Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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99% of Men Survive Early Prostate Cancer, Even if They Skip Treatment: Study

There are three options for men diagnosed with prostate cancer: the scalpel, radiation, or the hands-off approach. It's a difficult decision, and experts have consistently said there is no right answer.

However, a new British-based study published Wednesday in the New England Journal of Medicine suggests it may not matter which you choose since the risk of dying after 10 years is the same - about one per cent.

"There's been no hard evidence that treating early disease makes a difference," said the study's chief investigator Dr. Freddie Hamdy of the University of Oxford in an interview with The Associated Press.

Prostate Cancer is the most common form of the disease among Canadian men, according to the Canadian Cancer Society, representing 24 per cent of all new cases in 2015.

However, its high survival rate leaves many confused about how to approach treatment. Surgeons have long argued with radiologists about which proactive approach is most effective, but there is growing support for simply monitoring the disease in its early stage, since growth tends to be very slow and prostates naturally enlarge as men grow older.

"Our aggressive approach to screening and treating has resulted in more than one million American men getting needless treatment," said Dr. Otis Brawley, chief medical officer for the American Cancer Society in an

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Medical Advisors

Paul Daeninck M.D.
Medical Oncologist

Darrel Drachenberg
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Graham Glezerson
M.D. Urologist

Ross MacMahon
M.D. Urologist

John Milner
M.D. Urologist

Jeff Sisler M.D.
Family Practitioner

Thanks!

Nov. 17 Party Time with musician Kirk Leavesley

Enjoy a pot luck smorgasbord, coffee and conversation to go with the musical entertainment

Location: Cindy Klassen Recreation Complex at 999 Sargent Avenue

Time: 7 – 9 pm.
Everyone Welcome

~ ***December*** *- No Meeting / No Newsletter* ~

The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians.

MPCSG – active since 1992.

Thought of The Day

" If had a dollar for every girl that found me unattractive, they'd eventually find me very attractive."

(Continued from page 1)
interview with AP.

He was not involved with the study, but welcomes the results, noting that the utter shock of a cancer diagnosis often pushes people towards the most intrusive treatments.

"It's a challenging process to explain to people that certain cancers just don't need to be treated," he said.

The study involved more than 8,200 men in the United Kingdom between 50 and 69 who were tested for prostate specific antigen. High level can be a red flag for prostate cancer, but can also signal natural growth with age.

Of the men diagnosed with early prostate cancer, 1,643 agreed to be randomly assigned surgery, radiation, or active monitoring.

Those who chose the active monitoring approach had their blood tested every three to six months, spoke with councillors, and discussed switching to proactive treatment if their condition worsened.

Researchers found the rate of survival was consistent across all three groups -- 99 per cent. However, more men in the active monitoring group saw their cancers worsen - 112 versus 46 given surgery and 46 given radiation. Radiation and surgery yielded significant side effects, especially urinary, bowel or sexual problems.

The study's authors were careful to caution that their findings can only be applied to 10 years after a patient's initial diagnosis. Meaning, differences in survival rates could emerge after 15 years or 20 years for example.

While the British study, which was paid for by the country's National Institute for Health Research, has proven that large scale randomized treatment trails can be achieved, the finding are still highly controversial.

Doctors Christopher Wallis and Robert Nam of the University of Toronto published a rebuttal Wednesday, saying the findings of the British study "raise more questions than answers" and the methodology was "clearly underpowered to evaluate the primary outcome of prostate-cancer specific mortality."

"The conclusions of the primary analysis are based on a total of 17 (17!!) deaths," wrote Wallis and Nam.

They also note that 77 per cent of the men tested had a Gleason score of six, indicating low-grade prostate cancer better suited to active surveillance rather than active therapy.

"Clinically meaningful decisions between surgery and radiotherapy are in the realm of treatment of intermediate and high-risk localized prostate cancer and these comprise a small group in this study," said the U of T doctors.

Wallis and Nam conclude this means the vast majority of those tested were unlikely to experience major prostate growth when they were tested after a decade.

They also point out the British study proves the effectiveness of radiation and surgery since the findings reveal "significantly higher rates of progression, metastasis, and prostate cancer specific mortality for patients treated on the surveillance program as compared to those treated actively."

Jeff Lagerquist, CTVNews.ca Staff
Wednesday, September 14, 2016

http://www.ctvnews.ca/health/health-headlines/99-of-men-survive-early-prostate-cancer-even-if-they-skip-treatment-study-1.3072852

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New Study Confirms Need For 'Active Surveillance' of Prostate Cancer

As a physician and surgeon who has researched and treated men with prostate cancer for more than 20 years, I read with great interest a new study published last week in the New England Journal of Medicine, which set out to answer the question of what happens to men after a PSA test finds prostate cancer.

The British study, which tracked patients for a decade, showed that approximately 99 per cent of the men with cancer survived regardless of their course of treatment, which included one of three options: radiation, radical prostatectomy (removal of the prostate gland) or active monitoring, which involved redoing PSA tests to monitor for changes.

At first blush, this information may indicate that the least-invasive route – active monitoring – is the best choice for men who are newly diagnosed, but I firmly believe that this interpretation is potentially dangerous. First, a diagnosis of prostate cancer should not be taken lightly; this disease is a major killer. Prostate cancer is the third most common cause of cancer deaths in Canadian men. Without treatment, 4 per cent of all males would die of the disease, a death that typically arises from painful bone cancer.

We have known for almost a century that prostate cancer, when detected early, is a long and protracted condition. It is not like brain or lung cancer where, if not treated, patients

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die within months. Localized prostate cancer usually kills within a 12-to-30-year window. Although it seems strange to think that a cancer can move so slowly, in fact, many cancers of the breast and thyroid gland are the same. As such, we need to think of localized prostate cancer as similar to other chronic conditions, such as diabetes or high blood pressure.

The most important statistic needed for intelligent decision making by men with newly diagnosed prostate cancer is not yet known, since the study has only tracked patients for a decade. It is the 10-to-25-year survival rate that will better allow men and their physicians to make rational choices. Although this may sound irrelevant for a 75-year-old male, it certainly is not for many 45-to-70-year-old men – the men who should be tested and treated – who are desirous of living well into their 80s and 90s.

In my mind, the early hints of information in the New England Journal paper support the currently practised Canadian paradigm, which is called "active surveillance," where patients with very low-risk disease are monitored as well as given periodic biopsies. That is very different from the active monitoring referred to in the British study, which involved monitoring PSA levels only and did not require repeat biopsies.

We ought to pay attention to the twofold to threefold increase in metastatic disease that was reported among the men who were randomly selected to be part of the active monitoring (no treatment) group. These men will virtually all die of prostate cancer and be subjected to worse side effects than the need for adult diapers. Clearly, it will take at least 10 more years of follow up from this study to learn if we are, over all, helping or harming men's health.

I must also add that the quality-of-life loss (urinary leakage/erectile dysfunction) as experienced by British study participants is simply not the modern Canadian one. I have personally performed 3,000 prostate surgeries and have tracked my outcomes systematically (as well as those of my close colleagues) and the risk of wearing adult diapers is about 5 per cent. Erectile trouble is more prevalent (although much lower than in the British experience) but men are informed of this and make logical decisions based upon their philosophy about health and quality of life. In a similar vein, high-blood-pressure drugs save some patients' lives, but their benefits are not apparent sometimes for many years. They also cause erectile dysfunction. Should we stop using them?

The authors of the British study deserve credit in conducting such a challenging study. Canadian investigators (including yours truly) failed in convincing men to take part in a similarly designed trial. So what are we to do over the next 10 years while the data trickle in? For one, I would advise against "active monitoring" as defined in the New England Journal paper. Instead, patients should talk with experts in the field who are well versed in the prostate cancer literature. Having a man choose to simply monitor certain prostate cancers can render a curable cancer incurable. Period.

In summary, the early signals in this paper point toward the need for treating men with aggressive tumours and monitoring those with very low-risk disease. This practice has been the norm in Canada for more than 10 years.

Dr. Fleshner is a uro-oncologic surgeon and professor and chairman of urology at the University of Toronto. He holds the Love Chair in prostate cancer prevention at the Princess Margaret Cancer Centre.

NEIL FLESHNER The Globe and Mail
Monday, Oct. 03, 2016

http://www.theglobeandmail.com/life/health-and-fitness/health-advisor/new-study-confirms-need-for-active-surveillance-of-prostate-cancer/article32211610/

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CHRISTMAS IS JUST AROUND THE CORNER …….

and this signals the end of the 2016 tax year.
If you are planning to make a donation to our Support Group, please do so soon.
That way, Al, our Treasurer, will have time to issue your tax receipt
before December 31st.
Please act soon, because Al gets very busy cooking his Christmas turkey in December!
The Board would like to extend the best of the Season
and a Happy New Year to all.

Saturated And Unsaturated Dietary Fats And Risk For Aggressive Prostate Cancer

A newly published article in Prostate Cancer and Prostatic Diseases has (potentially) expanded our understanding of the role of saturated fats in men's diets and consequent risk for diagnosis with aggressive forms of prostate cancer.

This new paper by Allott et al. is based on data from the North Carolina-Louisiana Prostate Cancer Project, which was funded by the Prostate Cancer Research Program of the Department of Defense's Congressionally Directed Medical Research Programs. The full text of this paper is available on line, and the paper is also discussed in a commentary on the Medscape web site.

It has long been suspected that diets high in certain types of dietary fat are associated with an increased risk for prostate cancer. A great deal of evidence supports the idea that cholesterol has a role in the development and progression of prostate cancer. And we know that saturated fat content in the diet has an impact on cholesterol levels. However, to date, there is no absolute proof that eating any one particular type of dietary fat is linked to risk for more aggressive forms of prostate cancer.

Allott et al. started from the hypothesis that:

> *high saturated fat intake would be associated with increased [prostate cancer] aggressiveness, and that statin use would modify this association.*

First of all, they looked at the 1,854 cases of men with prostate cancer identified in the course of the North Carolina-Louisiana Prostate Cancer Project and found that

- 321 cases (17 percent) were classified as highly aggressive (i.e. Gleason score ≥ 8, PSA > 20 ng/ml) or Gleason score ≥ 7 and clinical stage T3-4)
- 1,533 cases (83 percent) were classified as low/intermediate aggressive

Then, using the low/intermediate aggressive case subset as the referent group, they looked to see whether there were any meaningful associations between tertiles of total fat-adjusted saturated fat intake and highly aggressive prostate cancer, both overall and stratified by race and statin use.

Here is what they found:

- High total fat-adjusted saturated fat intake was associated with
  - An elevated odds ratio (OR) for aggressive prostate cancer overall (ORT3vsT1 = 1.51; P-trend = 0.009)
  - An attenuated association in statin users (ORT3vsT1 = 1.16; P-trend = 0.661) compared with non-users (ORT3vsT1 = 1.71; P-trend = 0.053)
- High total fat-adjusted cholesterol intake was associated with
  - An elevated OR for aggressive PC in European Americans (ORT3vsT1 = 1.62; P-trend = 0.056)
  - NO elevated OR for African Americans (ORT3vsT1 = 0.92; P-trend = 0.750).
- High total fat-adjusted polyunsaturated fatty acid intake was inversely associated with prostate cancer aggressiveness (ORT3vsT1 = 0.75) but this was not significant.
- There were no associations found between total fat-adjusted mono-unsaturated fatty acid or trans-fat intake and prostate cancer aggressiveness.

As a consequence, Allott et al. concluded that:

> High total fat-adjusted saturated fat intake was associated with increased [prostate cancer] aggressiveness, with a suggestion of a stronger effect in men not using statins. The association between total fat-adjusted cholesterol intake and [prostate cancer] aggressiveness was most pronounced in European Americans.

But in the commentary on the Medscape web site, Dr. Allott is also quoted as stating that:

> Our findings suggest that limiting dietary intake of saturated fat, clearly important for cardiovascular disease prevention, may also have a role in aggressive prostate cancer prevention.

Pao-Hwa Lin, PhD, of Duke University Medical Center, another expert in this field (but one who was not involved in the study) confirmed that

> The study supports a role of saturated fat in prostate cancer progression. However, this study is

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still observational in nature and thus cannot provide [a] definitive conclusion.

Future studies will therefore be needed to confirm that high total fat intake and a dietary fat composition higher in saturated fat really are more strongly associated with prostate cancer aggressiveness in European Americans compared to African Americans, and that cholesterol is associated with higher prostate cancer aggressiveness only in European Americans.

October 14, 2016

https://prostatecancerinfolink.net/2016/10/14/saturated-and-unsaturated-dietary-fats-and-risk-for-aggressive-prostate-cancer/

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This Prostate Cancer Therapy May Up Dementia Risk

Study found chances doubled, but did not prove androgen deprivation caused damage to brain

The risk of dementia might be doubled for prostate cancer patients who are treated with testosterone-lowering drugs, a new study suggests.

Men who underwent androgen-deprivation therapy (ADT) had close to an 8 percent risk of developing dementia within five years of treatment, compared with a 3.5 percent risk for prostate cancer patients who didn't receive the therapy, researchers discovered.

"People who got ADT in our study had twice the risk of developing dementia, compared to people who didn't," said lead researcher Dr. Kevin Nead. He is a radiation oncology resident at the University of Pennsylvania who conducted the research while at Stanford University in California.

But, the study only found an association between ADT and dementia risk, not cause and effect. And men undergoing androgen therapy shouldn't stop the treatment based on these findings, the researchers said, because more studies are needed to verify this potential link.

Testosterone can promote the growth of prostate cancer, so one treatment option involves using drugs to reduce blood levels of male hormones, or androgens, the study authors explained in background information.

Even so, there's a good chance your doctor will pursue a course of "watchful waiting" rather than androgen-deprivation therapy, surgery or some other treatment, the researchers noted.

The number of low-risk patients who didn't undergo any treatment jumped from 7 percent in 1990-2009 to 40 percent in 2010-2013, according to a 2015 study. That increase has been linked to research that has questioned the predictive value of the prostate-specific antigen (PSA) test in prostate cancer patients.

Androgen-deprivation therapy has been around since the 1940s, and its use has increased in recent decades, the researchers added. About 500,000 men receive the therapy for prostate cancer in the United States, and about half of all prostate cancer patients in industrialized nations will undergo it during their lifetime.

Unfortunately, evidence is mounting that low testosterone levels may also have negative consequences for the brain, Nead said.

"There's a lot of research on low testosterone and negative effects on cognitive [brain] health, and associations with specific types of dementia," he said.

To investigate this potential link, Nead and his colleagues analyzed data for slightly over 9,200 men with prostate cancer.

Of those men, 1,826 received androgen-deprivation therapy. Researchers discovered those men were more likely to be diagnosed with dementia during a five-year follow-up period.

"We found that after diagnosis, individuals with prostate cancer treated with androgen-deprivation therapy had a significantly increased risk of developing dementia, compared to people who didn't get it," Nead said.

But, the picture might be more complex, with factors other than androgen therapy boosting dementia risk, said Heather Snyder, senior director of medical and scientific operations for the Alzheimer's Association.

For instance, men may be treated with androgen-deprivation therapy because they aren't eligible for surgery due to heart problems caused by partially blocked arteries, Snyder said. That can increase their risk for stroke and

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other circulatory system problems that contribute to dementia.

"I think it's important to recognize you might have this selection bias with patients who do go on to receive this treatment," she said.

Androgens play a complex role in the brain, and there are several theories that could explain why low levels of androgens might increase dementia risk, Snyder and Nead said.

"There's this understanding that throughout our lives, our hormone levels are going to fluctuate," Snyder said. "What that does to our overall brain health is an open question."

For example, androgens are believed to be very important for neuron [brain cell] health, Nead said.

"In the brain, the ability of neurons to repair themselves and not die off, those are at least partially regulated by androgens," he said. "A very reasonable theory would be if you don't have those androgens around to have that protective effect, you would be more susceptible to developing dementia."

Low testosterone levels also have been associated with increased risk of micro-strokes in the brain, which can contribute to dementia, Nead added.

But if you're undergoing androgen therapy, you shouldn't stop your treatment based on these new findings, Nead and Snyder said, because follow-up studies are needed to confirm this potential link.

"We certainly wouldn't recommend changes in clinical care based on this study," Nead said.

The study was published online Oct. 13 in the journal JAMA Oncology.

SOURCES: Kevin Nead, M.D., radiation oncology resident, University of Pennsylvania, Philadelphia; Heather Snyder, Ph.D., senior director, medical and scientific operations, Alzheimer's Association; Oct. 13, 2016, JAMA Oncology, online

By Dennis Thompson HealthDay Reporter

THURSDAY, Oct. 13, 2016

WebMD News from HealthDay

http://www.webmd.com/prostate-cancer/news/20161013/can-hormonal-rx-for-prostate-cancer-raise-dementia-risk

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We appreciate the kindness of your donation.

Recognizing our Membership

The Manitoba Prostate Cancer Support Group Board would like to say a special "Thank-you" to the many individual members that have given donations to us in 2016. We are grateful that you have chosen to assist us with our work in helping those with prostate cancer. We specifically want to recognize your very generous donations and let you know they are sincerely appreciated.

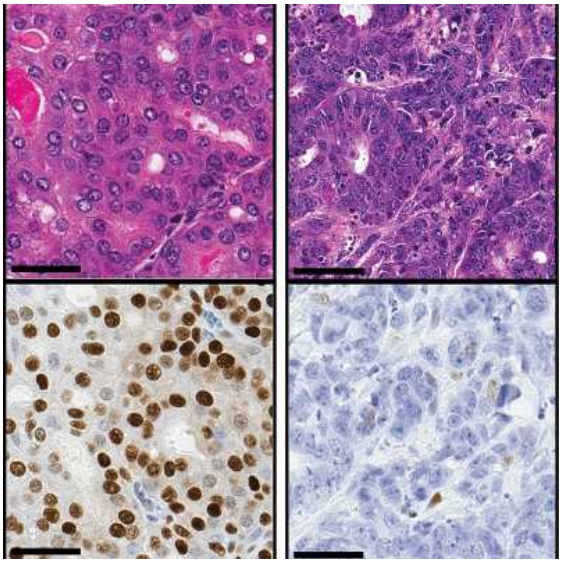
Thank-you so very much.

Gene That Drives Aggressive Prostate Cancer Identified

Prostate cancer is the second most common cancer in men, behind skin cancer. Approximately 15 percent of men in the United States will be diagnosed with the disease at some point in their lives. Most prostate cancers are a type called adenocarcinoma, which develops in the gland cells in the prostate. These cancers are regulated by male hormones called androgens. Advanced adenocarcinoma of the prostate is treated with drugs that cut off the supply of androgens. This is typically effective in slowing the growth of the cancer, but these tumors are increasingly becoming resistant to androgen-blocking treatment and progressing to a more aggressive disease called neuroendocrine prostate cancer.

"The neuroendocrine type of prostate cancer is much more aggressive, with a much shorter survival time compared to prostate adenocarcinoma," said Dr. David Rickman, assistant professor of pathology and laboratory medicine at Weill Cornell Medicine. "And it is becoming increasingly recognized. There is a huge clinical need to figure out what drives its development so that we can figure out how to best treat it."

In a paper published Oct. 10 in Cancer Cell, Rickman, along with colleagues at Weill Cornell Medicine, the University of Trento in Italy, Memorial Sloan Kettering Cancer Center and the University of Würzburg in Germany, has identified a gene that appears to regulate the change from prostate adenocarcinoma to neuroendocrine prostate cancer. This gene, called N-Myc, is not typically found in prostate cancers, but is known to drive some other cancers, including neuroblastoma, a rare cancer of the nervous system that occurs in children.



Drs. David Rickman and Brian Robinson/Weill Cornell Medicine

Photomicrograph images of a tumor region (left top and bottom) showing a common form of prostate cancer (adenocarcinoma) and another tumor region (right top and bottom) showing a lethal form of prostate cancer (neuroendocrine prostate cancer) from a mouse genetically engineered to over-express N-Myc in the prostate. The common form expresses the hormone receptor protein known as the androgen receptor (brown nuclei, left bottom) whereas the lethal form does not express the androgen receptor.

An overactive gene appears to cause some prostate cancers to transform from a typical tumor type to a much more aggressive form of the disease, according to new research at Weill Cornell Medicine.

The researchers studied N-Myc in mice and in samples of tumors from patients. When they caused the gene to overexpress, or become overactive in the mouse prostates, prostate adenocarcinoma progressed to neuroendocrine prostate cancer. In addition, they found that N-Myc recruits a protein called EZH2, which participates in the change to more aggressive cancer. Together, N-Myc and EZH2 shut off the tumor's androgen signaling and turn on the molecular program associated with neuroendocrine prostate cancer. "This makes the cancer impervious to androgen-blocking drugs," Rickman said. "The cancer has found a way to work around the medications designed to destroy it."

The findings may help investigators develop a more effective way to treat advanced prostate cancers. In particular, drugs that target the protein EZH2 – currently in clinical trials to treat other cancers – could be studied for their use in prostate cancer. "We found that if we block EZH2 in our models, we also block N-Myc's ability to drive prostate cancer growth toward this more dangerous cancer subtype," Rickman said. "These findings give us an exciting new direction in treating this cancer."

The Prostate Cancer Foundation supported the study through a Janssen-PCF Challenge Award, which funds research conducted by cross-disciplinary teams.

"This is game-changing discovery in our field," said Dr. Jonathan W. Simons, president and CEO of the Prostate Cancer Foundation. "By identifying new molecular drivers of the most aggressive forms of prostate cancer, we can enable new strategies for targeted pharmacology research and development that could lead to durable remissions. Through development of new NEPC models, Rickman and his team have identified a population of patients that may respond to a new investigational treatment."

By Geri Clark Oct. 10, 2016

Geri Clark is a freelance writer for Weill Cornell Medicine.

http://www.news.cornell.edu/stories/2016/10/gene-drives-aggressive-prostate-cancer-identified

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2016 MEETINGS

November 17, 2016 Party Time
with musician Kirk Leavesley
Pizza, Cookies, Coffee and Conversation

December, 2016 *No Meeting. No Newsletter.*

January 19, 2017. Dr. Sabine Mai, (Sr. Investigator, Manitoba Institute of Cell Biology"; Director, The Genomic Center for Cancer Research and Diagnosis)
" Prostate Cancer Research "

February 16, 2017. Pamela Klassen
(Registered Dietician, Cancercare Manitoba)
" Fact, Fiction and Opinion:
Understanding Nutrition and Prostate Cancer "

All meetings (except September)
will be held at :
Cindy Klassen Recreation Complex
at 999 Sargent Avenue

All meetings are 7 – 9 pm.
Everyone Welcome

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