Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 397 *MPCSG – active since 1992.* **June 2025**

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!

Next Meeting

Date: Wednesday, June 18, 2025

Speaker: : Evan Van Dale
BSc. Exercise Science
CSEP-Clinical Exercise Physiologist
Certified Physiotherapist, Reh-Fit Center, Winnipeg

Topic: "Exercise:
The Medicine You Want More Of"
(There will be lots of opportunity for a vigorous Q&A)

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

Time: 7-9 pm

Free Admission Everyone Welcome Plenty of free parking Door Prizes

Thought of The Day

"Patience and perseverance have a magical effect before which difficulties disappear and obstacles vanish."

- John Quincy Adams

Diabetes drug shows promise for treating prostate cancer

An international team of scientists led by the Medical University of Vienna has identified similarities in the mechanisms of diabetes and cancer: as the researchers show, the protein PPARγ, which is central to the regulation of metabolic processes, can also influence the growth of prostate cancer cells. PPARγ is already known to be a target of certain drugs used to treat type 2 diabetes. The results of the study, which have been published in the leading journal Molecular Cancer, indicate that such drugs could also represent a promising approach for the treatment of prostate cancer.

PPARγ has been known in diabetes research for quite some time, as it has an influence on insulin sensitivity. For more than 20 years, the protein has been the target of certain medications, including so-called thiazolidinediones such as pioglitazone, which are used to treat type 2 diabetes. In the search for new, targeted therapeutic approaches for tumors, cancer research has also been looking at this for several years. PPARγ (peroxisome proliferator-

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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.

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activated receptor gamma) is a transcription factor that plays an important role in the regulation of metabolic processes, inflammatory reactions and cell growth as a gene activator. As the research team led by Lukas Kenner (Clinical Department of Pathology at MedUni Vienna) has now shown, it is also associated with the growth of prostate cancer.

Altered growth behavior of tumor cells

The researchers came to this conclusion by examining cell cultures and tissue samples from patient cohorts. They analysed how different activation states of the protein affect the cells. "It was shown that the diabetes drug pioglitazone influences the activity of PPARγ and thus inhibits the growth behaviour and metabolism of tumor cells. Furthermore, initial results revealed that prostate cancer patients with diabetes who were treated with PPARγ agonists had not relapsed at the time of data collection," explains first author Emine Atas (MedUni Vienna's Department of Biomedical Imaging and Image-guided Therapy). "This suggests that drugs that target PPARγ could represent a new approach to the treatment of prostate cancer," explains principal investigator Lukas Kenner.

Prostate cancer is the second most common cancer in men worldwide. Despite enormous medical advances in recent years, in Austria alone this type of tumor is still responsible for one in eight cancer deaths in men. The currently available treatment methods range from surgery and radiotherapy to medication. The identification of previously unknown molecular mechanisms could help to develop targeted therapies. PPARγ, as a potential regulator of tumor growth, is a promising option here, which will now be investigated in further studies.

Editorial Checklist Reviewed
Medical University of Vienna
May 6 2025

Source:
Medical University of Vienna

www.news-medical.net/news/20250506/Diabetes-drug-shows-promise-for-treating-prostate-cancer.aspx

Journal reference:
Atas, E., et al. (2025). The anti-diabetic PPARγ agonist Pioglitazone inhibits cell proliferation and induces metabolic reprogramming in prostate cancer. Molecular Cancer. doi.org/10.1186/s12943-025-02320-y.

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Learning the basics about prostate cancer

As part of our outreach activity we provide speakers available to any community service group interested in learning about and upgrading their knowledge about prostate cancer. If you are part of a group that would like to learn, or review, the important basics that everyone should know about this disease, presented at an easy-to-understand layperson level, please contact any board member to schedule a presentation.
It takes about an hour and allows for active engagement between speaker(s) and audience to explore a variety of interests and concerns. There is no cost for this service. Size of the group doesn't matter, but the more the merrier. You provide the audience and we'll provide the speaker.

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Improvements In Prostate Cancer Tracking Help Men Stay In Active Surveillance

Key Takeaways

- ◊ Advanced techniques are helping men with prostate cancer remain in active surveillance longer
- ◊ MRI-guided biopsy can keep better track of the progress of prostate tumors
- ◊ Focal therapy can keep tumors at bay without resorting to invasive treatments

Men in "watchful waiting" mode for their low-risk prostate cancer are staying healthier longer thanks to advanced imaging and treatments designed to keep their tumor at bay, a new study says.

Advanced MRI imaging and MRI-guided biopsies are providing a much clearer view of the prostate, allowing doctors to more easily track cancer changes over time, researchers wrote in The Journal of Urology.

Meanwhile, focal therapies are curbing the progress of prostate cancer by using heat, cold and electricity to kill tumor cells on the prostate, researchers said.

This combination is allowing men to remain in active surveillance longer without surgery or radiation therapy, which can cause long-lasting side effects like impotence and incontinence, researchers said.

"This represents a major advancement in the management of prostate cancer," senior researcher Dr. Leonard Marks, chair of urology at the David Geffen School of Medicine at UCLA, said in a news release.

"By combining MRI-guided diagnosis with selective focal therapy, we can offer men a more personalized approach," Marks said. "This strategy not only helps avoid unnecessary procedures, but also gives us a better way to predict who will benefit from extended surveillance, potentially improving quality of life and reducing side effects without compromising safety."

About 60% of men with low-risk prostate cancer are in active surveillance, where doctors hold off on treatment until there are signs the tumor has progressed, according to the National Cancer Institute.

These low-risk prostate cancers grow so slowly that they may never cause symptoms, and men with these tumors are more likely to die from some other cause, experts say.

However, many men are queasy with the thought of having an untreated cancer, and they wind up opting for surgery or radiation even though the chances of unpleasant and lasting side effects are high, researchers said.

To improve men's confidence in active surveillance, researchers tested whether using MRI-guided biopsy and focal therapy could make watchful waiting safer, more effective and easier for patients to stay on longer.

For the study, researchers analyzed data from 869 men in UCLA's active surveillance program between 2010 and 2022. All patients had an MRI-guided biopsy at the start that showed low- to medium-risk prostate cancer.

Starting in 2016, some of the men also were offered focal therapy if their cancer was slightly higher-risk or had showed signs of progressing.

About a quarter of the men wound up undergoing focal therapy, which uses cold gases, lasers, ultrasound or electric shocks to kill off cancer cells.

MRI was highly accurate in identifying cancers that qualified for active surveillance, correctly predicting stable tumors in 90% to 95% of men with low-risk cancer and 70% of men with medium-risk cancer, results show.

In fact, the MRI was so accurate that there was a reduced need for repeat biopsies, researchers said.

Results also showed a decline in men leaving active surveillance due to anxiety, which could reflect growing confidence in MRI-based monitoring, researchers said.

"Although the numbers for the focal therapy group are small and the follow up was relatively brief, the near-term advantage of focal therapy in avoiding surgery or radiation is clear," Marks said.

"This study offers some of the strongest evidence yet that active surveillance, when guided by modern imaging and minimally invasive treatments like focal therapy, can safely be expanded to more patients," he concluded.

However, researchers said these techniques should be further tested in larger studies involving more hospitals.

What This Means For You

Men with prostate cancer who qualify for active surveillance should ask if MRI screening or focal therapy might help their continuing treatment.

Dennis Thompson May 15, 2025

HealthDay News

Source: UCLA, news release, May 8, 2025

www.healthday.com/health-news/cancer/improvements-in-prostate-cancer-tracking-help-men-stay-in-active-surveillance

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After Prostate Cancer, Physical Activity Revives Erections

A study has revealed that regular exercise can improve erectile dysfunction after treatment for prostate cancer, highlighting the importance of physical activity in sexual rehabilitation, particularly in men who have undergone radiotherapy or antiandrogen treatment.

Sexual dysfunction is often present after treatment for prostate cancer. Erectile function declines progressively for up to 15 years after prostatectomy and prostate radiotherapy and is often associated with a decrease in libido, alterations in ejaculatory and orgasmic function, and changes in relationships with sexual partners.

The pathogenesis of these disorders is complex and involves physical, psychological, and iatrogenic factors. However, most affected men do not receive targeted interventions for sexual dysfunction after prostate cancer.

Engaging in physical activity is one potential treatment owing to its somatic effects that counteract the bodily feminization and muscle wasting associated with androgen deprivation treatments, as well as their psychological effects (by preserving libido and improving a person's sense of masculinity).

Randomized Trial

A research team led by Daniel A. Galvão, PhD, from Edith Cowan University in Perth, Australia, studied the effects of resistance and aerobic exercise, alone or combined with a brief intervention on psychosexual education and self-management (PESM), vs standard care in men diagnosed with prostate cancer. They conducted a single-center, parallel-group randomized trial, consisting of three arms. Patient recruitment took place in Perth between July 2014 and December 2018.

The study participants had to present with sexual dysfunction with a global satisfaction score less than 8 on the International Index of Erectile Function (IIEF) scale (range, 2-10); have undergone treatment with radiotherapy, prostatectomy, or antiandrogens; and have the consent of their physician.

Patients were excluded if their prostatectomy did not preserve the pelvic nerves, if more than 12 months had passed since the end of oncologic treatment, or if they were already regularly engaging in physical activity.

Of 394 eligible men, 112 (mean age, 66.3 years) were randomly assigned to three groups in a 1:1:1 ratio: physical exercise (n = 39), exercise plus PESM (n = 36), or a control group (n = 37). Stratification was based on age, current sexual activity, and type of oncologic treatment.

Aerobic and resistance-based exercises were performed three times a week for 6 months, under strict supervision, in groups of 10-12 people. They included 20-30 minutes of cardiovascular exercise at 60%-85% of maximum heart rate and, if possible, exercises performed at home up to 150 minutes weekly.

Participants in the PESM group also received an intervention for stress management and assistance in resolving issues related to their treatments and defined their goals for sexual rehabilitation. Control group participants maintained their usual physical activity during the 6 months of the trial.

The primary evaluation criterion was sexual function, measured using the IIEF. Secondary criteria included changes in body composition, physical activity, and muscle strength. Additionally, prostate-specific antigen, testosterone, and C-reactive protein were measured. All analyses were conducted on an intention-to-treat basis.

Improvement in Erectile Dysfunction

No notable side effects related to physical exercise were reported. The adjusted mean difference in IIEF scores at 6 months between the physical exercise group and the standard care group was approximately 3.5 points (P =.04).

In contrast, the PESM program did not appear to provide additional benefits, with the difference in IIEF scores calculated at -0.2 (P =.60).

Compared with standard care, engaging in physical exercise was associated with a significant improvement in fat mass and performance in standing up from a chair. There was also a noted gain in both upper-body and lower-body muscle strength.

In subgroup analysis, the benefit of muscle exercises over 6 months on erectile function was more pronounced in patients who underwent radiotherapy and those treated with antiandrogens compared with the prostatectomy subgroup.

When variations in IIEF by tertiles were analyzed, patients with the lowest tertile values before the trial were those who benefited the most from the exercises, both in terms of libido improvement and overall satisfaction.

Overall, this randomized trial confirms the value of a muscle exercise program on sexual function within 12 months of treatment for prostate cancer. A brief PESM program did not provide addition gains.

Of note, the impact of such measures was smaller after radical prostatectomy

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and in patients with advanced-stage cancer. Furthermore, regular physical exercise contributed to improvement in patients' self-perception of body image, with a potentially beneficial effect on their sexual function.

The strengths of this study are its highly significant results regarding sexual function and excellent participant adherence. Conversely, this was a single-center trial that included only 112 patients owing to problems with recruitment, and it may not necessarily be representative of all men treated for prostate cancer.

Thus, engaging in physical exercises should be considered an integral part of therapeutic measures aimed at improving sexual function after treatment for prostate cancer.

This story was translated from JIM.

Dr Pierre Margent
May 12, 2025
Medscape Medical News

Medscape Medical News WebMD

After Prostate Cancer, Physical Activity Revives Erections - Medscape - May 12, 2025.

Source: www.medscape.com/viewarticle/after-prostate-cancer-physical-activity-revives-erections-2025a1000be2

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Decipher Prostate Test Now Available for Metastatic Prostate Cancer

Decipher Prostate Metastatic Genomic Classifier has been launched for use in patients whose prostate cancer has spread beyond the primary tumor, according to a news release from Veracyte, Inc.

The Decipher Prostate test, already widely used in localized disease, is now the only gene expression test covered by Medicare for all prostate cancer risk levels. Additionally, Veracyte has launched an early access program for its Decipher Prostate Metastatic test at select clinical sites and will begin accepting broader orders in June 2025.

"A number of treatment options are now available to increase survival for patients whose prostate cancer has metastasized," Elai Davicioni, Veracyte's medical director for Urology, said in the release. "Until now, however, clinicians had limited ways to determine which of these patients will likely benefit from these therapies and which will not and may thus avoid their toxic side effects. We believe the Decipher Prostate Metastatic test will provide an important new tool to help clinicians make more-informed treatment recommendations for their patients with metastatic prostate cancer."

The clinical validity and utility of the Decipher Prostate test in patients with metastatic prostate cancer have been confirmed in multiple prospective phase 3 studies. Patients with high Decipher scores were more likely to have aggressive tumor biology than those with lower scores, helping guide decisions on treatment intensification. These results add to existing data supporting the test's use in localized prostate cancer, where it is the only gene expression test with Level 1 evidence in the latest NCCN Guidelines for prostate cancer, as per the release.

"Our expansion into metastatic prostate cancer underscores the power of the Veracyte Diagnostics Platform to uncover novel insights that can enable us to further help patients," Dr. Philip Febbo, Veracyte's chief scientific officer and chief medical officer, said in the news release.

The Decipher Prostate Genomic Classifier is a 22-gene test developed using RNA whole-transcriptome analysis and machine learning to guide treatment decisions for patients with prostate cancer. Performed on biopsy or surgically resected tissue, the test assesses cancer aggressiveness. In localized or regional disease, the Decipher score predicts risk of metastasis to help inform treatment timing and intensity.

In metastatic disease, the score indicates the likelihood of progression and potential survival benefit from treatment intensification. The test's clinical utility has been demonstrated in more than 85 studies involving over 200,000 patients. It is the only gene expression test with "Level I" evidence and inclusion in the risk-stratification table of the latest NCCN Guidelines for prostate cancer.

Prostate cancer is the second leading cause of cancer death among men in the United States, and diagnoses of advanced disease have been rising in recent years. Veracyte estimates that about 10%, or 30,000, of prostate cancers diagnosed each year are metastatic.

Metastatic prostate cancer occurs when prostate cancer, which forms in the tissues of the prostate gland located below the bladder and in front of the rectum, spreads to other parts of the body, according to the National Cancer Institute. This disease typically affects older men.

Furthermore, in metastasis, cancer cells break away from the original tumor and travel through the blood or lymph system to form new tumors in other organs or tissues. These new tumors are made up of prostate cancer cells, not cells from the area where the tumor has spread. Common sites of metastasis include the bones and lymph nodes.

Author(s): Spencer Feldman
Fact checked by: Alex Biese

April 25, 2025

Source: www.curetoday.com/view/decipher-prostate-test-now-available-for-metastatic-prostate-cancer

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Avenda's AI Outshines MRI for Prostate Cancer Detection

Avenda Health has announced new study results showing its cancer mapping tool, Unfold AI, predicts prostate cancer spread more accurately than MRI. The study was led by Stanford and UCLA researchers. Unfold AI is the first and only FDA-approved AI-based prostate cancer decision support program.

The pilot study, titled "Prediction of Seminal Vesicle Invasion Using Artificial Intelligence Prostate Cancer Risk Mapping," was presented at the American Urological Association's 2025 Annual Meeting.

"We are on the road to predicting all stages of the disease," Avenda CEO and co-founder, Shyam Natarajan, PhD, told Inside Precision Medicine.

About one in eight men in the United States alone are estimated to develop prostate cancer each year. Among the men who are treated, 20–30% experience a recurrence. Researchers are just starting to understand the key anatomical features around the prostate that need to be included in any screen to prevent recurrence.

This study showed Unfold AI significantly improves the prediction of seminal vesicle invasion (SVI), a critical factor in prostate cancer staging and prognosis, achieving a 92% accuracy rate, compared to 52% with radiologist interpretation on standard MRI.

This data builds on a previous study that examined Unfold AI's ability to predict extracapsular extension risk. Together, these studies demonstrate the role of Unfold AI in predicting the spread of prostate cancer to other organs, improving physicians' ability to accurately diagnose and plan treatment for patients.

Determining if prostate cancer has spread into other nearby structures, like the seminal vesicles, is critical for accurate staging and effective treatment planning, particularly for surgery and radiation. Traditional methods like MRI are largely unreliable and inaccurate, which leads to frequent misdiagnosis of SVI with MRI alone.

Researchers from Stanford University School of Medicine and UCLA's David Geffen School of Medicine conducted a preliminary study of two cohorts of men, all of whom received MRI scans before undergoing prostate cancer surgery.

They compared physicians' predictions of SVI based on MRI alone to predictions made by Unfold AI, which combines MRI and clinical data to create a 3D cancer map. After surgery, the team analyzed prostate specimens for SVI to evaluate the accuracy of both methods.

In the first cohort, pathology confirmed SVI in 25 of 147 patients. Unfold AI accurately identified 92% of these cases, while physicians using MRI identified 52%. The second cohort included 20 patients, 10 of whom had SVI. MRI missed four of the 10 cases, while Unfold AI missed only two. Unfold AI also produced fewer false positive rates compared to MRI in both the first and second cohorts.

"These results demonstrate how Unfold AI continues to improve the diagnosis and staging of prostate cancer, enabling the physician to recommend and deliver the best therapy to the patient," said Natarajan.

May 7, 2025 Sage Publications

Source: www.insideprecisionmedicine.com/topics/oncology/avendas-ai-outshines-mri-for-prostate-cancer-detection

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New Biomarkers of Treatment Resistance in Metastatic Prostate Cancer Found

Researchers at the Palacký University in Czechia have discovered blood-based biomarkers that can predict failure of treatment in patients with both metastatic hormone-sensitive prostate cancer (HSPC) and castration-resistant prostate cancer (CRPC) prostate cancer. The research, reported in the Journal of Molecular Diagnostics, identified important new biomarkers to help predict treatment outcomes in emerging therapies for prostate cancer that combine androgen deprivation therapy and androgen receptor pathway inhibitors (ARPI).

The study analyzed plasma samples from 140 patients (72 with metastatic HSPC and 68 with CRPC. Blood samples were collected before the initiation of androgen receptor pathway inhibitor (ARPI) therapy. The aim was to determine whether certain biomarkers could independently predict early therapy failure, a common challenge in advanced prostate cancer management.

The team used digital PCR to assess androgen receptor (AR) gene amplification and quantitative PCR to measure the expression of microRNA-

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375 (miR-375). Sixteen additional clinical biomarkers were also evaluated, including prostate-specific antigen (PSA), chromogranin A (CGA), alkaline phosphatase, lactate dehydrogenase, C-reactive protein (CRP), lymphocyte-to-monocyte ratio (LMR), and platelet count.

"A multivariate analysis, adjusted for age and metastatic dissemination, identified miR-375 expression and LMR to be the only independent negative predictors for androgen receptor pathway inhibitors therapy failure in castration-resistant prostate cancer patients. Regarding the hormone-sensitive prostate cancer patients, we report the priority finding on the independent negative predictive value of platelets, CRP, and CGA for the therapy failure of the combined androgen deprivation therapy and androgen receptor pathway inhibitors," said co-lead investigator Hana Študentová, PhD, a medical oncologist and deputy head of the department of oncology at Palacký University and University Hospital Olomouc.

The study builds on previous work that linked miR-375 and AR gene alterations to therapy resistance. Prior research has shown that AR amplification and mutations are common in advanced stages of prostate cancer and are associated with resistance to hormonal therapies. The current study confirms these associations and provides new evidence that high miR-375 expression and low LMR predict ARPI therapy failure in CRPC. In HSPC, the research discovered the new biomarkers platelet count, CRP, and CGA as independent negative predictors of therapy outcomes.

"The multivariate analysis adjusted for age and metastatic dissemination found platelets, CRP, and CGA as the only independent negative predictors of ARPI therapy in HSPC patients," the researchers wrote.

The identification of platelet count as a predictor is notable in light of recent studies suggesting that platelets contribute to metastatic tumor survival and immune evasion.

"This research demonstrates that platelets play a dual role in metastasis progression," the researchers wrote. "They aid in the initial stages of metastasis by binding to tumor cells, and they also support the survival and growth of established metastatic tumors by suppressing the immune response."

The ability to detect and monitor these biomarkers through blood samples should provide easily accessible new information that can inform clinicians' therapy regimens for their patients. These tests are already routine in many medical laboratories, enabling relatively easy integration into standard care pathways.

"Evaluation of platelets, CRP, and CGA is established in many laboratories and can easily be exploited for the care of patients with metastatic hormone-sensitive prostate cancer," said lead investigator Jan Bouchal, PhD, of the department of clinical and molecular pathology, Institute of Molecular and Translational Medicine, Palacký University. "Our study validates the utility of blood-based biomarkers in predicting therapy outcomes for patients with both types of prostate cancer."

The researchers noted that the test could be used for patients showing early signs of likely treatment failure who could be considered for alternative or intensified therapy regimens, such as additional chemotherapy or switching to PARP inhibitors or radioligand therapy. The researchers noted that miR-375 and LMR, in particular, may be important for prognosis and treatment selection in CRPC, where options are limited once resistance emerges.

Future research will focus on validating these new markers in independent patient populations and exploring how their incorporation into clinical workflows might alter outcomes. Integration with other diagnostic platforms, such as radiographic imaging or genetic profiling, could enhance their predictive accuracy and usefulness in complex clinical decision-making.

May 13, 2025

Source: insideprecisionmedicine.com/topics/oncology/new-biomarkers-of-treatment-resistance-in-metastatic-prostate-cancer-found

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FUTURE MEETINGS 2025

16 Jul: Marc Geirnaert Director of Provincial Oncology Drug Program at CCMB

Topic: ""Cancer drugs; powerful weapons in the fight against prostate cancer"

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20 Aug: TBA

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