

### Radiation Therapy Safe in Prostate Cancer Patients with AUS, Study Suggests

Prostate cancer patients who underwent surgery for urinary incontinence and received an artificial urinary sphincter (AUS) may safely undergo radiation therapy without the risk of complications to their urinary aid system, according to a retrospective analysis.

The study, "Comparison of Adjuvant Radiation Therapy before or after Artificial Urinary Sphincter Placement: a Multi-Institutional, Retrospective Analysis," appeared in *The Journal of Urology*.

The gold-standard approach for men with moderate to severe urinary incontinence (a common side effect of prostate cancer surgery) is the artificial urinary sphincter — a device that restores control of the urine flow by opening and closing the urethra.

But using an artificial urinary sphincter is linked to potential risks, including infection, erosion, and mechanical malfunction.

For some patients, radiation therapy is

also needed after surgery. But it was unknown if the timing of when the device was inserted — before or after radiotherapy — affected the rate of complications.

So researchers performed a retrospective analysis of prostate cancer patients who received an AUS and underwent radiation therapy between 1987 and 2016.

Out of 306 patients analyzed, the vast

*(Continued on page 2)*

#### Medical Advisors

Paul Daeninck M.D.  
Medical Oncologist

Darrel Drachenberg  
M.D. Urologist

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Radiation Oncologist

*Thanks!*

#### *Next Meeting:*

**Wednesday, Feb. 21 ,2018**

**Speaker:** Dr. Iain Kirkpatrick

**Title:** "MRI Imaging in Diagnosis and Treatment of Prostate Cancer"

**Location:** The First Unitarian Universalist Church of Winnipeg, 603 Wellington Crescent

**Time:** 7 – 9 pm.

*Free Admission    Everyone Welcome  
Plenty of free parking*



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*

You do not need a parachute to skydive.    You only need a parachute to skydive twice.

*(Continued from page 1)*

majority (292) received radiation before the insertion of the AUS (group 1), while 14 of the patients were treated with radiation after the artificial urinary sphincter had been placed (group 2).

Patients were followed for a median of 30 months after surgery, during which they were analyzed for the presence of complications associated with the artificial urinary sphincter.

Researchers mainly assessed the rate of complications and the need for revision of the implanted sphincter, as well as the number of pads per day before and after the artificial urinary sphincter treatment. They also looked at additional post-operative parameters including infection, erosion, persistent incontinence, and mechanical failure.

The analysis showed “comparable rates of adverse events for patients who underwent AUS implantation before and after radiation,” researchers wrote.

They detected no significant

differences between either group for rates of infection, persistent incontinence, mechanical failure, erosion, or revision rates.

Overall, “this multi-institutional retrospective analysis showed similar erosion and revision rates when radiation occurred after AUS placement and demonstrates preliminary safety and feasibility of the administration of radiation after AUS placement,” the study concluded.

The team said additional research

should be conducted “to guide evidence-based clinical decision-making, as there is a potential benefit to placing an AUS before radiotherapy.”

*Patricia Inacio, PhD*

JANUARY 10, 2018

source:

<https://prostatecancernewstoday.com/2018/01/10/radiation-therapy-safe-in-prostate-cancer-patients-with-aus-artificial-urinary-sphincter/>

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*The Board,  
Manitoba Prostate Cancer Support Group*

## Mindfulness Helps Couple Recover Intimacy After Prostate Cancer

Rob and Diane Kikkert have had to learn a few new tricks since Rob's surgery to remove a cancerous prostate gland, a procedure that left him struggling with incontinence and erectile dysfunction.

"You just have to learn a new way to do it," said Diane. Through couples mindfulness training, they have rekindled their intimate relationship.

That doesn't mean it was easy. Most men who have their prostate removed suffer damage to blood vessels, irreversible erectile dysfunction, and loss of sensation due to nerve damage.

The former high school sweethearts — in their 47th year of marriage — were sexually active before the surgery almost two years ago and now live in a post-erectile reality.

"They say you can feel depressed, but it's more like a grieving process," said Rob, who had been watching his PSA (prostate-specific antigen) scores rise for years before his surgeon — University of B.C. professor Larry Goldenberg — finally said "Let's get that sucker out of there."

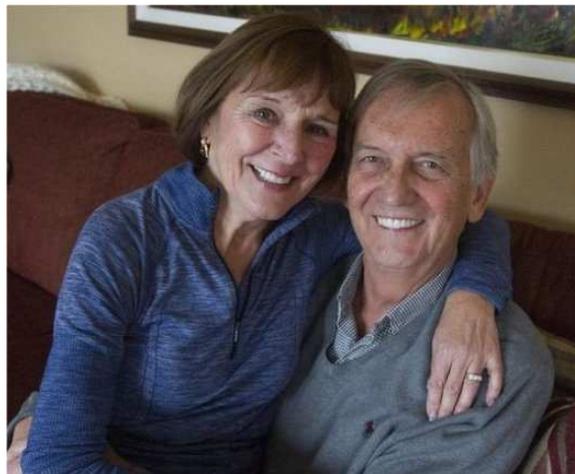
Goldenberg's book *The Intelligent Patient's Guide to Prostate Cancer* helped Rob prepare for his treatment.

Rob knew the odds were against a return to full sexual function. About 70 per cent of men can't get an erection firm enough for intercourse after surgery five years later and it seldom gets better with time. Even Viagra doesn't help much.

Other treatment options, such as radiation and brachytherapy, may also do damage to blood vessels and nerves.

"They give you a lot of statistics, but when it's your turn you tend to think that some percentage have ... a pretty good outcome and I preferred to think I would have the best outcome," he said. "But the odds are stacked against you."

The strong likelihood of profound disruption to their sex lives is not something that cancer doctors dwell on with their patients when discussing treatment options out of fear they might avoid life-saving treatment, according to Lori Brotto, director of the UBC Sexual Health Laboratory.



*Diane and Rob Kikkert participated in a pilot study on mindfulness for post-surgery prostate cancer patients. JASON PAYNE / PNG*

"Doctors are in the business of curing the cancer," she said. "Their goal is to send you back cancer-free."

But for men who place a high value on sexual performance and who see sex as an integral part of their quality of life, loss of sexual function is emotionally devastating, often leading to depression and disruption in their relationships.

Brotto and a team of researchers in male and female reproductive health at UBC are cooperating on a clinical trial to compare two different approaches to sexual re-education — mindfulness and cognitive behavioural therapy.

With a grant from Prostate Cancer Canada, 240 men and their partners will be divided into groups employing different strategies. The Kikkerts participated in a pilot study on mindfulness.

"Many men can learn to be sexual again," said Brotto. "There's still sensation there and, for some, a level of erectile response."

After surgery, men can learn to experience their bodies and sensation differently, in ways that introduce them to a "smorgasbord" of sexual behaviours that don't involve the penis. And for many men — even though the penis may never be erect enough for vaginal intercourse — orgasm is still possible.

Over the past 40 years, mindfulness has made its way into western medical practice, especially for chronic pain and depression.

"Mindfulness involves paying attention non-judgementally and in the moment," said Brotto, who has studied female sexuality for more than two decades. "We can teach people through exercises to notice different sensations, temperature and pressure."

"Research over the past 15 years or so has shown that this had been very effective with women, and so we are adapting it to men," she said.

*To participate in the study, visit the Brotto Lab web page at [brottolab.med.ubc.ca](http://brottolab.med.ubc.ca) or email Chris Pang at [cpang@prostatecentre.com](mailto:cpang@prostatecentre.com).*

Randy Shore January 14, 2018

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## Proscavax Reduced Tumor Growth in 70% of Prostate Cancer Patients, Early-stage Study Shows

OncBioMune's investigational cancer vaccine Proscavax reduced tumor growth in 70% of prostate cancer patients included in a Phase 1a study.

The immunotherapy candidate consists of a combination of the PSA protein (a hallmark of prostate cancer) with the cytokines — molecules produced by immune cells — interleukin-2 (IL-2) and granulocyte-macrophage colony-stimulating factor (GM-CSF).

The clinical trial (NCT02058680) is evaluating the safety and efficacy of Proscavax in patients with recurrent prostate cancer and increasing prostate specific antigen (PSA) levels, who either have not been treated by or are not responsive to hormonal therapy.

Twenty patients received six intradermal injections of Proscavax at weeks 1, 2, 3, 7, 11, and 15 of treatment.

The latest data show that Proscavax increased PSA Doubling Time (PSADT) in 14 patients, or 70%. PSADT is the time needed to double

the blood level of PSA and a key tool in assessing biochemical and clinical progression.

This result indicates reduced tumor growth at a minimum of 31 weeks after the start of Proscavax treatment. Also at 31 weeks of treatment, 15 of 18 patients showed increased immunity to PSA.

Four of the 20 patients who completed Proscavax therapy exhibited disease progression at 31 weeks. Three of the four did not show increased PSADT.

Of note, one patient withdrew from the trial after 19 weeks without disease progression.

The findings add to previously reported positive safety data. Results at 19 weeks of treatment showed that Proscavax stopped disease progression in 80% of patients.

“This data continues to build upon an impressive data set from the study indicating that Proscavax is inhibiting prostate cancer progression in patients

that have failed today's standard therapies,” Jonathan Head, CEO at OncBioMune, said in a press release.

Head added that slowing the PSA elevation, thus increasing PSADT in patients with relapsed and advanced prostate cancer, has been increasingly shown to improve disease prognoses.

Besides the importance of a potential future therapy targeting the PSA increase, “there is the possibility that monitoring PSADT can help identify patients that may require additional more aggressive treatment regimens due to inability to decrease PSA velocity,” Head added.

The company plans to enroll a total of 48 participants in this Phase 1a/1b study and anticipates its completion by December 2018.

JANUARY 17, 2018 Jose Marques Lopes, PHD

<https://prostatecancernewstoday.com/2018/01/17/proscavax-reduced-tumor-growth-in-advanced-prostate-cancer-patients-in-phase-1a-study/>

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## Vitamin K2 May Help Fight Cancer

Cancer is a common cause of death in Western countries.

Even though modern medicine has found many ways to treat it, new cancer cases are still on the rise.

Therefore, finding effective prevention strategies is of utmost importance.

Interestingly, several studies have been done on Vitamin K2 and certain types of cancer.

Two clinical trials suggested that vitamin K2 reduces recurrence of liver cancer and increases survival times <sup>a, b</sup>.

An observational study on 11,000 men

also found that a high vitamin K2 intake was linked to a 63% lower risk of advanced prostate cancer. Vitamin K1 had no effect <sup>c</sup>.

Hopefully we will have some better studies on this in the near future.

<sup>a</sup> <https://www.ncbi.nlm.nih.gov/pubmed/16400650>

<sup>b</sup> <https://www.ncbi.nlm.nih.gov/pubmed/23225445>

<sup>c</sup> <https://www.ncbi.nlm.nih.gov/pubmed/18400723>

source: <https://www.healthline.com/nutrition/vitamin-k2#section6>

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## High-grade Prostate Cancer Risk Again Linked to Cholesterol

High serum levels of total and HDL cholesterol are associated with an elevated risk of high-grade prostate cancer (PCa), researchers concluded.

In a post-hoc analysis of data from 4974 non-statin-using men in the REDUCE (Reduction by Dutasteride of prostate Cancer Events) trial, a team led by Stephen J. Freedland, MD, of Cedars-Sinai Medical Center in Los Angeles, found that each 10 mg/dL increase in serum total and HDL cholesterol is associated with a significant 5% and 14% increased odds of a diagnosis of high-grade PCa, respectively. The investigators found no association between total serum cholesterol and overall or low-grade PCa and between LDL cholesterol and the risk of any PCa.



*Each 10 mg/dL increase in serum levels of total and HDL cholesterol are associated with a significant 5% and 14% increased risk of high-grade PCa, respectively.*

The new study provides “yet one more reason for people to watch their cholesterol and dovetails with some data that statins may have benefits for prostate cancer,” Dr Freedland told Renal & Urology News.

Unlike previous research that found the same association, the new study focused on patients who underwent trial-mandated prostate biopsies independent of PSA, thus eliminating a potential source of bias, according to Dr Freedland's team. The REDUCE study was a randomized trial that enrolled men with elevated PSA and a negative baseline prostate biopsy. Men underwent 2- and 4-year trial-mandated prostate biopsies.

Each 10 mg/dL increment in total serum cholesterol was associated with a significant 5% increased odds of a diagnosis of high-grade PCa, Dr

Freedland and his colleagues reported online in Prostate Cancer and Prostatic Diseases. The authors commented that, given the anti-inflammatory, anti-proliferative, and antioxidant properties of HDL, it is unclear why high HDL would be associated with an increased risk of PCa.

“Our findings demonstrate an association between high serum cholesterol and HDL and increased risk of high-grade prostate cancer in a setting where trial-mandated biopsies ensured complete cancer ascertainment,” Dr Freedland and his colleagues wrote. “These data support a role for cholesterol, a modifiable risk factor, in aggressive prostate cancer.”

Dr. Freedland's team explained that PCa is unique in its dependence on androgens for growth. “Cholesterol is the precursor for androgen synthesis by the prostate, leading to the hypothesis that increased serum cholesterol levels may be associated with a higher prostate cancer risk.”

Previous studies supporting a link between cholesterol and high-risk PCa include an analysis of the placebo arm

of the Prostate Cancer Prevention Trial (PCPT), which demonstrated a reduced risk of high-grade PCa among men with lower cholesterol levels. Further, in a study of 55,875 patients at the Veterans Affairs New England Healthcare System, researchers found that, compared with men taking antihypertensive medications, men taking statins had a 31%, 14%, and 60% decreased risk of being diagnosed with any PCa, low-risk PCa, and high-risk PCa, respectively, according to a report in the Journal of the National Cancer Institute (2011;103:885-892).

Each 10 mg/dL increase in baseline total cholesterol was associated with a 2% increased risk of any PCa and 6% increased risk of high-grade PCa. In addition, the highest quartile of total cholesterol at baseline was associated with a 45% increased risk of total PCa and 3-fold increased risk of high-grade PCa. The highest quartile of HDL at baseline was associated with a 45% increased risk of total PCa and nearly 2.6-fold increased risk of high-grade PCa.

*Jody A. Charnow*

*January 10, 2018*

#### Reference:

Jamnagerwalla J, Howard LE, Allott EH, et al. Serum cholesterol and risk of high-grade prostate cancer: results from the REDUCE study. Prostate Cancer Prostatic Dis. 2017; published online ahead of print. (<https://10.0.4.14/s41391-017-0030-9>)

source: <https://www.renalandurologynews.com/prostate-cancer/prostate-cancer-high-grade-hdl-cholesterol/article/735939/>

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## Prostate Cancer Hormone Therapy May Increase Risk of Depression

Having hormone therapy to treat localized prostate cancer could place men at higher risk for developing depression.

This was the conclusion of a new study led by Brigham and Women's Hospital (BWH) in Boston, MA, and published in the *Journal of Clinical Oncology* that found a significant link between depression and men receiving androgen deprivation therapy (ADT) for localized prostate cancer.

Senior author Paul Nguyen, associate professor of radiation oncology at Harvard Medical School, explains that men on ADT for prostate cancer (PCa) often experience lower sexual function, put on weight and have less energy - all factors that can lead to depression. He adds:

**"After taking a deeper look, we discovered a significant association between men being treated with ADT for PCa and depression. This is a completely under-recognized phenomenon."**

The male sex hormone androgen - most of which is produced in the testicles - is required for the normal growth and function of the prostate, one of the glands that make semen. Prostate cancer cells also need androgen to grow. By binding to surface proteins on normal and cancerous prostate cells, the hormone influences the genes that cause prostate cells to grow.

In the early stages, some prostate cancers need lots of androgen to grow - these are called androgen-dependent or androgen-sensitive prostate cancers because treatments that reduce levels of the hormone or block its activity can stop the cancers growing.

**ADT linked to 23% higher risk of depression**

For their study, the researchers used data on 78,552 men over 65 years of age with stage 1 to 3 prostate cancer recorded in the SEER-Medicare Linked Database during 1992-2006.

Fast facts about ADT

- ◆ Around 50,000 American men with prostate cancer are treated with ADT every year
- ◆ Duration of treatment depends on a man's risk of recurrence
- ◆ Men with intermediate risk of recurrence usually receive ADT for 4-6 months, men with higher risk receive it for 2-3 years.



*The study finds that compared with not receiving ADT for prostate cancer, receiving ADT was linked to a 29% raised risk of inpatient psychiatric treatment.*

They looked for links between ADT and a diagnosis of depression or psychiatric treatment as an inpatient or outpatient. They also examined links between duration of treatment and depression.

**The results showed that compared with patients who did not receive ADT, those who did were more likely to have depression or be receiving inpatient or outpatient psychiatric treatment.**

Ruling out other factors, further analysis showed that compared with not receiving ADT, receiving ADT was linked to a 23% raised risk of depression, a 29% raised risk of

inpatient psychiatric treatment, and a non-significant 7% higher risk of outpatient psychiatric treatment.

It also showed that risk of depression increased with duration of ADT: from 12% when treatment lasted under 6 months to 26% when it lasted 7-11 months and 37% when it lasted 12 months or longer. A similar duration effect was found for inpatient and outpatient psychiatric treatment.

The authors conclude that the "possible psychiatric effects of ADT should be recognized by physicians and discussed with patients before initiating treatment." Prof. Nguyen, who is also director of prostate brachytherapy at BWH, adds:

**"Patients and physicians must weigh the risks and benefits of ADT, and this additional risk of depression may make some men even more hesitant to use this treatment, especially in clinical scenarios where the benefits are less clear, such as for intermediate-risk disease."**

He says not only is it important that patients understand the potential side effects of the drugs they're taking, but that physicians are aware of this risk so they can spot signs of depression in their patients and refer them for appropriate care.

The researchers call for further studies to look at types of interventions that could reduce the risk of depression for men receiving ADT for prostate cancer, and also to identify which groups may be at higher risk - such as those with a history of depression.

By Catharine Paddock PhD  
Wednesday 13 April 2016  
<https://www.medicalnewstoday.com/articles/309004.php>

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## High-Fat Diet May Fuel Spread of Prostate Cancer

Obesity is linked to prostate cancer, scientists know, but it's not clear why. On Monday (Jan 15), researchers reported a surprising connection.

When prostate cancers lose a particular gene, they become tiny fat factories, a team at Beth Israel Deaconess Medical Center in Boston reported in a paper published in *Nature Genetics*.

Then the cancers spread from the prostate, often with deadly effect.

Prostate cancers that have not lost that gene also can spread, or metastasize — in mice, at least — but only if they have a ready source of fat from the diet.

That finding suggests that dietary fat can substitute for the loss of the gene, fuelling prostate cancer.

Moreover, the investigators found, an obesity drug that blocks fat production can make metastatic prostate cancers regress in mice and prevent them from spreading.

“What this paper suggests is that fat or high-fat diets promote more aggressive prostate cancer,” said Cory Abate-Shen, interim director of the Herbert Irving Comprehensive Cancer Center at

Columbia University in New York, who was not involved with the research.

Now the scientists are planning a clinical trial in men with prostate cancer to see if the obesity drug may be an effective treatment for this cancer.



*Investigators found that an obesity drug that blocks fat production can make metastatic prostate cancers regress in mice and prevent them from spreading.*

“That’s really important,” Dr Abate-Shen said. “Aggressive prostate cancer is lethal, and there are no curative drugs right now.”

The American Cancer Society estimates that prostate cancer will be diagnosed in about 165,000 US men this year, making it the second-most common cancer in US men, behind only skin cancer.

The tumors often remain in the prostate and do not kill, but when the cancer spreads, it is lethal. About 29,500 men die of prostate cancer each year. Researchers have been struggling to find new ways to help men with metastatic cancer.

Geneticists knew prostate cancers often start when a protective gene, PTEN, shuts down. But the tumors in men that lose only PTEN tend to languish, rarely spreading beyond the prostate and rarely becoming lethal.

The cancers change, though, if a second gene, called PML, also shuts down. Suddenly, indolent cells become cancers that spread and kill. But why?

In the new study, researchers found that when PML was lost, cancerous cells — in petri dishes and in mice — started churning out fat, which may protect the cells from certain toxic molecules. But the fat also may help the cancers spread, the researchers suggested.

<http://www.todayonline.com/world/high-fat-diet-may-fuel-spread-prostate-cancer>

By GINA KOLATA 17 JANUARY, 2018  
THE NEW YORK TIMES

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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](mailto:lizpat@shaw.ca)) to make arrangements.

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**2018 MEETINGS**

- 21-Feb.**  
 Speaker: *Dr. Iain Kirkpatrick*  
 Title: "MRI Imaging in diagnosis and treatment of prostate cancer"
- 21-Mar**  
 Speaker: Dr. Sean Ceaser, ND  
 Title: "Naturopathic medicine and prostate cancer"
- 18-Apr**  
 Speaker: Dr. Vladimir Ruzhynsky  
 Title: "Advances in treating urinary incontinence"
- 
- All meetings (except September) will be held at :  
 The First Unitarian Universalist Church of Winnipeg,  
 603 Wellington Crescent
- All meetings are 7 – 9 pm.  
*Everyone Welcome Plenty of free parking*

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