

The Importance of Identifying Anxiety and Depression in Men With Prostate Cancer

It is normal for a person receiving a cancer diagnosis to experience a wide range of emotions. Fear, anxiety, sadness, and depression are among the most prevalent. The type of cancer, stage, and treatment modality may all affect a patient's emotional state. It seems logical to conclude that patients with prostate cancer—generally regarded as highly treatable and the most common type of cancer among men—suffer a relatively lower rate of psychosocial distress compared with people receiving diagnoses that

typically have poorer prognoses and outcomes. However, men with prostate cancer commonly feel significant anxiety and depression.

CancerCare and Us TOO International surveyed 633 patients with prostate cancer regarding their feelings of anxiety and depression. Seventy-seven percent of the respondents said they had experienced symptoms of anxiety or depression following diagnosis, 94% thought it was normal for patients with prostate cancer to feel anxiety and depression, and 97% felt there was a

need to help patients recognize these symptoms and find treatment for them.

Men tend not to seek help for psychosocial issues and notably less often than women do. This is borne out by survey results that suggest men with prostate cancer would benefit from support groups; however, they seldom attend them, and other data show that women outnumber men 3:1 in cancer support groups.

There are myriad reasons for this.

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Thanks!

Next Meeting:

Wednesday, March 20, 2019

Speaker: Dr. Sabine Mai (BSc, MSc, PhD)

Topic: "Research towards improved diagnosis and therapy of prostate cancer: circulating tumor cells tell a powerful story"

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

Time: 7 – 9 pm.

(First hour for general discussion; second hour for expert guest speaker)

*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

It is during our darkest moments that we must focus to see the light. — *Aristotle Onassis*

(Continued from page 1)

Power, physical strength, dominance, control, and toughness are the typical qualities that define the role of a man in society. For men, neediness and asking for help are considered signs of weakness. Men do not like to appear emotionally vulnerable; instead, they often expect that feeling emotions should fall to a spouse, partner, or relative. Stereotypically, men are expected to be logical and make decisions based on the analysis of information. When they do reach out to their doctors and nurses, it is often for support of the informational, not emotional, variety.

Because prostate cancer affects the reproductive, urinary, and gastrointestinal systems, embarrassment and shame are often attached to this diagnosis. Already feeling shamed by being seen as a patient (and therefore in a weakened state), adverse events such as incontinence and erectile dysfunction may exacerbate anxiety over what a man's future level of functioning in these areas might be. All of these factors may lead a patient to hide his feelings even more deeply from medical staff and to refrain from divulging his feelings to his family and loved ones.

It is important for clinicians to create an environment where men feel

comfortable sharing their concerns. One way to do this is to tell men with prostate cancer that it is normal to feel a certain amount of anxiety and sadness and that these feelings can be mitigated by psychosocial support such as counseling and support groups. Also, study data show that patients who receive strong emotional support may benefit from a protective effect on health outcomes.² These patients are more likely to follow their treatment plans, whereas patients who are depressed might be inclined to feel treatment is useless or give up on it.

An important first step to helping a male patient with prostate cancer cope with emotional issues is to help him identify his feelings: Determine whether he is experiencing anxiety, depression, or both, and note that anxiety and depression are not the same and may require different interventions and treatments. A certain amount of anxiety occurs in daily life for most people. This "situational anxiety" occurs frequently for patients with cancer before having a medical test like a scan or a treatment like radiation. This is different from pervasive anxiety that interferes with daily functioning and may include symptoms such as gastrointestinal distress, chest pains, elevated heart rate and blood pressure, or suddenly breaking into a sweat.

Depression is a medical disorder characterized by feelings of sadness and a loss of interest in activities once enjoyed, and it may be characterized by hopelessness, despondency, abnormal sleep or eating habits, loss of interest in sex, feelings of worthlessness, the desire to harm oneself, or suicidal thoughts.

Men with prostate cancer may already feel diminished in the eyes of others and, subsequently, may reject the interventions that can help mitigate anxiety and depression. Support groups, individual counseling, or a prescription for anti-anxiety or antidepressant medications may be highly useful, but these solutions are sometimes seen by men as further signs of weakness. Nevertheless, all of these options should be made known to patients with prostate cancer. It can be helpful to reassure men with this diagnosis that their innate distaste for these interventions is normal and to make clear that these interventions are often helpful and may lead to better quality of life and improved medical outcomes.

Andrew Chesler, MSW, LMSW

Men's Cancers Program coordinator at CancerCare.

February 09, 2019

<https://www.oncnursingnews.com/publications/oncology-nurse/2019/january-february-2019/the-importance-of-identifying-anxiety-and-depression-in-men-with-prostate-cancer>

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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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Blocking Fatty Acids Slows Prostate Cancer Progression

New research featuring in the journal *Science Translational Medicine* shows that fatty acids fuel prostate tumor growth. As blocking fatty acids seems to slow disease progression, fatty acid uptake may be a promising new therapeutic target for prostate cancer.

Renea Taylor, the deputy director of the Cancer Program at the Monash Biomedicine Discovery Institute in Clayton, Australia, and Prof. Matthew Watt, the head of the Physiology Department at the University of Melbourne, also in Australia, led the new research.

As Taylor, Prof. Watt, and their colleagues mention in their paper, even though prostate cancer grows slowly, preventing it from reaching an aggressive stage remains difficult.

The researchers wondered what it is that causes prostate tumors to become so aggressive. They wanted to determine what fuels the tumors and how prostate cancer metabolism differs from that of other cancers.

Taylor explains what pointed the researchers in the direction of fatty acids. "There is a strong link between obesity, diet, and poor outcomes in men who develop prostate cancer," she says.

"In particular, those men who consume more saturated fatty acids seem to have more aggressive cancer."

So, the scientists set out to examine more closely the role of fatty acids in prostate tumor growth.

Blocking fatty acid transport slows cancer

To do so, they took human tissue samples from people with prostate cancer and grafted them onto mice. They found that the uptake of fatty acids was higher in human prostate cancer and that these fatty acids fueled the tumor's biomass.

The researchers also noted that a fatty acid transporter called CD36 mediated these metabolic changes. Moreover, CD36 correlated with aggressive forms of prostate cancer.

led to tumor formation and slowed down the progression of the cancer.

Furthermore, "CD36 antibody therapy reduced cancer severity in patient-derived xenografts," report the researchers, who go on to note that their results point to a new therapeutic target.

"These findings identify a critical role for CD36-mediated fatty acid uptake in prostate cancer and suggest that targeting fatty acid uptake might be an effective strategy for treating prostate cancer," the authors write.



Prof. Watt comments on the findings, saying, "We've known for many years that dysfunctional fatty acid metabolism is linked to many chronic diseases."

"Applying this knowledge to cancer and providing the evidence to develop a therapy to treat a disease that impacts so many men is deeply satisfying," he adds.

According to the American Cancer Society, doctors will diagnose almost 175,000 people in the United States with prostate cancer in 2019, and more than 30,000 people will die as a result of this disease.

After lung cancer, prostate cancer is the "second leading cause of cancer death" in U.S. men.

By Ana Sandoiu 2019 -02 -09

Fact checked by Isabel Godfrey

<https://www.medicalnewstoday.com/articles/324398.php>

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"Our whole concept is about giving more appropriate treatment earlier to stop men getting to the late or advanced stage. Our studies showed that blocking fatty acid transport is one way to do this."

Renea Taylor

Next, the researchers deleted the gene responsible for creating this transporter and examined the effects in the rodents with prostate cancer. Eliminating the gene decreased the signaling lipids that

PSA Testing Cuts Deaths, Shows Value of Long-Term Screening

A blood test measuring the levels of PSA — a well-known marker of prostate cancer — cuts deaths from the disease by nearly 30%, the longest screening study on prostate cancer shows.

The study, “Improving Prostate Cancer Screening: 22-Year Follow-up in a Randomized Trial,” followed 20,000 men in Sweden for more than two decades and was featured in Maria Franlund’s PhD thesis.

“This research is important because it shows the long-term effects of an organized screening program in Sweden,” Franlund, MD, PhD in Urology at Sahlgrenska Academy, University of Gothenburg, Sweden, and head of department at Sahlgrenska University Hospital, said in a press release.

There is no question that PSA screening detects prostate cancer about six years earlier than a digital rectal exam and 10 years before symptoms appear. However, whether to routinely screen men for their PSA levels remains one of the most controversial subjects of recent years among urologists.

The issue comes from not knowing whether PSA testing actually saves men’s lives, and whether the overdiagnosis and overtreatment of otherwise harmless cancers would be worth the risk. Thus, current guidelines in most countries worldwide suggest that routine PSA testing should not be offered alone for diagnosing prostate cancer.

Franlund’s research, however, challenges those recommendations.

The study was based on data from the Randomized Population-Based Prostate Cancer Screening Trial (ISRCTN54449243), which included 20,000 men living in the city of Göteborg in 1994.

Participants, between 50 and 64 years old at the time, were randomly assigned to receive a PSA test every two years — along with a biopsy if PSA levels were elevated — or to a control group not offered PSA screening.



After 22 years of follow-up, approximately 1,528 cancers had been detected in screened participants, compared to 1,124 in the control group. However, cancers in the screening group were detected at an earlier stage, which led to a 29% reduction in prostate cancer deaths. In total, 112 screened men died from the disease, compared to 158 deaths in the control group.

Researchers also identified three groups of men who had a particularly high risk of death because of prostate cancer: men whose disease was detected during

the first screening, all of whom were 60 or older; men diagnosed after leaving the study; and men who were invited to the screening group, but did not participate.

This last group of men, called the non-attenders, had a lower incidence of prostate cancer than attenders — most likely because asymptomatic, low-grade cancers were not detected — but were more than three times more likely to die of the condition.

Researchers also noted that men diagnosed after the study’s termination were less likely to receive curative treatments — likely because they were older and less likely to endure aggressive treatments — suggesting that screening programs should start earlier.

“This investigation reveals that the men at high risk of PC death were those who were invited, but did not participate in the program, those who started screening after age 60, and those who had a long life expectancy and terminated screening too early,” Franlund stated. “To improve a future screening program, these findings must be regarded.”

by Ines Martins, PhD

February 21, 2019

<http://prostatecancernewstoday.com/2019/02/21/psa-testing-cuts-deaths-shows-value-of-long-term-screening>

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Metastatic Prostate Cancer Responds to Novel Radiation Therapy

The following article features coverage from the 2019 Genitourinary Cancers Symposium. Click here to read more of Cancer Therapy Advisor's conference coverage.

SAN FRANCISCO — Treatment with a novel targeted radiation therapy improves survival of men with metastatic castration-resistant prostate cancer (mCRPC), according to the findings of a study presented at the 2019 Genitourinary Cancers Symposium. ¹

The therapy consists of a small molecule that has a high affinity for prostate-specific membrane antigen (PSMA) that is radiolabeled with lutetium-177. The therapy, called lutetium-177 PSMA-617 (LuPSMA), purportedly delivers high doses of beta radiation to cancer metastases.

In a phase 2 trial that included 50 men with mCRPC who progressed despite treatment with standard therapies, the median overall survival times was 13.3 months (95% confidence interval [CI], 10.5–18.0), which is longer than the average 9-month survival time for men with this stage of disease, according to investigators. Survival time was significantly longer among patients who had a PSA decrease of 50% or more compared with those who had a smaller PSA decrease (18.0 vs 8.7 months). Median PSA progression-free survival was 6.9 months (95% CI, 6.0–8.7).

A 50% or greater decline in PSA was achieved in 32 of 50 patients (64%; 95% CI, 50%–77%), including 22 patients (44%; 95% CI, 30%–59%) who experienced a PSA decline of 80% or more. The most common toxicities attributed to treatment were transient G1-2 dry mouth in 68% of patients,

G1-2 nausea in 48%, and G1-2 fatigue in 36%. G3-4 toxicities attributed to the treatment were infrequent, with thrombocytopenia in 10% of patients, and anemia in 10%.

“In this trial, we treated men who would have otherwise been directed to palliative care,” lead investigator Michael Hofman, MBBS, of the Peter MacCallum Cancer Centre in Melbourne, Australia, said in a statement prepared by the conference organizers. ²



By targeting prostate-specific membrane antigen, a molecule radiolabeled with lutetium-177 is expected to deliver high doses of beta radiation to distant metastases.

The study participants received prior docetaxel (84%), cabazitaxel (48%), and abiraterone acetate and/or enzalutamide (90%). The median PSA doubling time was 2.6 months.

The investigators previously reported favorable activity and toxicity with LuPSMA in a study of 30 patients with mCRPC.

“The results of this 50-patient study provide further confidence to our previously published 30-patient study, demonstrating high response rates and low toxicity in men with metastatic castration-resistant prostate cancer who have progressed after conventional therapies,” Dr Hofman said in a presscast held in advance of the

conference, which is sponsored by the American Society of Clinical Oncology (ASCO), Society of Urologic Oncology (SUO), and the American Society for Radiation Oncology (ASTRO).

“As a clinician, I will tell you that this is a very intriguing agent,” commented Robert Dreicer, MD, MS, an expert spokesperson from the American Society of Clinical Oncology (ASCO), who moderated the presscast.

Two randomized controlled trials of LuPSMA are under way: the ANZUP/Prostate Cancer Foundation of Australia TheraP trial (177Lu-PSMA-617 vs cabazitaxel) (ClinicalTrials.gov Identifier: NCT03392428) and the Endocyte VISION trial (177Lu-PSMA-617 vs best standard of care) (ClinicalTrials.gov Identifier: NCT03511664).

References

- Hofman M, Violet JA, Hicks RJ, et al. Results of a 50 patient single-centre phase II prospective trial of lutetium-177 PSMA-617 theranostics in metastatic castrate-resistant prostate cancer. Data presented at: the 2019 Genitourinary Cancers Symposium; San Francisco, CA; February 14-16, 2019. Abstract 228.
- American Society of Clinical Oncology (ASCO). Phase II trial shows novel, radiolabeled PSMA-targeted treatment provides high response rates in men with metastatic prostate cancer [press release].

Jody A. Charnow February 14, 2019

<https://www.cancertherapyadvisor.com/genitourinary-cancers-symposium-2019/prostate-cancer-responds-novel-radiation-therapy-risk/article/834183/>

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Statins Plus ADT May Up Survival in Advanced Prostate Cancer

Statin use by men receiving androgen deprivation therapy (ADT) for prostate cancer (PCa) is associated with improved overall and cancer-specific survival, new data suggest.

The data are from an observational study that included 87,346 men on ADT for advanced PCa identified using the national Veterans Affairs database. Of these patients, 53,360 used statins and 33,986 did not. Statin users had a significantly longer median overall survival (6.5 vs 4.0 years) and a significantly greater 5-year cancer-specific survival rate (94% vs 87.3%), a team at the University of Wisconsin-Madison led by Kyle A. Richards, MD, reported online ahead of print in *Urologic Oncology*.

Statin use independently predicted a

significant 34% decreased risk of death from any cause, 44% decreased risk of death from PCa, and 36% decreased risk of skeletal-related events, after adjusting for multiple potential confounders, including age, race, Charlson comorbidity index (CCI), Gleason score, and PSA.

“Statins are inexpensive, well-tolerated medications that offer a promising adjunct to ADT, but require further prospective studies,” Dr Richards and his colleagues concluded.

The authors noted that statins are thought to have antineoplastic properties related to their effect on cell proliferation and steroidogenesis. Progression to castration-resistant PCa, they explained, includes de-regulation of androgen synthesis, suggesting a role

for statins in this setting. Statin users were significantly younger than nonusers (median 73 vs 76 years) and significantly more likely to have a CCI greater than 3 (3.1% vs 2.5%) and a Gleason score of 8–10 (12.3% vs 10.9%).

Reference

Anderson-Carter I, Posielski N, Liou JJ, et al. The impact of statins in combination with androgen deprivation therapy in patients with advanced prostate cancer: A large observational study. Urol Oncol. 2018; published online ahead of print.

Jody A. Charnow December 27, 2018

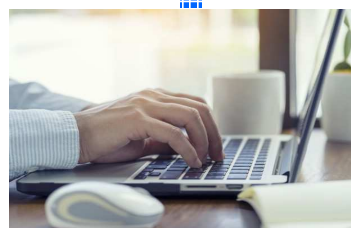
<https://www.renalandurologynews.com/statin-adt-combo-linked-to-better-survival-in-advanced-prostate-cancer/article/821494/>

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Did You Know?

Did you know that this newsletter is available in a colour version one to two weeks before you receive the black and white printed version via Canada Post? All you have to do is go to our website **www.manpros.org** to the home page and click on newsletters. Unlike many other organizations there is free public access to the newsletter. You don't need a password or code to

access the newsletters. The colour makes the newsletter more reader friendly and the reading easier. The illustrations are much more informative than in the black and white newsletter. Not only is the current newsletter available but also all the newsletters going back to January, 2013.



While you're at it look to left side of the home page and click on History and read how the support group was formed and the history of its first 20 years.

We would appreciate receiving your comments on the on-line newsletter by sending them to our e-mail mail box at

Study Finds Upsurge In ‘Active Surveillance’ For Low-Risk Prostate Cancer

Many men with low-risk prostate cancer who most likely previously would have undergone immediate surgery or radiation are now adopting a more conservative “active surveillance” strategy, according to an analysis of a new federal database by scientists from Dana-Farber Cancer Institute.

The use of active surveillance increased from 14.5 percent to 42.1 percent of men with low-risk prostate cancer between 2010 and 2015, said the researchers, led by Brandon Mahal, MD, from the department of radiation oncology at Dana-Farber/Brigham and Women’s Cancer Center who led the study published by JAMA.

During that same period, the percentage of men undergoing radical prostatectomy (removal of the prostate gland) declined from 47.4 percent to 31.3 percent. The use of radiotherapy for low-risk disease dropped from 38.0 percent to 26.6 percent.

“What we know from high level evidence is that conservative management of low-risk prostate cancer is associated with a very favorable prognosis,” said Mahal. “Many men with low-risk disease are able to be spared the toxicity of treatment so it’s an important discussion to have between clinicians and patients.”

National guidelines advocating conservative management rather than immediate “definitive treatment” with surgery or radiotherapy were established in 2010 for men with low-

risk prostate cancer. Low-risk disease is defined as a small tumor confined to the prostate gland that is assigned a grade of 6 on the Gleason scale following a biopsy; an early pathological stage, and a low PSA (prostate-specific antigen) blood level.



“This encouraging finding suggests that clinicians are better adhering to current recommendations and guidelines for men with low-risk prostate cancer, as the use of active surveillance in appropriately selected men will reduce rates of overtreatment,” said Howard Soule, PhD, executive vice president and chief science officer of the Prostate Cancer Foundation.

Mahal said men with low-risk tumors have a “very, very low risk of dying” from prostate cancer, and that invasive treatments don’t necessarily improve survival odds. In the current study, Mahal and his colleagues, including senior author Paul Nguyen, MD, a Dana-Farber/Brigham and Women’s Cancer Center radiation oncologist, made use of a federal database that for the first time specified whether patients made use of watchful waiting or active surveillance. (Patients adopting a

watchful waiting approach are told to report symptoms such as changes in urinary habits, pain, or irritation, or bone pain that could reflect metastatic progression. Active surveillance involves periodic follow-up tests for PSA levels, repeat biopsies, and exams by a doctor every six to 12 months).

The study also revealed changes in treatment for high-risk prostate cancer from 2010 to 2015 – though the researchers were somewhat surprised by the findings. The use of radical prostatectomy increased from 38 percent to 42.8 percent during that period, while radiotherapy decreased from 60.1 percent to 55 percent.

“This shift in management patterns away from radiation therapy and toward more radical prostatectomy is not supported by any recent high-level studies,” said Mahal. “This finding is provocative and may be a focal point of debate.”

Funding for the research was provided by Prostate Cancer Foundation-American Society for Radiation Oncology award to Mahal; Prostate Cancer Foundation funding to Nguyen; and support from the Wood Family Foundation, Baker family, Freedman family, Fitz’s Cancer Warriors, David and Cynthia Chapin, Frashure family, and other donors.

FEBRUARY 11, 2019

<https://www.dana-farber.org/newsroom/news-releases/2019/study-finds-upsurge-in--active-surveillance--for-low-risk-prostate-cancer/>

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FUTURE MEETINGS 2019

20 Mar. Speaker: **Dr. Sabine Mai** (BSc, MSc, PhD)
Topic: "Research towards improved diagnosis and therapy of prostate cancer: circulating tumor cells tell a powerful story"

17 Apr. Speaker: **Jennifer McLaren** (Reh-Fit Centre)
Topic: Moving forward after prostate cancer

15 May Speaker: **Dr. Sean Ceaser, ND**
 Topic: "Naturopathic medicine and prostate cancer"

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