

Improving The Way We Assign Prostate Cancer Treatment

Prostate cancer is the most common cancer among men in Europe. Every year around 5000 men in Norway are diagnosed with the disease.

Many different types of prostate cancer cannot be distinguished yet.

Researchers have lacked the diagnostic tools to accurately differentiate the aggressive forms from the less aggressive types.

Some patients require aggressive treatment of the disease, but this isn't always necessary. The inability to

assess the extent of the cancer leads to many people being overtreated and subsequent suffering from unnecessary ailments.

A Trondheim-based research group at the Norwegian University of Science and Technology (NTNU) wants to do something about this. Researcher May-Britt Tessem is heading up the team, which is affiliated with the MR Cancer Group at NTNU's Department of Circulation and Medical Imaging.

The European Research Council,

affiliated with the EU, is so impressed with the work of the Tessem Group that Tessem has been awarded a prestigious European Research Council (ERC) Starting Grant for her research on prostate cancer.

Distinguishing high-risk cancer forms

Tessem is conducting basic research on prostate cancer. The research group is working on MR prostate imaging.

(Continued on page 2)

Medical Advisors

Paul Daeninck M.D.
Medical Oncologist

Darrel Drachenberg
M.D. Urologist

Arbind Dubey M.D.
Radiation Oncologist

Thanks!

Next Meeting:

Oct-19 Dr. Mary Shariff
Faculty of Law, U of M

Topic: "Health care directive....what it is and why you need it"

Location: Cindy Klassen Recreation Complex
at 999 Sargent Avenue

Time: 7 – 9 pm.

Free Admission Everyone Welcome



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.

MPCSG – active since 1992.

Thought of The Day
Money is the root of all wealth.

(Continued from page 1)

The group wants to find clinical diagnostic markers that can help prevent overtreatment with its attendant side effects and reduced quality of life. At the same time, the researchers hope to identify the most high-risk cases.

To this end, Tessem and her colleagues aim to provide information about the molecular signature of each patient.

New technology

In the research project supported by the EU, Tessem is shifting from studying one type of cancer in a cell line to retrieving tissue from prostate cancer patients in major tissue biobanks.

"To do this, we'll be using new and groundbreaking imaging technology, called 'multi-omics technology'," she said .

Improving the way we assign prostate cancer treatment

May-Britt Tessem, a researcher at the Norwegian University of Science and Technology, is working with tissue samples from a range of well-established Norwegian biobanks in her quest to better understand prostate cancer. Credit: Geir Otto Johansen, St. Olavs Hospital, Trondheim

The new technology enables a three-dimensional overview of the tissue and what it consists of.

The technology will be used on one and the same tissue sample from around 1000 patients. These samples come from high quality biobanks at NTNU and St. Olavs Hospital: MR Biobank, Biobank 1 and MRI-Guided Biopsies.

On the path to a solution

Tessem's group is building on one of its recent discoveries. The group has detected two metabolic biomarkers, which are substances in the body that can be analyzed and that tell us something about the condition of the body.

These two particular biomarkers can reveal information about prostate cancer. The biomarkers appear to determine whether prostate cancer patients are likely to relapse after surgery, so they can be important markers for aggressive prostate cancer.

The markers can make it easier to detect the life-threatening types of prostate cancer that require fast and personalized treatment. These can be detected before receiving treatment in an MRI scanner.

This method could become an important path to developing new medications.

The British Journal of Cancer has accepted and will soon publish the

research group's findings.

Big consequences

The lack of good diagnostic tools has major consequences. Patient exams involve a risk of infection, which is particularly problematic in patients with antibiotic resistance.

Currently, even men with a non-life-threatening form of prostate cancer have their prostate removed, receive radiation treatment and become sterilized from hormone treatment. We know that prostate treatment leaves many patients with a greatly reduced quality of life and significant side effects such as incontinence, erectile dysfunction and depression - in some cases ending in suicide.

Preventing overtreatment is thus a very important aspect of the group's goals.

Tessem is the fourth NTNU researcher in the Horizon 2020 research programme to receive this kind of ERC Starting Grant, and the first female. The funding of EUR 1.5 million will be spread over five years.

Journal reference: British Journal of Cancer

Provided by: Norwegian University of Science and Technology

September 14, 2017

<https://medicalxpress.com/news/2017-09-assign-prostate-cancer-treatment.html>

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"Raising Awareness.....Spreading the Word"

The Manitoba Prostate Cancer Support Group works to increase education, awareness and support for the prostate cancer community. These services are provided through a variety of activities and are available without cost to the existing patient population as well as to the public at large.

Raising awareness is especially important to encourage more men, who may already have prostate cancer but don't yet know about it, to get checked.

Early detection makes all the difference in effecting a cure.

As part of our efforts to raise awareness our group provides speakers to community groups, as well as attending "health fairs" in shopping malls and the like.

If your group would like to have a speaker talk about prostate cancer contact board member Pat Feschuk (Special Events organizer; telephone 204-654-3898; or email at lizpat@shaw.ca) to make arrangements.

Pfizer, Astellas Prostate Cancer Drug Promising In Late-Stage Trial

(Reuters) - Pfizer Inc and Japan's Astellas Pharma Inc said on Thursday their blockbuster prostate cancer drug met the main goal of a key study that tested it for treating the disease in its early stages.

The positive data sets the stage for an earlier-than-expected approval of the drug, which is already cleared to treat metastatic castration-resistant prostate cancer (CRPC) - where the cancer has spread to other parts of the body.

Pfizer said the drug, Xtandi, in combination with an anti-hormone therapy, was statistically significant in improving survival in men with non-metastatic CRPC without their cancer spreading, compared with the standalone anti-hormone therapy.

Pfizer's shares were up 1.8 percent as an approval to expand the use of the drug could significantly boost sales.

"It increases the target market size by perhaps more than double," Evercore ISI analyst Umer Raffat said.

There is no FDA-approved treatment for non-metastatic CRPC, according to Deutsche Bank analysts.

The drug, which Pfizer gained access to after it bought Medivation in a \$14 billion deal last year, generated global sales of more than \$600 million in the April-June period.

Pfizer and Astellas jointly sell Xtandi in the United States, while Astellas owns the rights to develop and sell Xtandi outside the United States.



Analysts said the early success of the trial, which was originally set to be completed in 2019, validates Pfizer's decision to buy Medivation.

"(This) data will serve as an important catalyst for Xtandi, while also improving sentiment on the Medivation deal," Credit Suisse analysts wrote in a research note.

Pfizer is pinning its growth on approvals and success of 15 drugs, including Xtandi and breast cancer drug Ibrance, over the next five years.

Earlier this month, the U.S. Food and Drug Administration approved the company's Mylotarg for certain patients with acute myeloid leukemia, re-clearing a drug that had been pulled off the market in 2010.

The positive Xtandi trial comes three months after data showed Johnson & Johnson's rival drug, Zytiga, reduced chances of death for men newly diagnosed with high-risk prostate cancer that had spread to other parts of the body.

According to the American Cancer Society, more than 161,000 men are estimated to be diagnosed with prostate cancer this year in the United States.

Pfizer's shares were down 1.5 percent at \$35.60 in late morning trading on Thursday.

Reporting by Divya Grover and Tamara Mathias in Bengaluru; Editing by Savio D'Souza and Saumyadeb Chakrabarty

SEPTEMBER 14, 2017

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"To our online donors from Canada Helps.....thank you for your donations to the Manitoba Prostate Cancer Support Group. It's not possible for us to thank each of you personally, but rest assured that we truly appreciate your generosity. Your contribution makes a difference and helps us provide free support to those prostate cancer patients who want and need it. Every bit helps us to better serve our prostate cancer patient community. Thanks again."

*The Board,
Manitoba Prostate Cancer Support Group*

Fusion Guided Biopsy: Diagnosing Prostate Cancer with Pinpoint Accuracy

September 13, 2017—There is a new technology available that can help with both predicting prostate cancer aggressiveness and detecting prostate cancer. It's called fusion guided biopsy, and Valley–Mount Sinai Comprehensive Cancer Care is proud to offer the UroNav Fusion Biopsy System to its patients as an outpatient procedure.

“This targeted MRI/ultrasound biopsy is poised to become a new standard in prostate cancer screening,” explains Howard Frey, M.D., Medical Director, The Urologic Oncology Center, Valley–Mount Sinai Comprehensive Cancer Care. “The advanced technology will help us to more accurately diagnosis prostate cancer, which is the most common cancer among men after skin cancer.”

The UroNav Fusion Biopsy System fuses pre-biopsy MRI images of the prostate with ultrasound-guided biopsy images in real time to target suspicious areas for biopsy. This allows for a much more effective and precise prostate biopsy than the standard biopsy. “Prostate cancer can be hard to detect, because patients often do not have symptoms at the time of diagnosis. Deciding what to do about prostate cancer can be challenging, continues Dr. Frey. “It is important to distinguish between aggressive, potentially lethal prostate tumors, and those that are indolent and not life-threatening.”

In a standard biopsy, the tissue sampling is done via ultrasound, but there are no targeted areas. This can pose an issue if the prostate is enlarged because random sampling without a

target can miss an aggressive tumor, but find inconsequential non-aggressive prostate cancer that does not require treatment.

Fusion Biopsy greatly improves on the standard technique. First, a prostate MRI is obtained. If a suspicious area is identified, the result is fused with the live prostate ultrasound providing a target to biopsy. Thus a directed biopsy is obtained and is more likely to show an intermediate to aggressive cancer. The biopsy results are then utilized to guide patients in selecting an appropriate treatment modality.

http://www.valleyhealth.com/valley_newsdesc.aspx

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PSA Screening Lowers Mortality, Analysis of Clinical Trials Concludes

Prostate cancer screening using prostate-specific antigen (PSA) does reduce mortality in prostate cancer, according to a review that used a new approach to analyze data from large clinical trials.

The findings suggest that current recommendations, which advise against PSA-based screening, might need to be revised, researchers write in their report, which was published in the journal *Annals of Internal Medicine*.

Interestingly, the study, “Reconciling the Effects of Screening on Prostate Cancer Mortality in the ERSPC and PLCO Trials,” used the same source data that the U.S. Preventive Services Task Force (USPSTF) had employed to issue recommendations against screening.

The studies were the European Randomized Study of Screening for

Prostate Cancer (ERSPC; ISRCTN49127736) and the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial (PLCO; NCT00002540).

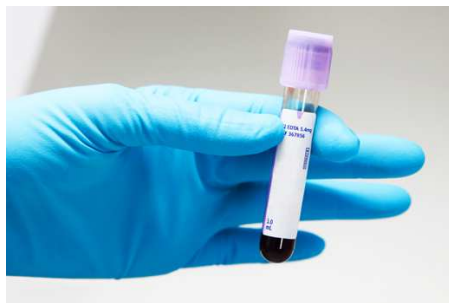
The ERSPC reported a 21 percent drop in prostate cancer mortality with screening, while the PLCO found no difference.

But researchers from the Fred Hutchinson Cancer Research Center in Seattle and the University of Michigan, among many others, noted that the studies differed in key factors, including study design and adherence.

For instance, the PLCO screened annually, while the ERSPC screened

participants every two to four years. The PLCO also had a higher PSA threshold for referring patients for a biopsy and stopped screening after six rounds, researchers said.

These and other factors made researchers conclude that the PLCO “compared the effects of an organized screening program versus opportunistic screening rather than screening versus no screening.”



To overcome these differences, the research team built a mathematical model that took these differences in “screening intensity” into account.

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Using the analysis they discovered that the PLCO control group had been exposed to more intensive screening than controls used in the ERSPC study.

Their analysis further showed that when differences were taken into account there was no difference in the outcome of screening between the trials, which, in fact, showed that screening was beneficial.

Screening was linked to a 7 percent to 9 percent decrease in risk of prostate cancer death for each year of the standardized screening measure.

This translated into estimates ranging between a 25 percent and 31 percent lower risk of death in screened patients in the ERSPC study, and between 27 percent and 32 percent in the PLCO intervention group, when compared with no screening.

Researchers argued that their study overcame the limitations of traditional statistical analyses, and might act to complement study results from the trial when the benefits and harms of screening are considered.

SEPTEMBER 7, 2017 Magdalena Kegel

<https://prostatecancernewstoday.com/2017/09/07/psa-screening-lowers-prostate-cancer-mortality-review-concludes/>

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Leaving Prostate Cancer Untreated Harms Mental Health

Men diagnosed with low-risk prostate cancer who decide against surgery or radiation therapy have better sexual function but can suffer psychologically, a long-term study has found.

A decade ago there was a greater tendency to treat men with low-risk prostate cancer with surgery or radiation. Nowadays, the data suggests about 50 per cent are put on active surveillance, says Associate Professor David Smith, Senior Research Fellow at Cancer Council NSW.



While the vast majority of men with low-risk prostate cancer will live to a “ripe old age” without treatment, new research shows for a proportion of men just knowing they have cancer can have an impact on their mental wellbeing.

“Compared to patients who received an active treatment, such as prostatectomy or radiation therapy, those who remained on active surveillance or watchful waiting for up to ten years had greater fear of cancer recurrence, distress, hyperarousal and cognitive avoidance,” Prof Smith said.

However these men did report fewer problems with urinary incontinence, and less sexual dysfunction, he said.

A study by Cancer Council NSW followed 340 men with low-risk prostate cancer for 10 years.

It found for the men who had treatment, 76 per cent experienced and reported sexual problems at 10 years. About 15 per cent reported urinary incontinence at 10 years.

The men who stayed on active surveillance – structured monitoring by a doctor – had

significantly lower urinary incontinence and significantly better sexual function.

However these men reported greater rates of depression and anxiety as well as sleep problems.

“We measured nine different domains that relate to psychological issues and four out of those nine the men experienced worse psychological issues,” Prof Smith said.

“Overall, our results suggest monitoring rather than actively treating men with low risk disease is better for long-term sexual health and reduced urinary leakage, but worse for long-term psychological outcomes.”

The bottom line, he said, is that men need to be aware if they are having

active surveillance that there are both benefits and costs.

“Active surveillance is a very appropriate treatment for many men with localised early stage prostate cancer but having a well-rounded picture about the positives and the negatives is important,” Prof Smith told AAP.

If a man does choose against active treatment, then the findings of this study suggest its important to provide them with adequate psychological support, he said.

“Doctors also should be aware that when they are putting men on active surveillance that it’s not just about treating the body, but there is also the potential to adequately counsel men to keep them safe and comfortable on that line of treatment,” Prof Smith told AAP.

“There are all sorts of psychological tools and support for men who might be experiencing issues relating to anxiety around their prostate cancer.”

Any man experiencing these issues is advised to speak with their doctor.

By: AAP September 13, 2017

<https://www.agedcareinsite.com.au/2017/09/leaving-prostate-cancer-untreated-harms-mental-health/>

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Two Treatments For Advanced Prostate Cancer Bring Equal Benefits News report

Men with prostate cancer that has spread who are starting long-term hormone therapy may benefit from either of two additional treatments, according to unpublished clinical trial results.

“The next step in improving treatment for men with prostate cancer that has spread would be to see if these two drugs can be used together to produce even better results.” – Dr Simon Crabb, Cancer Research UK

The results, based on analysis of data from the Cancer Research UK-funded STAMPEDE trial, show that standard hormone therapy combined with another hormone therapy called abiraterone (Zytiga) or a chemotherapy drug called docetaxel give comparable improvements in survival compared to standard hormone therapy alone.

Results of the analysis will be presented at the 2017 ESMO Congress in Madrid.

The STAMPEDE trial is a multi-stage trial that is comparing the standard care – hormone therapy – with the standard care plus the addition of one or more other treatments for prostate cancer.

There are seven different drug combinations being tested in the trial. The aim of STAMPEDE is to see which treatment is best for prostate cancer that has spread outside the prostate gland, either locally or to other areas of the body.

The latest study combines data from two parts of the trial. It includes 566 men who were starting long-term hormone therapy, and were given either abiraterone plus a steroid called prednisolone or docetaxel.

Patients who took abiraterone plus

prednisolone or docetaxel alongside hormone therapy survived longer than those taking hormone therapy alone.

Overall, there was no significant difference in survival between groups who took abiraterone plus prednisolone or docetaxel.

Side effects experienced by patients taking the extra drugs were also similar.

Professor Nick James, from the University of Birmingham who leads the trial, said:

“Both drugs provide a survival advantage over standard of care alone in men with high risk prostate cancer beginning long-term hormone therapy.

“This study suggests that starting with either drug is acceptable and choice may depend on availability.”

Abiraterone is not yet approved for routine NHS use in these men. It is only approved for men who have no other treatment options left. But this study suggests that patients would have the same benefits taking the already available docetaxel.

Dr Simon Crabb, a Cancer Research UK-funded prostate cancer expert, said that over the next few months the National Institute for Health and Care Excellent (NICE (link is external)) will be reevaluating data to see if abiraterone could be used more widely in prostate cancer patients, which could give them a second treatment option.

Crabb said that abiraterone and

docetaxel have different side effects and patients should be advised on which one to take according to their needs. For example, evidence shows abiraterone is slightly kinder than docetaxel but has to be taken for a much longer period time. Docetaxel is only taken for 18 weeks.

“It is important that patients are fully informed about the side effects of each drug if, in the future, they are given a choice between treatments,” said Crabb.

“If abiraterone is to be licenced by NICE for this patient group then we need to further investigate the long-term health implications that it has on the heart and bones.

“The next step in improving treatment for men with prostate cancer that has spread would be to see if these two drugs can be used together to produce even better results.”

References

Abstract LBA31_PR submitted to ESMO 2017 Congress: Adding abiraterone acetate plus prednisolone (AAP) or docetaxel for patients (pts) with high-risk prostate cancer (PCa) starting long-term androgen deprivation therapy (ADT): directly randomised data from STAMPEDE

8 September 2017 Cancer Research UK

<http://www.cancerresearchuk.org/about-us/cancer-news/news-report/2017-09-08-two-treatments-for-advanced-prostate-cancer-bring-equal-benefits>

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Early Prostate Cancer Treatment Carries Heart Risk

Hormone-suppressing regimen may raise odds for heart failure, but it brings benefits, too, researchers say

Because testosterone can help prostate tumors grow, men with prostate cancer are often given hormone-suppressing treatment.

But new research suggests that delivering the treatment in prostate cancer's early stages may, in turn, hike a man's odds for another illness - heart failure.

The treatment in question is known as androgen-deprivation therapy.

The take-home message from the new study is that "patients with localized prostate cancer should be followed to minimize the health effects of androgen-deprivation therapy on the cardiovascular system," said study author Reina Haque. She's a researcher with the Kaiser Permanente Southern California Department of Research & Evaluation.

Haque's advice? "Patients should consider [heart-healthy] lifestyle changes, and physicians should actively monitor the patient's health for early signs of heart disease," she said in a Kaiser Permanente news release.

A prostate cancer expert who reviewed the study agreed.

"This new data is important in deciding what treatment should be undertaken, if any, for early stage disease," said Dr. Elizabeth Kavalier, a urology specialist at Lenox Hill Hospital, in New York City.

Haque's research team noted that, in recent years, there's been an expansion in use of hormone-suppressing treatment for prostate cancer. The treatment was previously restricted to advanced prostate tumors, but now it's being given to a growing number of men with early stage prostate cancer that has not spread

to other parts of the body.

However, the safety and effectiveness of androgen-deprivation therapy for these men hasn't been investigated, the study authors said.

In the new study, Haque and colleagues assessed outcomes for more than 7,600 men with early stage prostate cancer. The investigators tracked the men for up to 12 years, starting when they were diagnosed between 1998 and 2008. The researchers factored in certain heart risk factors - things such as overweight/obesity, history of smoking, diabetes, high blood pressure or if they required heart medications.

Initially, the men in the study were not undergoing any form of treatment but were being closely watched by their doctor to monitor the progression of their disease. But nearly 30 percent of the men did go on to receive androgen-deprivation therapy, the researchers said. Many of these men were younger than 60.

The study found the men with early stage prostate cancer who did not already have

heart disease, but who received hormone-depleting treatments had an 81 percent higher risk for heart failure.

Meanwhile, those who already had heart disease when they received the anti-hormone treatment also had a greater risk for heart rhythm problems, including a 44 percent increased risk of an irregular heartbeat.

These men were also three times more likely to develop "conduction disorder," which occurs when electrical impulses to the heart are interrupted.

One urologist experienced in the treatment of prostate cancer said that "there are two issues we need to look at to understand this report properly."

Dr. Nachum Katlowitz directs urology at Staten Island University Hospital in New York City. He said that, first of all, it's important to remember that "all treatments have risk."

"If androgen-deprivation therapy increases the risk of dying from cardiovascular disease, but decreases the risk of dying from prostate cancer, then we use it," he reasoned. "We watch for potential side effects. And sometimes, in select patients, the risk is greater than the benefit - so we do not [advise the therapy]."

Secondly, Katlowitz said, the findings come as little surprise, since physicians have long known that the suppression of testosterone can raise a man's odds for common heart disease risk factors.

"To summarize, yes, androgen-deprivation therapy has risk," he said, but so does the option of not providing the treatment in men with prostate cancer. "It is up to the doctor working with the patient to decide if the benefits are worth the risks and side effects," Katlowitz concluded.

Study author Haque agreed.

"The findings allow men with localized prostate cancer to consider the positive and negative effects of androgen-deprivation therapy and discuss it with their physicians," she said. "If they move forward with the therapy, patients should work with their physicians to adjust their lifestyle to reduce the risk of cardiovascular disease."

The study was published Aug. 24 in the British Journal of Cancer.

FRIDAY, Aug. 25, 2017 HealthDay News
By Mary Elizabeth Dallas HealthDay Reporter

<http://www.webmd.com/prostate-cancer/news/20170825/early-prostate-cancer-treatment-carries-heart-risk>

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2017 MEETINGS

- Oct-19** Dr. Mary Shariff
 Faculty of Law, U of M
"Health care directive....what it is and why you need it"
- Nov-16** Xmas pot luck
- Dec** *No Meeting*

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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