



*Don't Miss it !*  
our annual  
**Prostate Cancer  
Awareness Evening**

**Darrel E. Drachenberg, MD, FRCS(C)**

*Keynote address:*  
***“Prostate cancer treatment  
through the years  
... past, present and future”***



*An opportunity to learn more about progress  
in the battle against this disease and to have your questions and  
concerns dealt with by a leading prostate cancer specialist*

**Date and time:** Wed Sep 19, 2018 7-9 pm

**Location:** Caboto Centre, 1055 Wilkes Ave., Winnipeg

*Everybody Welcome Free Admission Free Parking Door Prizes*

**Medical Advisors**

Paul Daeninck M.D.  
Medical Oncologist

Darrel Drachenberg  
M.D. Urologist

Arbind Dubey M.D.  
Radiation Oncologist

Piotr Czaykowski M.D.  
Medical Oncologist

*Thanks!*



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

*The evening news is where they begin with 'Good evening' and then proceed to tell you why it isn't.*

## Revolutionary New Blood Test Could Spare Men With Prostate Cancer

### From Months Of Gruelling Chemotherapy

- London scientists have found a way of analysing tumours in greater detail
- The blood test allows them to spot prostate cancer before it evolves
- This would mean avoiding chemotherapy which has significant side effects

A revolutionary new blood test promises to spare men with prostate cancer from months of gruelling chemotherapy. Scientists at the Institute of Cancer Research in London have used the new test to analyse tumours in greater detail than ever before by filtering cancer cells from the blood.

The test enables them to spot when prostate cancer is beginning to evolve to become resistant to chemotherapy.

This allows them to quickly switch to other treatments such as hormone drugs or immunotherapy.

At the moment most chemotherapy is only stopped when cancer symptoms Experts believe patients will be able to skip unnecessary chemotherapy, the NHS will save hundreds of millions of pounds, and thousands of lives will be saved as drugs become more accurate.

The new test captures tumour cells in the blood – offering a detailed insight into their genetic make-up.



Until now that degree of insight has only been possible by taking biopsy samples – a painful procedure. As they are invasive, biopsies cannot be done often, meaning if the cancer mutates, it can take months to be noticed.

Scientists at the Institute of Cancer Research in London have used the new test to analyse tumours in greater detail than ever before by filtering cancer cells from the blood +2

Scientists at the Institute of Cancer Research in London have used the new test to analyse tumours in greater detail than ever before by filtering cancer cells from the blood

The new blood test, in comparison,

takes 90 minutes, meaning doctors can repeat it every few days, and can instantly tell what the cancer is doing.

Doctors struggled to do this before as solid tumours, such as prostate cancer, are relatively stable so do not shed many cells into the blood stream.

The team today publish the results of the first use of the test, on 14 men with advanced prostate cancer at the Royal Marsden NHS cancer hospital.

The findings, in the Clinical Cancer Research medical journal, showed some 12,500 cancer cells were extracted per sample, compared with 167 by usual methods.

The team found they could even use these cells to start growing ‘mini-tumours’ – allowing them to carry out tests to see which drugs work. Professor de Bono is now embarking on a bigger trial on 1,000 men. He said: ‘This could stop chemotherapy probably two courses earlier.’

By BEN SPENCER  
MEDICAL CORRESPONDENT  
FOR THE DAILY MAIL  
August 2018

source: <http://www.dailymail.co.uk/health/article-6049477/new-blood-test-spare-men-prostate-cancer-months-gruelling-chemotherapy.html>

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## If I Have Prostate Cancer, Should I See A Urologist Or An Oncologist For Treatment?

The main types of doctors who treat prostate cancer include:

**Urologists:** surgeons who treat diseases of the urinary system and male reproductive system (including the prostate)

**Radiation oncologists:** doctors who treat cancer with radiation therapy

**Medical oncologists:** doctors who treat cancer with medicines such as chemotherapy or hormone therapy



**Surgical oncologists:** doctors who treat cancer by removing tumors and surrounding tissue during an operation.

Surgical oncologists also perform certain types of biopsies.

Depending on your case, you may see one or a combination of those doctors.

[www.cancercenter.com/prostate-cancer/questions/](http://www.cancercenter.com/prostate-cancer/questions/)

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## New Technique Treats Prostate Cancer in Just Five Radiotherapy Sessions

A new clinical trial shows the benefits of an innovative form of radiation therapy, which delivers the radiation in only five sessions instead of the usual 37.

The National Cancer Institute (NCI) estimate that prostate cancer affects over 160,000 people in the United States. In 2018, almost 30,000 people will die from the disease.

As with most forms of cancer, treatment options range from surgery to radiation therapy, hormone therapy, and chemotherapy.

Usually, radiotherapy involves 37 sessions. That said, a new clinical trial tests a radical form of radiotherapy that could reduce that number down to just five.

The trial examined the effects of stereotactic ablative radiotherapy (SABR), a highly targeted form of radiotherapy that uses several beams of radiation at once.

The beams intersect at the tumor, delivering a high dose of radiation to the malignancy but a very low dose to the surrounding healthy tissue.

However, SABR may have some side effects, including tiredness, itchy or dry skin, and soreness or swelling where the treatment was applied. In the case of prostate cancer, radiation therapy may cause urinary problems, bowel problems, and even impotence.

In the new trial, however, the participants also benefited from SpaceOAR, which is a hydrogel previously shown to minimize the side effects of radiation therapy in prostate cancer.

The trial was jointly led by Suneil Jain, a clinical senior lecturer at Queen's

University in Belfast, United Kingdom, together with Ciaran Fairmichael, a clinical research fellow also at Queen's University.

The researchers published the results of the trial in the *British Journal of Radiology*.

### Spacer improves high-dose treatment

SpaceOAR is a minimally invasive hydrogel rectal spacer. Co-lead researcher Fairmichael explains, "One of the complications from using radiotherapy is the potential damage that can be inflicted on neighboring tissues."



"In this trial," he adds, "we are evaluating the performance of the SpaceOAR hydrogel which is inserted between the prostate gland and the rectum of the patient."

"This creates a greater distance between the prostate tumor and other tissues, which allows us to concentrate the radiotherapy dosage provided to the tumor and thus reducing the chance of radiation harming other tissues close to the tumor such as the bowel."

The trial tested the tolerability and toxicity of inserting this spacer in six people living with prostate cancer. The

researchers used computed tomography (CT) scans to plan the insertion, delivered local anesthetic, and used CT scans again to assess the position of the spacer.

Inserting the spacer minimized the probability of side effects and reduced rectal bleeding. "This is one of the first studies to investigate the efficacy of a hydrogel spacer in prostate SABR treatments," write the authors.

"Observed dose sparing of the rectum is predicted to result in meaningful clinical benefit," they conclude.

The trial participants also comment on how the treatment benefited them. Gordon Robinson, who is 70 years old and took part in the trial, says, "If it wasn't for this research, I simply would not be here. My family and I are so thankful to the doctors who have helped us. This treatment has allowed me to live my life again."

"Taking part in this trial meant I was offered a high-dose five-treatment course instead of enduring 2 months of treatment. The treatment was really successful in getting rid of my tumor."

- Gordon Robinson

"I knew about the side effects of treatment," Robinson continues, "and they really frightened me, but this trial meant I had very little discomfort or complications and can return to normal life."

By Ana Sandoiu

Tuesday 14 August 2018

Fact checked by Jasmin Collier

<https://www.medicalnewstoday.com/articles/322761.php>

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## Elephants Rarely Get Cancer. Here's Why This Matters to Humans

You'd think elephants would be getting cancer left and right: They are giants of the animal kingdom and have trillions more cells than humans - cells that, in theory, could turn into cancer over their decades-long lifespans.

But you'd be wrong. It's not that they never get cancer, but less than 5% of elephants die from it, versus up to 25% of humans.

"Because of their body size and how many cells they have and how long they live, they should all be developing cancer," said pediatric oncologist Dr. Joshua Schiffman, professor of pediatrics at University of Utah and an investigator at Huntsman Cancer Institute.

Researchers like Schiffman study animals that have evolved ways to "naturally resist cancer" despite their largeness and longevity, including elephants and bowhead whales. The latter can live for over two centuries.

It's not just gee-whiz science, either. By picking apart the inner workings of genes and molecules in the animal kingdom, scientists hope to unravel new ways to prevent or even treat cancer in humans.

"This is where the field is moving as a whole," Schiffman said. "If we can understand how these genomic changes are contributing to ... cancer resistance, then we'll be able to start thinking about how do we translate this to our patients?"

One likely mechanism, according to a paper published Tuesday in the journal *Cell Reports*, could be a "zombie" gene that, when brought to life by DNA damage, causes that cell to die off.

"If [that cell] kills itself, then that damaged DNA never has the potential

to eventually give rise to cancer," said study author Vincent J. Lynch, an evolutionary biologist at the University of Chicago.

The zombie gene arose from what's known as a "pseudogene," a mutated or inactive copy of a normal gene that can accumulate over eons of evolution. Elephants, as well as close living relatives like manatees, have many duplications of a gene known as LIF - but these copies don't actually work like the original.



In elephants, however, one copy seems to have reanimated and "evolved a new on-off switch" that responds to DNA damage, Lynch said. His study's findings comprise one piece of a larger puzzle, he added.

"There's probably lots of things which can contribute to augmented cancer resistance, and we found one of them in elephants," said Lynch.

"The way we normally think that evolution works is by acquiring lots and lots of genetic changes," he said. "Each one of them contributes a small effect.

"And when you add all those things together, you end up with a super cancer-resistant elephant."

A mammoth problem ... for humans "All cells get mutated all the time," said

University of Utah's Schiffman. "My cells are mutating. Your cells are mutating. But hopefully our DNA repair genes are able to catch them.

"Cancer likes to shut these genes off." Schiffman, who was not involved in Lynch's study, described the new report as part of a growing body of evidence of ways animals have evolved to bolster how their cells naturally fight DNA damage and DNA mutations.

Schiffman's own research includes other genes that could give elephants their exceptional ability to quash cancer before it starts. Schiffman referred to one in particular, a tumor suppressor gene called p53, as the "genetic police" for its role in stopping DNA damage from turning into cancer. Elephants have dozens of copies of the gene.

Humans normally have just two copies of p53 - a less robust form than in elephants. And when that gene is mutated or inactivated, as with many of Schiffman's patients, cancer is allowed to grow unchecked.

In elephants, p53 also revs up the zombie gene, according to Lynch's study. Though experts say more research is needed to confirm these findings and figure out exactly how the zombie gene kills cells on a molecular level.

"This will not be the final story," Schiffman said.

Elephants have multiple copies of a tumor suppressor gene, p53, which plays an important role in stopping the progression of cancer.

Experts say there are many steps before findings like Lynch's are tested

*(Continued on page 5)*

(Continued from page 4)

or used toward human cancer therapies. One of those steps could involve inserting elephant genes into lab mice, which do not have the same resistance to cancer, according to Vera Gorbunova, a professor of biology at the University of Rochester and co-director of the Rochester Aging Research Center. She was not involved in the new study.

Gorbunova also wondered what else might be going on in elephants that balances out their cells' tendency to die under stress. Enhancing pathways like p53 in isolation could have unintended consequences, she said. For example, in earlier mouse studies, increasing the gene's activity caused mice to age faster than normal.

"It's a very fine-tuned system," said Gorbunova, who stressed the importance of taking a closer look at these "unusual organisms" that rarely develop cancer.

It's not just large animals, either. There are smaller cancer-resistant critters, too, including naked mole rats, microbats and grey squirrels.

"I think we have to study all of these cancer-resistant animals and then choose strategies that are most easy to apply to people," she said.

That means that zoologists, veterinarians, anthropologists, mathematicians and human doctors must "come together with a common cause," said Schiffman, whose

colleagues also include elephant conservationists "to study those rare times when they do develop cancer."

"When we put on our clinician's hat ... do we look for drugs that are affecting the same pathways?" Schiffman said.

"Evolution has been at work evolving cancer-resistant organisms for ... millions of years," Lynch said. "So why not just look to evolution to give us insight into how we might be able to do that?"

By Michael Nedelman, CNN

Tuesday, August 14, 2018

<https://www.cnn.com/2018/08/14/health/elephant-cancer-zombie-genetics-study/index.html>

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## How Do You Prefer To Receive This Newsletter?

*Hardcopy or email? It matters.*

It matters to you to receive it in the manner that is most convenient to you. Also how you prefer to read it.....in hardcopy form, or on your computer screen?

To us it matters because we want the newsletter to reach the maximum number of prostate cancer patients who want to receive it. This involves having both hardcopy (mailed to you via snail mail) and electronic forms (delivered via the internet) available. Hardcopy is the traditional form, and reaches all those members who do not have access to the internet or who prefer the traditional

format for whatever reason. For those who do have internet access the electronic form can be delivered via email message to you or it can be directly accessed by going to our website (manpros.org) and clicking on the "newsletter" tab.



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~ The Board.

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## Is It Better To Live With The Devil You Know Than The One You Don't Know?

What's a man to do? Equally important, what's a doctor to advise when the PSA test is reported elevated? Or should men even be screened for this test? During the last 10 years there's been considerable flip-flopping about it. Now a large study from the United Kingdom, reported in *The Journal of the American Medical Association* has new recommendations about PSA testing.

First, this shocking finding. The study showed that men who take the PSA test are just as likely to die of prostate cancer as those who do not have the test! Moreover, some men who do take a PSA are exposed to unnecessary treatment and develop complications that are very annoying.

It's also worth knowing that if the test is positive for prostate malignancy, it may be wrong. The elevation may be due to an inflammation of the gland, increased size of the prostate (benign prostatic hypertrophy), having sex 24 hours before the test. There's even some evidence that riding a bicycle 48 hours before the test can increase PSA.

So what's new about the British study? First, it's a large one of 400,000 men, aged 50 to 69. Part of the group agreed to a one-time test. Of this group 11% had abnormal PSA and most agreed to a biopsy. Another group of the same age range were not offered a test and served as a control group. Ten years later the number of men who had died of prostate cancer was nearly identical.

So what should men do? The decision to have, or not have, the test must always be left to the patient and his doctor. The general consensus among experts is that men should ask their

doctor about testing at age 50. But males at higher risk should start earlier. And that, if the decision is to test, it should continue every 2 to 4 years until age 75.



This statistical study questions whether it's prudent to screen men with the PSA test who do not have any problems. Professor Fuller Albright, one of Harvard's brilliant minds, would say, "If you have to prove something by statistics, it's usually wrong."

Dr. Willett Whitmore, a world authority on prostate cancer, added sage advice many years ago. He said "Getting older is invariably fatal, cancer of the prostate only sometimes. In addition, survival has little to do with treatment". Whitmore added, "Survival has little to do with treatment. Rather it's related to the biological nature of the cancer." In other words, some prostate cancers are pussy cats, others act like raging tigers.

A cardinal principle of medicine is, "First do no harm." Good advice, but easier said than done. For instance, autopsies show that prostate cancer in some cases is like graying hair. By age 40 one in three men have evidence of microscopic prostate cancer and 50% by age 80. Later in life, these men may die of other diseases.

But if you treat these patients some will develop impotence or urinary incontinence. So both doctor and patient have to be a bit of a philosopher when deciding for or against treatment. The big decision is, is it better to live with the devil you know than the one you don't know?

A 70-year-old tennis friend had several normal prostate biopsies and one that showed microscopic cancer. I urged him not to have surgery. But he could not accept having even a scant trace of cancer. He died of a pulmonary embolus while waiting for his wife to drive him home from surgery. He could have

lived another 15 years without treatment.

Finally, what's a man and a doctor to do? It largely depends on the amount of risk patients are willing to take. Some people are convinced the PSA test saves lives. Others are not so sure and believe the PSA test leads to biopsies, potential treatment and complications. But this decision also means they may die of prostate cancer.

So it remains a terrible dilemma, one that can only be decided after a full discussion between the patient and his doctor.

Dr. W. Gifford-Jones

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August 4, 2018

*EDITOR'S NOTE: The column does not constitute medical advice and is not meant to diagnose, treat, prevent or cure disease. Please contact your doctor. The information provided is for informational purposes only and are the views solely of the author.*

source <https://torontosun.com/health/diet-fitness/latest-news-on-prostate-cancer>

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## Scientists Discover Why Prostate Cancer Spread

In a recent study from Washington State University, researchers find a way that prostate cancer cells hijack the body's bone maintenance.

This could trigger the spread of bone cancers present in 90% of prostate-cancer fatalities.

In the study, the research team introduced human prostate cancer cell lines in mice.

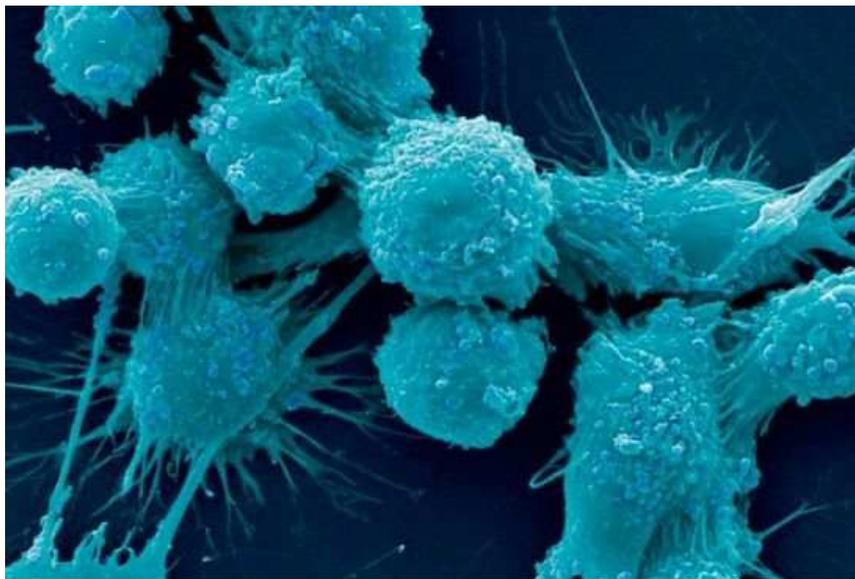
They saw a particular enzyme called MAOA activate a cascade of signals that made it easier for tumor cells to invade and grow in bone.

Ordinarily, bone is built up by cells called osteoblasts and reabsorbed during growth and healing by cells called osteoclasts.

But the MAOA enzyme triggers three proteins that enhance the function of the destructive osteoclasts.

This means the cancer cells can specifically activate the osteoclasts for bone degradation.

When they reduced this enzyme expression in prostate cancer cells, they found a lower prostate cancer bone metastasis.



On the other hand, when they increased this enzyme in prostate cancer cells, they found increased bone metastasis. The researchers used a drug called clorgyline to inhibit the activity of the MAOA enzyme; the drug disrupted the signaling system that led to cancer cell invasion and proliferation.

Interestingly, the researchers found that the process appears to respond to the same drugs found in certain

antidepressants.

The study provides a rationale to pursue the new use of 'old' antidepressant drugs to help late-stage prostate cancer patients with cancer metastasis.

The team suggests that their findings provide promising results, and that their future work will adjust the formulation, dose and delivery route of MAOA inhibitors.

They hope the findings could help develop new treatment for prostate cancer metastasis.

Jason Wu, an assistant professor of pharmacy at WSU Spokane, is a study author.

The findings are published in the journal *Cancer Cell*.

August 13, 2018

source: Knowridge Science Report

<https://knowridge.com/2018/08/scientists-discover-why-prostate-cancer-spread/>

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### ***“You Can Help Spread The Word About Prostate Cancer”***

Prostate cancer is one of the most common cancers in men. Discovered early, it can be successfully treated in the majority of cases. Such early discovery is dependent on men being aware of the facts about this disease and getting checked. *Early discovery saves lives.*

To help raise awareness and encourage “getting checked” the Manitoba Prostate Cancer Support Group is happy to provide speakers to make presentations to interested groups in the community. There is no charge for this

service and the size of the group doesn't matter. If you are involved with a group that would like to learn more about prostate cancer, and perhaps save some lives in the process, please contact Pat Feschuk (tel: 204-654-3898; email: lizpat@shaw.ca). *Remember that if a man has prostate cancer the sooner he learns about it the better. Not knowing about it simply allows it to grow and spread. So do something about it ..... help spread the word.*

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**FUTURE MEETINGS 2018**

- 17 Oct.** Speaker: Dr. Anne Katz  
 Title: "Sex, Life and Prostate Cancer"
- 21 Nov.** Christmas Party Potluck /  
 Live Entertainment
- Dec.** NO MEETING

All meetings (except September) will be held at :  
 The First Unitarian Universalist Church of Winnipeg,  
 603 Wellington Crescent

All meetings are 7 – 9 pm.  
 (First hour for general discussion;  
 second hour for expert guest speaker)

*Everyone Welcome Plenty of free parking*

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*For general information please contact Jos Borsa at number listed above*

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