outcomes," senior author Stacey A. Kenfield told the online platform.

The professor of urology at the University of California, San Francisco, explained that while the study didn't establish causation, the association was "quite strong." The hope is to confirm the findings in additional studies.

The research, published in the journal JAMA Network Open, looked at data from 2,062 men who had been diagnosed with nonmetastatic prostate cancer and enrolled at urology practices from 1999 to 2018.

Diet and lifestyle questionnaires revealed that men who ate the largest quantities of plant-based foods cut the risk of cancer progression by 47%. Those diagnosed with "medium-grade cancer," as categorized by the Gleason grading system, had a 55% reduced risk of their cancer growing worse.

Cleveland Clinic urological oncologist Samuel Haywood told Health that many plant-based foods naturally have antioxidants and anti-inflammatory substances. These compounds may inhibit cell damage associated with cancer.

"These diets can often be healthier than a conventional diet, such as lower in fats or processed foods," Haywood explained.

This isn't the only research linking plant-based diets to improved health outcomes. An unrelated study by McGill University and the London School of Hygiene & Tropical Medicine discovered that swapping plant proteins for red and processed meat around half of the time could extend people's lifespans by almost nine months.

Eating more vegetables also comes with the benefit of a fatter wallet, as swapping just one-quarter of meat-based meals with veggie-centered ones could result in $200 saved annually. It would also eliminate thousands of pounds of air pollution that cause our planet to overheat, contributing to food insecurity as extreme weather events become more common.

"These results could guide people to make better, more healthful choices across their whole diet, rather than adding or removing select foods," lead author Vivian N. Liu said in a news release by UCSF. " ... This adds to numerous other health benefits associated with consuming a primarily plant-based diet, such as a reduction in diabetes, cardiovascular disease, and overall mortality."

"Making small changes in one's diet each day is beneficial," Kenfield added. "Greater consumption of plant-based food after a prostate cancer diagnosis has also recently been associated with better quality of life, including sexual function, urinary function, and vitality, so it's a win-win on both levels."

By Susan Elizabeth Turek

June 6, 2024

Source: www.thecooldown.com/sustainable-food/prostate-cancer-diet-plant-based

MANITOBA PROSTATE CANCER SUPPORT GROUP TAX DEDUCTIBLE DONATION

NAME:_____

ADDRESS:_____ POSTAL CODE_____

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

NAME:_____

ADDRESS:_____ POSTAL CODE_____

***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_____*

Thank you to our sponsors

CancerCare Manitoba FOUNDATION

All funds raised stay in Manitoba.

Gold Wing Road Riders Association
Manitoba District - Region K
http://mb-a.regionk.ca/

Manitoba Gold Wing
Road Riders Association

MANITOBA MOTORCYCLE RIDE FOR DAD

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

Help us lower our costs :

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

FUTURE MEETINGS 2024

21 Aug: Dr. Piotr Czaykowski BSc, MD, MSc, FRCPC
Medical Oncologist & Chief Medical Officer, CancerCare Manitoba
Topic: "The brightening outlook for dealing with prostate cancer"

18 Sep: SAE2024
(**S**eptember prostate cancer **A**wareness **E**vening)
This is our highlight event of the year, and will be held at the Caboto Centre in Winnipeg. Watch for more details.
Topic: "Meeting men's health care needs at Men's Health Clinic Manitoba (MHCM)"
You don't want to miss this!

MPCSG BOARD

Don Murray - Chair	(204) 487-0822
Ernie Schade - Vice Chair & Board Chair	(204) 489-1648
Jos Borsa - Past Chair	(204) 219-7726
Deloris Ankrom - Board Member	(204) 795-4361
Al Morris - Treasurer	(204) 770-9108

This newsletter is a
Bottom Line Computer Services
publication
Bottom Line Computer Services is not responsible for content
www.misterpete.com

Volunteers On Committees

Irek Iskat — membership

For general information
please contact Jos Borsa at number listed above