

Prostate Examiner Winter Newsletter

Visit us at www.prostatecancersupporttbay.org



Prostate
Cancer
Support
Thunder bay

Looking for Support

Local men available to talk to you

Gary Allen 621-0552

Grant Arnold 933-4214 or
519-584-5125

Marc Breton 628-9944
(en francais)

Rick Eade 683-6573

Bill Everitt 767-5768

David Everitt 628-5287

Marcel Girouard 705-362-8154
(en francais)

Bill Horde 767-1490

Ed Long 628-6915

Milton Marion 475-0760

Dez Stolz 577-9515

Women available to talk to you

Beth Long 629-4774

Carmen Marion 475-0760

Lise Pollard 623-3102(en français)

Northwestern Ontario Region

Atikokan

Ron Speck 807-597-2219

Dryden

Horst Lang 808-223-5516

Fort Francis

need a contact

Hearst

Marcel Girouard 705-362-8154
(en français)

Kenora

need a contact

Terrace Bay/ Schreiber

Mike Regis 807 825 9696

Geraldton

Ron Adams 807 854 1476



Krishna Tangilapalli

Katherine Meo

Marc Breton

PCS Thunder Bay would like to thank Alstom Thunder Bay and their employees for choosing us as their charity of choice for their "Movember" month. November 2022.

Thank you to Alstom for their generous donation, and Katherine Meo for making this happened.

Email us at

info@prostatecancersupporttbay.org

Comparing traditional and robotic-assisted surgery for Prostate Cancer

By **Charlie Schmidt**, Editor, Harvard Medical School Annual Report on Prostate Diseases

An operation called a radical prostatectomy has long been a mainstay of prostate cancer treatment. Offered most often to men whose cancer has not yet begun to spread, it involves removing the entire prostate gland, and can be performed in different ways. With the traditional "open" method, surgeons remove the prostate through an 8-to-10-inch incision just below the belly button. Alternatively, surgeons can perform a robot-assisted radical prostatectomy. With this approach, miniaturized robotic instruments are passed through several much smaller incisions in the patient's abdomen. Surgeons control these instruments remotely while sitting at a console.

At least 85% of all radical prostatectomies in the United States today are performed robotically. But how do those high-tech surgeries compare with the traditional open method?

Most studies show no major differences between the procedures in terms of patient survival or their ability to control prostate cancer over the long term. Robotic prostatectomies ostensibly offer quality-of-life advantages for urinary function and sexual health. However, the supporting evidence comes mostly from doctors' reports, insurance claims-based data, or studies too small to generate definitive conclusions.

Now, results from a much larger **comparative study** provide needed clarity. During the study, researchers from Harvard-affiliated hospitals and other academic medical centres in the United States followed 1,094 men who were treated with radical prostatectomy between 2003 and 2013. All the men had newly-diagnosed cancer that was confined to the prostate gland. Among them, 545 men had an open radical prostatectomy, while the remaining 549 men had a robot-assisted operation. Then at two-, six-, 12-, and 24-month intervals, the men responded to questions about their urinary and bowel functioning, ability to engage in sexual activity, energy levels, and emotional state.

What the study found

According to the results, both methods were equally effective at removing cancer from the body, and post-surgical complications between them occurred relatively infrequently. However, there were some short-term differences between the two approaches. For instance, the robotically-treated men had shorter lengths of hospital stay (1.6 days versus 2.1 days on average), and they also reported lower pain scores after surgery.

"With regard to urinary and sexual health, there were no appreciable average long-term differences between the two approaches," said Dr. Peter Chang, a urologist at Harvard-affiliated Beth Israel Deaconess Medical Center in Boston, and the study's lead author, in an email. "This suggests that with high-volume providers in academic centers, quality-of-life outcomes between open and robotic prostatectomy are similar."

Dr. Marc Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, and editor of Harvard Health Publishing *Annual Report on Prostate Diseases*, agreed with Dr. Chang's conclusions. "This important study adds clarity to ongoing debates over the superiority of open versus robotic prostatectomy, and confirms little differences between the two methodologies, both in terms of patient satisfaction/ outcomes and efficacy of cancer treatment," he said. "The skill and familiarity of the surgeon in performing either method of prostate removal by open or robotic approaches should guide the specific treatment choice."

PCS Thunder Bay Christmas Social 2022

For the first time in 3 years, we gathered to celebrate life and Christmas with our support group friends.

51 men and partners gathered for conversation, singing and, of course, food. We had to delay the gathering because of the snowstorm. Some couldn't make the new date but it worked better for others, so it worked out fine. Several new members were welcomed. We were too busy to take pictures so you will just have to imagine the good time that was had by all. As we were all being responsible for each others wellbeing, there are no reports of anyone becoming ill after our gathering. Good job!

A big thank you to Bill Horde for his organizational skills and those who helped set up, serve and put things away. Thank you to Murray Young who brought his guitar and joined Ed Long and Steve Scalzo in singing many Christmas songs.

We thanked Sarah Squire who has been our bookkeeper for several years. She has been a helpful and friendly face and has kept an accurate record of our finances. We wish her well as she moves on to new opportunities in her life.

We move into a new year where we continue with support and educations. With new diagnostic procedures and new treatments, there is always much to learn. With Zoom there is a new way to connect. May 2023 bring us many good things.

Happy New Year

Memberships

Time to purchase your 2023 PCS membership.

Still only \$12.00 to be a member.

Can be purchased at the monthly general meeting or
send an E Transfer to Prostate Cancer Support using

info@prostatecancersupporttbay.org

(no password required)

IN PERSON MONTHLY MEETINGS AT 55 PLUS

The multi purpose room has been booked for the **third Thursday of every month from 7 PM till 9 PM**
Seating will be appropriate for safe distancing and masks are welcome.

The meeting will also be available on Zoom for those who are not comfortable with in person yet.

schedule of speakers

Mar. 16 2023- Peer to peer meeting with talk and discussion

Could More Testosterone Be The Hidden Key to Fighting Prostate Cancer? How Bipolar Androgen Therapy Works

Part Two: Cycling Testosterone Shocks Cancer Cells

Feb 02 2022/ By Janet Farrar Worthington

How BAT Works

Several years ago, medical oncologist Samuel Denmeade, M.D., Co-Director of the Johns Hopkins Prostate Cancer Program, and colleagues came up with a remarkable concept for attacking prostate cancer: alternating ADT with high-dose testosterone.

Patients have asked Denmeade if this treatment, called Bipolar Androgen Therapy (BAT), could be used as initial therapy for metastatic cancer instead of androgen deprivation therapy (ADT), or even as primary therapy instead of prostatectomy or radiation. “No and no,” says Denmeade. “BAT was designed to work against castration-resistant prostate cancer (CRPC).”

In CRPC, the cancer’s environment is significantly different than it is in earlier- stage cancer. As CRPC cells learn to adapt to the lack of testosterone with ADT, “they crank up the androgen receptor (AR) to high levels,” and make themselves comfortable in the new environment. But with high levels of AR, the cancer cells are sitting ducks, vulnerable to the shotgun blast of a hefty dose of testosterone. “Flooding the prostate cancer cell with testosterone gums up the works: suddenly, the cancer cells have to deal with too much androgen (male hormone) bound to the receptor. This disrupts their ability to divide. They either stop growing or die.”

It’s all about creating chaos in the environment, so the cancer cells can’t thrive, and timing is critical. “ADT initially works because prostate cancer cells are suddenly deprived of testosterone, and most of them can’t survive this shock.” Cancer cells die by the thousands, PSA plummets, imaging scans show cancer shrinking, and symptoms improve. But prostate cancer, like the Road Runner, is elusive. Over time, the hardy band of surviving cells regroup, adapts to living in the low-testosterone environment, and begins to grow again. “BAT is a similar type of hormone shock – just in the opposite direction,” says Denmeade. “A key feature of BAT is the rapid change from a very high- to low-testosterone level.” Men remain on ADT, and receive monthly shots of high-dose testosterone, which gradually fades, then bumps back up again with the next monthly shot. That’s the bipolar part of Bipolar Androgen Therapy (see Figure). “The repeated shocks of BAT cycling don’t give the cancer cells time to adapt, “because the underlying environment is always changing.”

So far, in four clinical trials at Hopkins, Denmeade and colleagues have given BAT to about 350 men with CRPC, most of whom have also received enzalutamide (Xtandi), abiraterone (Zytiga), or both. For men with CRPC whose disease is worsening on ADT or on AR-blocking drugs like enzalutamide or abiraterone, BAT is highly promising. In the recent TRANSFORMER study, “we compared BAT head-to-head with enzalutamide” in patients with CRPC who had progressed on ADT and abiraterone. “It was kind of a weird study, comparing a drug to its exact opposite: an androgen vs. an anti-androgen. I don’t know if anybody’s ever done a study like that. To our amazement, BAT and enzalutamide were nearly identical in terms of their effect.” PSA levels dropped in about 25 percent of men on either treatment, and for both treatments, the response lasted about six months.

However, the real difference between the treatment arms was seen after cross-over – when men on BAT were switched to enzalutamide or vice versa. “If we gave BAT first and then enzalutamide, almost 80 percent responded, and the response lasted almost a year. That’s quite an improvement in the rate of response and duration.” Among patients who received enzalutamide first, followed by BAT, the response rate to enzalutamide was only 23 percent.

This begs the question: Why stop after one round of BAT then enzalutamide? Why not just keep going? “We should be able to cycle back and forth over and over again,” says Denmeade. The **STEP-UP trial**, of 150 patients at Johns Hopkins and eight other centers nationwide, is looking at just this, “sequencing androgen and anti-androgen. There are two BAT treatment arms: in one, the patients just switch every two months – two months of testosterone, two months of enzalutamide. In the other, the men stay on testosterone until their PSA goes up, and then switch to enzalutamide, and stay on that until their PSA goes up,” then repeat. Cancer response is also monitored by regular CT and bone scans. Patients stop treatment if scans show cancer progression.

The BAT studies thus far have been small, Denmeade says. “We need a big phase 3 study; we’ve just been nipping at the edges.” For now, BAT remains investigational; positive results from larger randomized trials are needed for it to be considered standard of care. While not a cure for advanced prostate cancer, BAT may become an option for extending life and, importantly, improving quality of life.

Note: BAT is not recommended for men with symptomatic bone pain from metastatic prostate cancer, because it can make that pain worse. “This pain increase occurs within hours of testosterone injection, and resolves as testosterone levels in the blood decline over the first cycle of BAT,” says Denmeade. “The worsening pain is not due to rapid growth of prostate cancer, but more likely to testosterone-stimulated release of inflammatory factors.”

To follow in the next news letter

Part 3: Bat and the immune system

PRESIDENTS MESSAGE

Dear members and friends of Prostate Cancer Support Thunder Bay

Happy New Year to everyone. Hopefully everyone is doing well.

2023! Not sure if it is just me, but it seems that the years are rolling by faster and faster. I find it hard to keep up at times.

Some of our plans for this year include:

- May 18 will be our election and we will be looking for a few board members. It is a good way to give back
- Our Beef on the bun will be June 15th. After a 3 year hiatus, Bill Horde is ready to get back at it.
- march around Boulevard Lake in early September. Date to be announced.
- Men Make It Happen health fair at 55 plus on River Street September 17.
- We will be attending some health fairs through the community.
- We are still offering to pay for men's P.S.A.test for 2023.Let your friends know.

Lise and I have travelled to Spain in February and beginning of March.Take one more thing off our bucket list

We are looking forward to summer to be able to go back to camp and fish at Whitefish Lake.

Remember there is always someone less fortunate than we are in the world.

Sincerely
Your President

Marc Breton



DONATIONS

Prostate Cancer Support Thunder Bay is a charitable organization that relies entirely on donations to remain in operation.

donations can be e-transferred to info@prostatecancersupporttbay.org

PCS THUNDER BAY

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Recently diagnosed with Prostate Cancer ?

NEED SOMEONE TO TALK TO?

Please feel free to call anyone listed on the left side of the front page of this newsletter.

They have been where you are now and will be happy to listen to your concerns and questions.

Hold That Date

Sept 17th 2023

Men make it happen
Health Fair

@

55 Plus centre
12:30 AM to 5:00 PM

Prostate Examiner Monthly News
Please forward photos or information, that benefits communication to Prostate Cancer Support Thunder Bay members to the attention of Mike Aldrich. email: mraldrich@tbaytel.net

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"There's a high co-pay for your prostate exam.
Your insurance will only pay for one knuckle."

****GET YOUR PSA TESTED****

Its important

We believe in it so strongly that

we will reimburse you for your PSA test !!!

The PSA test is a key step in early diagnosis of prostate cancer

**Early Detection Saves Lives
Get Informed!**

Talk to your health care professional! Get your blood work done!

Send us the receipt

Address below or check us out on our website

Has been extended to December 31 2023. Available for men in NWO.

PCS T Bay Members, please share the above message !

Inform your family, relatives, friends and neighbours to request a

PSA Test

Awareness Support Research

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