Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, June 19, 2024

Speakers: **Dr. Aldrich Ong** MD, M Sc, FRCPC Radiation Oncologist, CancerCare Manitoba and
Dr. Megan McDonald, MD, BSc
Radiation Oncologist, CancercareMB

Dr. Aldrich Ong Dr. Megan McDonald

Topic: "Radiation therapy for prostate cancer: 2024 version"

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

"May your choices reflect your hopes, not your fears."

Nelson Mandela

Prostate Cancer Study: More Health Benefits from Plant-Based Diet

Eating more fruits, nuts and vegetables each day – along with fewer animal products – is associated with a nearly 50% reduction in the risk of prostate cancer progression.

Men with prostate cancer could significantly reduce the chances of the disease worsening by eating more fruits, vegetables, nuts and olive oil, according to new research by UC San Francisco.

> "Greater consumption of plant-based food after a prostate cancer diagnosis has also recently been associated with better quality of life."
>
> *STACEY A. KENFIELD, SCD*

A study of more than 2,000 men with localized prostate cancer found that eating a primarily plant-based diet was associated with a 47% lower risk that their cancer would progress compared with those who consumed the most animal products.

This amounted to eating just one or two more servings per

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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.

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day of healthy foods, particularly vegetables, fruits and whole grains, while eating fewer animal products, like dairy and meat. The study followed the men, whose median age was 65 years old, over time to see how dietary factors affected the progression of their cancer.

Plant-based diets include fruits, vegetables, whole grains, nuts, legumes, vegetable oils, tea and coffee. The researchers measured consumption using a plant-based index and compared the men who scored in the highest 20% to those who scored in the lowest 20%.

"These results could guide people to make better, more healthful choices across their whole diet, rather than adding or removing select foods," said Vivian N. Liu, formerly lead clinical research coordinator at the UCSF Osher Center for Integrative Health and first author of the study, which appears in JAMA Network Open.

"Progressing to advanced disease is one of many pivotal concerns among patients with prostate cancer, their family, caregivers and physicians," she said. "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."

Antioxidants and anti-inflammatory compounds

Plant-based diets are becoming increasingly popular in the United States, and evidence is accumulating that they can be beneficial to patients with prostate cancer, the most common cancer among men in the country after non-melanoma skin cancer.

Fruits and vegetables contain antioxidants, as well as anti-inflammatory compounds that have been shown to protect against prostate cancer, and prior research has consistently demonstrated the importance of dietary factors to overall health and well-being.

"Making small changes in one's diet each day is beneficial," said senior author Stacey A. Kenfield, ScD, a UCSF professor of urology and the Helen Diller Family Chair in Population Science for Urologic Cancer. "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 Elizabeth Fernandez
May 13, 2024

Coauthors: From UCSF, other authors are Erin L. Van Blarigan, ScD; Li Zhang, PhD; Rebecca E. Graff, ScD; Crystal S. Langlais, PhD; Janet E. Cowan, MA; Peter R. Carroll, MD, MPH; and June M. Chan, ScD.

Source: www.ucsf.edu/news/2024/05/427571/prostate-cancer-study-more-health-benefits-plant-based-diet

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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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A roadmap for individualized malignant prostate cancer care

Pioneering research traces the branching path of de novo metastatic prostate cancer, uncovering new management paradigms.

The sudden onset and severity of de novo metastatic prostate cancer makes it one of the deadliest cancers affecting men. Characterised by additional aggressive cancer lesions in other parts of the body, the condition is found in around five to 10 per cent of prostate cancer patients at the time they are first diagnosed.

A groundbreaking study led by Vancouver Coastal Health Research Institute researcher Dr. Alexander Wyatt is the first to indicate that cancer complexity within the prostate may be driving tumour proliferation in this patient population more than previously understood. Published in the journal Nature Cancer, this finding paves the way for new inroads in the development of precision treatments for de novo metastatic prostate cancer, as well as other aggressive cancers.

“Because the danger from the spread of tumours in de novo metastatic prostate cancer is so pressing, treatment has often been directed more to targeting the metastatic cancer throughout the body than on the origins of the cancer within the prostate,” notes Wyatt. “However, we found that the diverse pool of cancer cells found within the prostate could be associated with multiple waves of cancer spread throughout the body, along with sources of treatment resistance.”

"This discovery indicates that there could be a biological and clinical rationale to remove or ablate the prostate to limit further spread of metastatic disease.”

Using the analogy of a tree, Wyatt explains that the original prostate cancer can be thought of as the tree trunk. Cancers that spread from the prostate to other areas of the body — such as the lymph nodes, bones and lungs — are its branches. So long as the trunk exists, the tree can continue to produce new branches. However, destroy the trunk, i.e., through the removal or destruction of the prostate itself, and a primary cancer driver could be cut off.

Dr. Alexander Wyatt is an associate professor in the Department of Urologic Sciences at the University of British Columbia and a senior research scientist with the Vancouver Prostate Centre and with BC Cancer.

Collaboration supported groundbreaking prostate cancer research findings

A key to Wyatt’s research findings was having rare access to a pool of over 600 biological samples from 43 patients diagnosed with de novo metastatic prostate cancer. In collaboration with a team of Belgian researchers led by Dr. Piet Ost, Wyatt and his team at the Vancouver Prostate Centre were able to analyze the whole prostates, along with pelvic lymph nodes and blood samples, of patients from a Belgian study.

Due to the severity of the disease, de novo metastatic prostate cancer patients often do not undergo surgery to remove the prostate, but instead immediately receive hormone therapy and sometimes radiation to treat the presence of tumours throughout the body. However, the Belgian study involved the removal of the whole prostate and pelvic lymph nodes prior to subsequent treatments, giving Wyatt’s team a glimpse of these tissues soon after diagnosis.

Access to the whole prostate was a crucial piece of the puzzle to understanding the development and spread of the disease. Wyatt and his team discovered that biopsies of several different regions were required to see the full breadth of cancer variation within a single prostate, as different areas contained divergent cancer mutations.

“One of the unique aspects of our study is that colleagues in Belgium made available to us a rare library of tissue and blood samples from de novo metastatic prostate cancer patients.”

Thanks to these tissue and blood samples, Wyatt and his team developed a roadmap of the spreading branches of cancer from the prostate.

“While we developed this roadmap for prostate cancer, it may well have applications in other forms of cancer,” Wyatt adds.

The team is now applying their roadmap to study blood and tissue samples from approximately 500 de novo metastatic prostate cancer patients in British Columbia. With access to two to eight biopsy cores from the prostate of each patient, the team will have greater than average biological source material to study cancer mutations and heterogeneity.
“We expect that these findings will heighten the attention given to cancer variation as a driver of metastatic prostate cancer,” Wyatt says. “In addition, it is anticipated that downstream changes to clinical best practices may include the collection and analysis of additional prostate biopsies from each patient to better inform treatment decision-making.”

“These insights will help to further advances in the development of individualized prostate cancer care.”

Jan 4, 2024

Source: www.vchri.ca/stories/2024/01/04/roadmap-individualized-malignant-prostate-cancer-care

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Mental Health and Support Resources for Prostate Cancer

A prostate cancer diagnosis is a very emotional time for you and your loved ones. Learn how to manage these emotions and find resources that can help.

It is normal to experience a wide range of emotions if you or a loved one has been diagnosed with prostate cancer. Many of these emotions fade over time, but some may develop into clinical depression, intense anxiety, or panic.

Anxiety is unease, fear, and dread caused by stress. Studies show that nearly half of all patients with cancer say they feel some anxiety and about 25% of cancer patients say they feel a great deal of anxiety.

Depression is a mood disorder in which persistent feelings of sadness interfere with the ability to participate in normal activities.

Depression or anxiety not only impact your quality of life, but they can adversely affect your ability to participate actively in treatments. For these reasons, the American Society of Clinical Oncology (ASCO) recommends cancer patients be screened for anxiety and depression.

How can I manage depression and emotional distress?

Recognizing and learning to cope with anxiety and depression are important in the effective management of living with prostate cancer. Talk to your healthcare team if you think you are depressed or experiencing emotional distress. If left untreated, depression and anxiety can impact your quality of life. Treating mental health is as important as treating your physical body.

Here are some tips for coping.

Accept your fears

- ◊ It is common to experience some fear about your diagnosis and, once you complete treatment, your cancer recurring. Telling yourself not to worry or criticizing yourself for being afraid won't make these feelings go away. Accept that you are going to experience some fear and focus on finding ways to help yourself manage the anxiety.
- ◊ It may also help to remember that the fear usually lessens over time, and that you won't always feel so anxious. Your anxiety may temporarily increase at certain times, such as before appointments, around the anniversary date of your diagnosis, or if a friend is diagnosed with cancer.

Don't worry alone

Talking about your fears and feelings or writing down your thoughts in a journal can help reduce your anxiety. Talking and thinking about your concerns can help you explore the issues underlying your fear. Some fears include a fear of having to repeat cancer treatment, losing control of your life, or facing death.

Join a support group or mentorship program

Support groups offer the chance to share feelings and fears with others who understand, as well as to exchange practical information and helpful suggestions.

Adopt a healthy lifestyle

- ◊ Eating a well-balanced diet, exercising regularly, and getting enough sleep helps you feel better physically and emotionally.
- ◊ Adopting a healthy lifestyle will also lower your chances of developing other health problems.

Reduce stress

- ◊ Finding ways to lower your stress will help lower your overall level of anxiety.
- ◊ Experiment with different ways of reducing stress to find out what works best for you.
- ◊ Despite your best efforts to stay well, you may find yourself overwhelmed by fear or recurrent thoughts of illness. If in doubt, talk with your doctor or nurse and consider a referral for counseling.

Consider counseling

It can help with:

- ◊ Being worried or anxious most of the time.
- ◊ Connecting with your partner due to ongoing side effects from treatment.
- ◊ Feeling hopeless about your future.
- ◊ Having trouble sleeping or eating well.
- ◊ Not participating in activities you used to enjoy.
- ◊ Having trouble concentrating or making decisions.
- ◊ Being unusually forgetful.

Mental health support

Sometimes the best medicine is to talk to someone else who has gone through what you are facing. Many prostate cancer survivors find invaluable information and perspective from others who have "been there."

Source: https://zerocancer.org/stay-informed/mental-health-support-resources-prostate-cancer

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Surveillance is an Effective Way to Manage Some Types of Prostate Cancer, New Study Finds

Instead of treatment, some people with prostate cancer opt for active surveillance.

- ◊ Active surveillance of prostate cancer in low-risk patients is an effective disease management protocol.
- ◊ Results from the Canary PASS study show good health outcomes among patients taking part in active surveillance over nearly 10 years of follow-up.
- ◊ Prostate cancer is frequently slow-growing, leading to unnecessary treatment and medical costs.

For individuals with low-risk prostate cancer, an active surveillance model of care could be just as effective for long-term health outcomes as surgery.

The Canary PASS study, led by researchers from the Fred Hutch Cancer Center, looked at the health outcomes of prostate cancer patients following an active surveillance protocol, which utilizes biopsies, prostate-specific antigen (PSA) testingTrusted Source, and other screening methods to track cancer growth.

The goal of the protocol is to maintain beneficial health outcomes, while also mitigating potential overtreatment of indolent (slow growing) prostate cancer.

The findings were published May 30th in JAMA.

"Our study showed that using active surveillance that includes regular PSA exams and prostate biopsies is a safe and effective management strategy for favorable risk prostate cancer," Lisa Newcomb, PhD, Deputy Director of Canary PASS at Fred Hutch Cancer Center, and first author of the study, told Healthline.

Half of patients using surveillance did not have cancer progression

The Canary Pass trial shows the effectiveness of the active surveillance protocol in the real world.

The study was conducted with more than 2,300 patients across 10 treatment centers in North America. Patients were recruited between 2008 and 2022, with an average follow-up period of 7 years. The majority were white (83%), while a small proportion were Black (7%).

Researchers found that using the protocol effectively managed the cancer and reduced overtreatment.

Ten years after an initial diagnosis, nearly half (49%) of all participants did not experience cancer progression, nor did they receive treatment. Within the entire cohort, less than 2% developed metastatic cancer. Less than 1% of patients died from the disease.

"It's nice to see a longer follow-up, which is presented here. That really just reassures those of us in prostate cancer that we're very much on the right track of not immediately treating low-grade prostate cancer," Geoffrey Sonn, MD, an Associate Professor of Urology at Stanford Medicine who wasn't affiliated with the research, told Healthline.

Lorelei Mucci, MPH, ScD, Director of Strategic Research Partnerships at the American Cancer Society, told Healthline, "All of this together is providing incredibly important outcome information that will be really useful both for patients and clinicians in making decisions about clinical care and prostate cancer." Mucci wasn't involved in the research.

What is active surveillance of prostate cancer?

Active surveillance of prostate cancer is a means of monitoring cancer growth in low-risk patients. Doctors use a variety of tests and diagnostics at their disposal to keep tabs on the cancer and determine if the patient should undergo treatment to remove the cancer.

However, there is no standard for what constitutes active surveillance in terms of how frequently a patient should be undergoing testing. One of the strengths of the Canary PASS protocol is that it establishes a clear testing schedule.

"What this field of active surveillance has needed, which this study has done, is to provide a very clear protocol of what you should do and when. It's a very structured protocol, and what it shows is you can apply this protocol well across these 10 sites, patients and their clinical team, and have high adherence," said Mucci.

The Canary Pass protocol involves PSA testing, prostate biopsy, and other optional tests including and biomarker tests.

- ◊ PSA testing was initially conducted every 3 months. However the protocol changed in 2020; it is now recommended every 6 months.
- ◊ Prostate biopsies took place at 6 months, then again at 1 year after diagnosis. After the first two years, the frequency of biopsies drops to once every two years.
- ◊ MRI and biomarker tests are considered optional to the protocol and can be performed at the doctor's discretion.

"The most important biopsy is the one within a year after diagnosis, often called a 'confirmatory biopsy.' Some clinicians do not consider a patient being on active surveillance until after

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the confirmatory biopsy, yet a few studies have shown that as many as half of people diagnosed with low-risk cancer do not receive a confirmatory biopsy," said Newcomb.

Rethinking prostate cancer treatment
Prostate cancer is second only to skin cancer as the most common form of cancer among men. It is also the second-leading cancer death for men, behind lung cancer. About 1 in 8 men will be diagnosed with prostate cancer during their lifetime.

However, prostate cancer is frequently slow-growing, so slow in fact that it may never require treatment during a patient's lifetime.

"Prostate cancer is an interesting cancer and somewhat unique among malignancies because there's so much variability in the type of cancer that patients have," said Mucci.

The cost of unnecessary treatment, both in dollars and in risk to patients, has become a much larger part of the discussion around prostate cancer screening in recent years.

Screening guidelines remain a complex issue. Both the American Cancer Society and the US Preventive Services Task Force both recommend discussing screening tests with a doctor between the ages of 50-55.

"I hope that both patients and their doctors are reassured that favorable risk cancer does not need to be treated right away. I hope that our results increase the national acceptance of active surveillance instead of immediate treatment for prostate cancer," said Newcomb.

The bottom line

For patients with low-grade prostate cancer, active surveillance is effective for management of the disease.

Active surveillance utilizes a variety of tests to determine cancer growth and to determine if a therapy, such as surgery, is needed.

For slow-growing prostate cancer active surveillance may reduce unnecessary treatments and costs.

May 30, 2024

Written By Gigen Mammoser

Edited By Gillian Mohney

Fact Checked By Kevin Cyr, MD

Source: https://www.healthline.com/health-news/surveillance-is-an-effective-way-to-manage-some-types-of-prostate-cancer-new-study-finds#What-is-active-surveillance-of-prostate-cancer?

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Studies improving care for prostate cancer patients, worldwide

Hamilton Health Sciences (HHS) researcher Dr. Gregory Pond is the lead statistician and co-investigator for two clinical trials that are transforming the way prostate cancer is managed, worldwide. Both multi-centre studies used magnetic resonance imaging (MRI) to improve the diagnosis and treatment for men going through a prostate cancer diagnosis.

MRI uses a powerful magnet and radiofrequency waves to make cross-sectional images that can show cancer missed by other tests. It can help identify the size and location of cancer and whether it has spread, and can help specialists plan treatments such as radiation therapy.

"This work is changing the diagnostic pathway, worldwide, for all men suspected of having prostate cancer." — Dr. Gregory Pond.

The first study, called ASIST, ran from 2010 to 2015. It studied whether MRI found additional high-risk cancers when used in addition to the standard-of-care systematic biopsy, where 10 to 12 tissue samples are taken from random places in the prostate to check for cancer.

Due to the positive results observed in ASIST, a second study, called PRECISE, ran from 2015 to 2017. It studied whether MRI could determine if a biopsy was actually needed.

Improving how prostate cancer is diagnosed

One in eight men will be diagnosed with prostate cancer in their lifetime, making it the most common cancer to affect men in Canada, according to the Canadian Cancer Society.

Suspected cases of prostate cancer are typically identified through a prostate-specific antigen (PSA) blood test or rectal exam by a family doctor. In Canada and many parts of the world, a systematic biopsy — where 10 to 12 random tissue samples are taken using a needle and sent to a lab to testing and identification — is the standard of care for helping to diagnose prostate cancer.

Systematic biopsies are done using ultrasound to help guide where to take tissue samples from. Ultrasound uses sound waves to produce images, which can provide important information when diagnosing diseases like cancer.

"A biopsy is a very invasive procedure, and because these 10 to 12 samples are taken randomly, there's still a risk of missing cancer," says Pond, director of the Escarpment Cancer Research Institute (ECRI), a joint institute of HHS and McMaster University. Based at HHS Juravinski Hospital and Cancer Centre (JHCC), ECRI's work focuses on research that has an impact on patient outcomes.

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Biopsies can cause side effects including rectal bleeding, blood in the semen or urine, difficulty urinating, and infection including potentially-deadly sepsis in rare cases.

The ASIST and PRECISE studies are playing a major role in changing the pathway for these patients for the better, says Pond, who is also an associate director of the Ontario Clinical Oncology Group (OCOG) based at JHCC, which ran and sponsored both the ASIST and PRECISE trials.

""Dr. Pond's outstanding work as lead statistician and co-investigator for these trials is improving patient care and transforming how prostate cancer is managed, globally." — Dr. Marc Jeschke, vice president of research and chief scientific officer for HHS.

Running these trials required a large team at OCOG, says Pond, who is also a professor in the oncology department at McMaster and an Ontario Institute for Cancer Research (OICR) investigator. OICR is a cancer research and development institute dedicated to the prevention, early detection, diagnosis and treatment of cancer, with members across the province including in Hamilton.

Supporting academic research

Clinical trials are often funded by drug companies to test new medications. With no new drugs involved in the ASIST or PRECISE trials, there was no financial incentive for a drug company to get involved.

"That's why these two studies really showcase the importance of having a group like OCOG to run trials," says Pond. "These trials were completely academic, with the only incentive being to improve care for patients. In this case, there's also a cost savings for government, but the ultimate goal was to help patients. These studies are excellent examples of why it's so important to support academic research."

ASIST-ing in finding the best pathway

ASIST was a randomized clinical trial involving 273 patients with prostate cancer. It aimed to determine whether using MRI in addition to a systematic biopsy guided by ultrasound could detect prostate cancer that was at risk of developing into aggressive disease at a different rate than when using ultrasound-guided biopsy process alone.

The study's findings showed that MRI could potentially be used to help decide which patients would benefit from aggressive treatment versus which patients would be better suited for regular monitoring, since many prostate cancers aren't aggressive.

PRECISE change for the better

PRECISE was a randomized clinical trial involving 453 men. It used MRI to determine that not all men suspected of having prostate cancer need to undergo a biopsy. In addition, using an MRI allowed for two to four tissue samples to be targeted, instead of 10 to 12 random tissue samples, meaning they were taken from areas that MRI identified as appearing cancerous. This targeted approach means that even in patients who do need a biopsy, it is less invasive, allowing for a faster recovery and fewer side effects.

As well as improving the ability to identify which men had high-risk disease, the study also helped lower-risk patients avoid radical treatment.

"This work is changing the diagnostic pathway, worldwide, for all men suspected of having prostate cancer," says Pond.

Seventy-nine patients in this study, or 37 per cent, avoided a biopsy by first having MRI to check for signs of cancer and determine if a biopsy was needed.

"By providing MRI first, only those men who need a biopsy receive it," says Pond. "It's basically a win-win because we're picking up the same amount of cancers as the systematic biopsy using ultrasound, but by doing the MRI first it's safer, less invasive and more cost effective for the health-care system. Both studies have absolutely changed practice, and will continue to change practice worldwide."

"These studies exemplify the cutting-edge research happening in Hamilton," says Dr. Marc Jeschke, vice president of research and chief scientific officer for HHS. "Dr. Pond's outstanding work as lead statistician and co-investigator for these trials is improving patient care and transforming how prostate cancer is managed, globally.

When the PRECISE study ended in 2019, researchers continued with a long-term evaluation, to see if over the following eight years there will be any change in the amount of cancer picked up. "After two years there was no change, but we're continuing to monitor this over the long-term," says Pond.

Cancer remains the leading cause of death in Canada. Today, there are 1.5 million Canadians living with and beyond cancer.

MARCH 11, 2024
OUR PEOPLE, STORIES

Source: www.hamiltonhealthsciences.ca/share/prostate-cancer-clinical-trials

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FUTURE MEETINGS 2024

17 July 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"

21 Aug TBA

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