Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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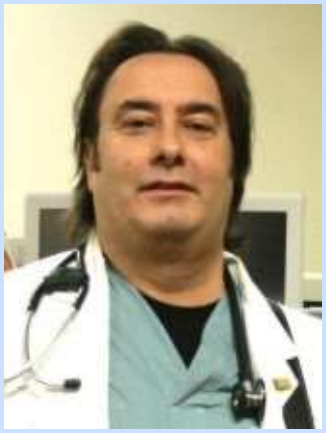
Thanks!

Next Meeting

Date: Wednesday, July 15, 2026

Speaker: Dr. D. Drachenberg MD FRCSC
Urologic Oncologist and General Urology, Manitoba Clinic; Provincial Chair Urology, Doctors MB



Topic: "Everything you want to know about prostate cancer but were afraid to ask"
(Have your questions answered in the 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

"It is during our darkest moments that we must focus to see the light"

- Aristotle Onassis

J&J prostate cancer drug reduces risk of cancer spread and death in late-stage study

Summary:

- 8.9% of patients on combo had little to no cancer at surgery vs 1% on hormone therapy alone
- Treatment regimen cut disease recurrence or death risk by 20%
- Researchers call data 'paradigm changing'
- J&J plans to seek expanded approvals for Erleada

May 31 (Reuters) - Johnson & Johnson's (JNJ.N), opens new tab prostate cancer drug Erleada used with hormone-blocking therapy six months before and after prostate surgery improved the chances of eliminating the cancer and reduced the risk of disease progression or death, according to data from a late-stage trial presented on Sunday.

The study, which followed patients for over five years, found that those who received the regimen were nine times more likely to have little to no detectable cancer in the prostate at the time of surgery compared with those given testosterone-blocking therapy alone.

(Continued on page 2)

SHARING IS CARING

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.

(Continued from page 1)

The addition of Erleada also reduced the risk of the cancer spreading or death by 20%, the company said.

The data, presented at the American Society of Clinical Oncology meeting in Chicago, is likely to change how doctors approach treatment of men with high-risk localized or locally advanced prostate cancer. Currently, surgery to remove the prostate and radiation therapy are the standard of care for such patients.

About 40% of the 330,000 people diagnosed with prostate cancer in the U.S. are considered high-risk, J&J said.

The study also looked at a full year of treatment with Erleada and hormone therapy before and after surgery.

Among those patients, men who received the combination therapy on average went more than six years before requiring subsequent treatment, nearly double the time for the hormone therapy alone group. The longer therapy with Erleada also reduced the risk of recurrence and death by 29%.

Nearly half of patients who receive the current standard prostate-removal surgery and radiation see their cancer return and require additional treatment, J&J said.

'PARADIGM CHANGING'

Erleada, known chemically as apalutamide, belongs to a class of drugs called androgen receptor pathway inhibitors that block signals that drive prostate-cancer growth.

"No ARPIs are approved for localized high-risk prostate cancer with either surgery or radiation. So the (data) would be paradigm changing," said Dr. Mary-Ellen Taplin, the study's lead researcher from Dana-Farber Cancer Institute in Boston.

The trial enrolled more than 2,000 patients with high-risk localized or locally advanced prostate cancer who were candidates for prostate gland removal surgery.

At the time of surgery, 8.9% of patients who received the combination treatment had little to no detectable cancer, compared with 1% of those receiving hormone therapy alone.

"The patient benefit here is unequivocal," Mark Wildgust, J&J's medical affairs lead for oncology, said in an interview. "I think that the evidence is really showing that Erleada is adding something that we had not seen before."

Widely used ARPIs include Pfizer's (PFE.N), Xtandi and Bayer's (BAYGn.DE), Nubeqa.

The safety profile of the Erleada combination treatment was consistent with previous studies, J&J said. Common side effects among patients who received the treatment include hot flushes, urinary incontinence and erectile dysfunction.

Erleada won U.S. approval in 2018 and is currently used in combination with hormone therapy that suppresses production of testosterone, which drives prostate-cancer growth.

The company said it plans to work with regulators to get the combination therapy approved globally for earlier stages of prostate cancer.

Reporting by Sneha S K in Bengaluru; Editing by Bill Berkrot

By Sneha S K

May 31, 2026

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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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Novel prostate cancer treatment can reduce risk of disease progression by half, clinical trial shows

A Phase III clinical trial led by Neeraj Agarwal, MD, FASCO, senior director of clinical research at Huntsman Cancer Institute and professor of internal medicine at the University of Utah (the U), has found that a combination prostate cancer treatment could prevent the disease from progressing into a harder-to-treat form of cancer in select patients.

Combination therapy targets gene-altered tumors

The study, TALAPRO-3 (NCT04821622), evaluated a combination of two drugs—talazoparib and enzalutamide—in patients with metastatic castration-sensitive prostate cancer. This is a form of the disease that has spread beyond the prostate but remains susceptible to standard hormone therapy treatment.

The patients involved also had prostate cancer affected by certain gene mutations, including but not limited to BRCA1 and BRCA2 mutations, that often signal more aggressive disease.

Agarwal and his research team assessed enzalutamide in combination with talazoparib in comparison to enzalutamide alone, the standard of care. Using the two drugs together led to an observed 52% reduction in the risk of disease progression or death.

The results of the trial have been published in the New England Journal of Medicine. Agarwal also presented these findings as a late-breaking abstract at the American Society of Clinical Oncology Annual Meeting.

Why delaying resistance matters

"Delaying progression to castration-resistant disease, when hormone therapy will no longer work, remains a significant challenge in patients with an earlier stage of metastatic prostate cancer, also known as castration-sensitive prostate cancer. This is especially true for patients with mutations including BRCA1 and BRCA2, who often experience poorer outcomes," says Agarwal.

"With more than three years of follow-up, the novel combination of talazoparib plus enzalutamide demonstrated durable disease control across our patient population."

How the drugs work together

Prostate cancer needs male sex hormones, called androgens, to grow. Patients with castration-sensitive prostate cancer can undergo therapies to reduce the levels of androgens like testosterone or to stop the body from producing androgens at all.

Androgen deprivation therapy, also known as medical castration, can slow the cancer's progression. Prostate cancer becomes castration resistant when it no longer slows in response to a drop in testosterone.

Enzalutamide, whose brand name is XTANDI, is an androgen receptor blocker that prevents male hormones from feeding the cancer. Talazoparib is a PARP inhibitor, a drug that stops damaged cancer cells from repairing themselves. Talazoparib is also known by its brand name, TALZENNA.

Key survival and progression results

In the TALAPRO-3 patient population, Agarwal and his research team found that talazoparib plus enzalutamide significantly improved radiographic progression-free survival versus the use of only enzalutamide. Radiographic progression refers to the time it takes for a cancer to visibly progress, or worsen, using imaging like CT and bone scans.

After three years, the combination of the two therapies had a radiographic progression-free survival rate of 77%. With enzalutamide alone, it was 56%. The combination also improved progression-free survival rates in patients with BRCA and other mutations.

These gene alterations are present in approximately 25–30% of patients with castration-sensitive metastatic prostate cancer.

Role of genetic testing and quality of life

"These findings underscore the importance of genetic testing as part of routine care and highlight the potential for talazoparib plus enzalutamide to meaningfully improve the outcomes of patients at this particular point of diagnosis," says Agarwal. "Once tested, patients with these mutations can start this combination therapy earlier and slow the progression of the disease. This is a pivotal step in personalizing care for prostate cancer patients."

Agarwal also says that these benefits were achieved without meaningful deterioration in most patient-reported outcomes compared to enzalutamide alone, suggesting that patients may maintain their quality of life while receiving more effective therapy.

Building on earlier TALAPRO-2 findings

TALAPRO-3 enrolled 599 men from 266 locations, both in the United States and abroad. The clinical trial builds on Agarwal's previous research using the same combination therapy in the treatment of metastatic castration-resistant prostate cancer, the later stage of the disease.

That study, called TALAPRO-2, began at Huntsman Cancer Institute in 2017. The novel treatment received U.S. Food and Drug Administration approval in 2023 for metastatic castration-resistant prostate cancer with certain gene alterations.

by Huntsman Cancer Institute
at the University of Utah

edited by Sadie Harley,
reviewed by Robert Egan

Publication details

Neeraj Agarwal et al, PARP and Androgen-Signaling Inhibition plus ADT in Metastatic Prostate Cancer, New England Journal of Medicine (2026). DOI: 10.1056/nejmoa2604126

Journal information:
New England Journal of Medicine

Source: https://medicalxpress.com/news/2026-06-prostate-cancer-treatment-disease-clinical.html

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Advanced radiotherapy for prostate cancer to cut sessions from 20 to five

Thousands of men in England who have prostate cancer will be offered high-powered precision radiotherapy that will slash the number of treatment sessions they typically need from 20 to just five.

Senior doctors said the technique – called SABR (stereotactic ablative radiotherapy) - would target the disease more effectively than standard radiotherapy and help reduce side-effects.

The treatment is already offered to some patients with other types of cancer, including lung and brain.

This is the first time it will be offered to low- and intermediate-risk prostate cancer patients outside of trials.

Of the 55,000 men diagnosed with prostate cancer each year, around 17,500 are deemed low or intermediate risk.

Modelling suggests a fifth of those - around 3,500 - are likely to take up the option of this form of radiotherapy.

That is largely because some with low-risk prostate cancer opt instead for active monitoring, rather than immediate treatment, since these cancers are very slow growing and may not cause harm.
NHS England said it expected all 48 radiotherapy centres around the country to start offering the treatment "within weeks".

National clinical director for cancer Prof Peter Johnson said while the move would not benefit all prostate cancer patients, it was an important step.

"This technology lets us focus a powerful and precise beam of radiotherapy directly on to the cancer, limiting the damage to healthy cells," he said.

"And the fact it can be delivered in 15 fewer doses will help men get back to living their lives far more quickly."

Amy Rylance, of Prostate Cancer UK, said: "It's wonderful news that thousands of men in England will now have access to this revolutionary targeted radiotherapy.

"It will massively reducing the burden that cancer places on them, and their loved ones."

The charity is hopeful in the future the treatment will become available to even more prostate cancer patients.

Trials are already under way to see if the precision radiotherapy can be used on high-risk prostate cancer patients. Edwin Lambert, 70, from Suffolk, is in one of the trials.

He was diagnosed with prostate cancer in January 2025 and began hormone therapy. He experienced side effects, including loss of libido, hot flushes, mood swings and fatigue.

He then had the new type of radiotherapy, targeting his prostate and surrounding lymph nodes, which he said was "easier to deal with".

He said while he was treated in hospital he saw men undergoing the traditional radiotherapy who looked "dreadful" in comparison because of the repeated bouts of treatment.

He said he experienced a more frequent need to urinate during and shortly after the precision radiotherapy, but within five weeks was taking part in an archaeological dig he had long been planning.

"This treatment was an absolute godsend," he added.

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Nick Triggle
Health correspondent

Source: www.bbc.com/news/articles/crm02mmgr3ro

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PSMA-PET/CT halves biopsy rate in prostate cancer patients

Gallium-68 (Ga-68)-prostate-specific membrane antigen (PSMA)-11 PET/CT can reduce the need for biopsies in men with suspected high-risk prostate cancer, according to a study published June 10 in Lancet Oncology.

The finding is from a multicenter phase III trial (PRIMARY2) that enrolled 660 biopsy-naïve men across seven Australian hospitals who had non-suspicious MRI scans but high clinical risk, noted lead author James Buteau, MD, of the Peter MacCallum Cancer

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Centre in Melbourne, Australia, and colleagues.

"The addition of PSMA-PET to non-suspicious MRI with high clinical risk or equivocal MRI halved the number of men requiring biopsy without reducing the detection of clinically significant malignancy," the group wrote.

Prostate MRI has become the standard of care in men with suspected prostate cancer. In those with equivocal or non-suspicious MRI findings but high clinical risk -- defined by factors including prostate specific antigen (PSA) above 0.1 ng/mL/mL, or a family history of disease, for instance -- invasive biopsies are performed. Yet most of these men are found on biopsy to have either no cancer or clinically insignificant disease, the authors noted.

Ga-68 PSMA-11 PET/CT is approved and widely used for staging people with intermediate-risk to high-risk disease, biochemical recurrence, as well as for determining patient eligibility before lutetium-177 PSMA radioligand therapy, the authors added. Therefore, in this study, the group investigated whether the scans could reduce the number of people requiring biopsy without compromising diagnosis. Among the 660 participants, the median age was 61 years old, median PSA was 5.2 ng/mL, and median PSA density was 0.13 ng/mL/mL. There were PI-RADS 2 categories in 335 (51%) participants and PI-RADS 3 in 325 (49%) participants. The researchers randomly assigned 329 (50%) to a control group with systematic transperineal prostate biopsy, and 331 (50%) to an experimental group with Ga-68 PSMA-11 PET/CT.

According to the analysis, the proportion of participants with clinically significant prostate cancer in the experimental group (39 of 331 [12%]) was noninferior to the control (51 of 329 [16%]). The use of Ga-68 PSMA-11 PET/CT avoided biopsy in 163 (49%) of 331 participants ($p < 0.0001$), the researchers reported.

“The PRIMARY2 trial is the first randomized trial to our knowledge to show that the addition of Ga-68 PSMA-11 PET/CT to MRI in these men halves the number of men requiring prostate biopsy without compromising the detection of clinically significant malignancy,” the group wrote.

In addition, Ga-68 PSMA-11 PET/CT cut the detection of clinically insignificant malignancies from 32% in the systematic biopsy group to 14%, which the authors described as a clinically meaningful outcome.

“Addressing the overtreatment of men with clinically insignificant cancer is still a major unmet need in prostate cancer, and even if they are safely on active surveillance, this can be a source of anxiety for men and require substantial resources over time,” the researchers wrote.

Follow-up is ongoing, with full two-year outcomes and health economic analyses planned, they noted.

"Future work should consider the cost-effectiveness of incorporating Ga-68 PSMA-11 PET/CT into the prostate cancer diagnostic pathway," the team concluded.

Will Morton
Jun 11, 2026

Source: www.auntminnie.com/clinical-news/molecular-imaging/article/15827478/psmapetct-halves-biopsy-rate-in-prostate-cancer-patients

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Combination Therapy Shows Promise in High-Risk Prostate Cancer, Study Finds

Ashley Ross, MD, PhD, professor of Urology, was a co-author of the study. A large international clinical trial has found that adding the drug apalutamide to standard hormone therapy before and after prostate cancer surgery significantly improved outcomes for men with high-risk disease, according to details published in The New England Journal of Medicine.

The study outlines a new treatment option for patients who face a substantial risk of relapse, said Ashley Ross, MD, PhD, professor of Urology and a co-author of the study.

“This does not replace other standard treatments,” Ross said. “What it does is open up an option for men with locally advanced or high-risk disease who are considering surgical treatment.”

That nuance is critical, he said, especially given the complexity of treating aggressive prostate cancer, which often requires a combination of approaches.

In the study, more than 2,100 patients with newly diagnosed high-risk localized or locally advanced prostate cancer were randomly assigned to either androgen-deprivation therapy (ADT) plus apalutamide or a placebo, to test whether the combination could improve surgical outcomes.

The patients enrolled in the trial had particularly aggressive cancers, and many showed signs that the cancer had already begun to spread locally and regionally, Ross said.

Traditionally, such patients might undergo surgery first and receive additional therapies later if the cancer showed signs of persistence or recurrence. The trial instead tested a “perioperative” strategy, administering

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therapy both before and after surgery.

The results showed that patients who received apalutamide in addition to ADT had significantly better outcomes than those receiving ADT alone.

Nearly 9 percent of patients in the apalutamide group achieved either a complete response or minimal residual disease at the time of surgery, compared with just 1 percent in the placebo group, according to the study.

"Even though only about 10 percent of patients reached minimal residual disease or complete response, that was tenfold higher than with ADT alone," said Ross, a member of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. "The drug itself is not going to do the full job, but it's way better than ADT alone."

The combination therapy also improved metastasis-free survival, a key measure of how long patients live without their cancer spreading. At five years, 78 percent of patients who received apalutamide remained free of metastasis, compared with 73 percent in the control group.

"That tells you that if you're going to treat what is likely the systemic component of the disease, you should be using a combination regimen," Ross said.

The benefits came with an increase in side effects. Nearly 40 percent of patients receiving apalutamide experienced adverse events, compared with 31 percent in the placebo group. Overall, however, Ross described the safety profile as manageable.

"The side effect profile was generally tolerable," he said. "Most of the additional adverse events were related to rash, which is straightforward to manage in the majority of cases."

The findings add a new potential pathway for treating high-risk prostate cancer, alongside existing options such as surgery alone or radiation combined with hormone therapy.

"It opens up a third standard-of-care option," Ross said. "You can do surgery alone followed by additional radiation with or without hormonal therapy if needed, you can do radiation therapy with hormone therapy, or you can now do androgen-deprivation therapy plus an androgen receptor inhibitor for six months, then proceed to surgery."

Still, he cautioned that it remains unclear which approach is best for individual patients.

"A lot of questions remain unanswered about which pathway is optimal," he said.

The study team is continuing to analyze data, including from a PROTEUS (Perioperative Treatment with Erleada United with Surgery) sub-study comparing outcomes in patients who underwent initial surgery without systemic therapy. An additional ongoing trial, ATLAS, evaluates apalutamide in combination ADT and radiation instead of surgery.

"This study answers some questions and provides a new option," Ross said. "But there's still more to learn."

The study was funded by Johnson & Johnson.

By Olivia Dimmer

Jun 30, 2026

Source: https://news.feinberg.northwestern.edu/2026/06/30/combination-therapy-shows-promise-in-high-risk-prostate-cancer-study-finds/

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Newly discovered protein functions linked to metastatic prostate cancer

• Researchers discovered UGT2B17 has additional functions that may help explain its role in treatment-resistant metastatic prostate cancer.

• The protein interacts with cancer-related proteins PDI and Src, helping cancer cells survive and continue growing despite hormone therapy.

• Findings could support future targeted treatments for metastatic prostate cancer, though more research is needed.

Scientists have discovered additional functions of a protein involved in the underlying mechanisms of metastatic prostate cancer, expanding the understanding of potential treatment pathways for the disease. Led by Vancouver Coastal Health Research Institute researcher Dr. Xuesen Dong and published in The Journal of Clinical Investigation and European Urology Oncology, the findings are the first to identify other functions of the UDP-glucuronosyltransferase 2b17 (UGT2B17) beyond its enzymatic activity.

"UGT2B17 has been a dilemma," shares Dong. "It is understood to perform the function of destroying androgen hormones that drive prostate cancer; however, it was also found to be significantly elevated in treatment-resistant tumours."

Prostate cancer is driven by androgens, which are male sex hormones, such as testosterone. The first-line treatment for prostate cancer is androgen deprivation therapy, designed to block androgen production in the body.

Approximately 30,400 Canadians are diagnosed with prostate cancer each year, with the vast majority of patients responding well to front-line therapies early in the disease progression. However, with time, most prostate cancers stop responding to androgen deprivation therapy and become treatment resistant.

In cases in which the disease becomes metastatic, spreading beyond the prostate, androgen deprivation therapy has been shown to offer some clinical benefits for up to two years, shares Dong. However, survival with metastatic prostate cancer is roughly five to six years.

Enzyme interacts with two other proteins to potentially drive cancer growth

To explain the paradox of elevated levels of the androgen-reducing UGT2B17 in metastatic prostate cancer, Dong and his team's analysis targeted the enzyme, which is a type of protein, using mass spectrometry-based proteomics. Mass spectrometry is a specialized approach to determine the weight of molecules in a sample, with proteomics geared specifically toward profiling proteins, their interactions and modifications, and how they affect cell function in the body.

Dong's analysis of UGT2B17 — which included large, multi-institutional Canadian cohorts — focused on characterizing other mechanisms that the enzyme performed in the body other than eradicating androgen hormones, which is UGT2B17's enzymatic activity. The team's investigation resulted in the discovery of significant interactions between UGT2B17 and two other cancer-associated oncogene proteins: protein disulfide isomerase (PDI) and Src kinase.

"Src is already a well-known medication target for leukemia, a cancer of the blood and bone marrow, and PDI is known for promoting tumour growth," says Dong, adding that both PDI and Src are also therapeutic targets for several other cancers, including breast and ovarian cancers. "However, UGT2B17 was interacting with these other proteins in very different ways."

UGT2B17 contributes to the production of Src, which acts as an androgen receptor in the absence of androgens to promote prostate cancer growth. On the other hand, UGT2B17 modulates the prevalence of PDI. Because PDI supports the proper folding of proteins in cancer cells, its functioning can determine cell survival or death.

The newly discovered functions of UGT2B17 underscore its significant downstream effects on PDI and Src. However, as blocking UGT2B17 can lead to serious liver damage, additional investigations are necessary to define the enzyme and its functions.

Looking ahead, Dong sees the interconnected relationship between UGT2B17, PDI and Src as a promising avenue of research to explore, with the long-term goal of achieving further advances in metastatic prostate cancer treatments.

Dr. Xuesen Dong is senior scientist at the Vancouver Prostate Centre, a researcher with the M. H. Mohseni Institute of Urologic Sciences and a professor in the Department of Urologic Sciences at the University of British Columbia.

June 2, 2026

Source: www.hospitalnews.com/newly-discovered-protein-functions-linked-to-metastatic-prostate-cancer/

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FUTURE MEETINGS

19 Aug: Mila Panaskevich OT Reg (MB)
The SHAReClinic program at MHCM
This is a new men's sexual health program at the clinic in Winnipeg

16 Sep: ***Our highlight event of the year.*** September is prostate cancer awareness month in Canada. Our public meeting this month will be held at the Caboto Center in Winnipeg. ***Watch for details and don't miss it.***

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