PCCN Markham

Prostate Cancer Canada Network

Newsletter

Volume 19 Issue 7 **March, 2018**

NEXT MEETING

Tuesday, March 13, 2018 - 7:30PM

St. Andrews Presbyterian Church – Main St Markham

Upstairs Hall

(Free Parking off George St)

GUEST SPEAKER

Dr. John DiCostanzo, Urologist, Markham Stouffville Hospital
& Kim-Hartsburg-Lang - Barrie Urology
Topic: *Sexual Intimacy after Prostate Cancer*
Spouses, Family, Friends - Always Welcome
Coffee & Mingle 7:00pm

IN THIS ISSUE …

NOTE:

OUR MARCH 13TH MEETING IS SPONSORED BY ASTELLAS PHARMA ! THANK YOU !

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New Drugs Extend Lives of Men With Resistant Form Of Prostate Cancer

Ed Cara February 9, 2018

As a general rule, cancer patients have to worry about the possibility that their cancer will return with a vengeance, no matter how successful their initial treatment course may have been. But some men with prostate cancer are left in an even more nerve-wracking state of uncertainty. Their cancer appears practically frozen, not spreading elsewhere but also not responding any further to treatment. Sadly, some patients in this state will eventually develop a full-blown, incurable, and ultimately fatal cancer.

But new research, presented this week at the American Society of Clinical Oncology's annual Genitourinary Cancers Symposium held in San Francisco, seems to offer something meaningful to these patients: More time on the clock.

Two independent teams of researchers tested out their respective drugs on patients whose stalled prostate cancers seemed to be on the verge of erupting and becoming metastatic, based on their rising levels of prostate-specific antigen, an enzyme used to diagnose and track prostate cancer. The patients were previously given other standard treatments and were still on hormone therapy that depleted their levels of testosterone—a form of chemical castration—since testosterone is known to fuel prostate cancer growth. The trials each randomized its volunteers to either receive the drug or a placebo, and collectively involved around 2,600 patients across the globe.

In both trials, those who took the drug survived much longer than those on the placebo. In particular, people given the experimental drug apalutamide lived a median length of 40 months before their cancers became metastatic or they died, which was two years longer than the placebo group. Patients who took enzalutamide similarly lived a median length of 36 months without metastatic cancer, compared to just 14 months for those on placebo.

For both drugs, the researchers estimated they had reduced the risk of patients developing metastatic cancer by around 70 percent. Those on either drug experienced relatively mild side-effects like fainting, fatigue, and hypertension, but patients overall rated their quality of life as highly as they did prior to starting the treatments.

The findings of the apalutamide trial were also published in the *New England Journal of Medicine*, while the enzalutamide results have yet to be peer-reviewed.

"It's controlled my cancer," 72-year-old Ron Scolamiero, a Massachusetts patient taking apalutamide since 2012, when he was enrolled in an earlier trial, told *The New York Times*. "I'm so grateful."

Both drugs block the receptors that allow prostate cells to take in testosterone, essentially boosting the effects of the chemical castration. While apalutamide is in development and intended to be the newest generation of these drugs, enzalutamide is already used to treat prostate cancer that has metastasized.

It's estimated that three million men in the US currently have prostate cancer, while there are some 160,000 new cases diagnosed annually. Research has shown that anywhere from two to eight percent of men with

prostate cancer worldwide have this particularly hardy form, known as nonmetastatic castration-resistant prostate cancer.

Human trials of these androgen receptor inhibitors have been ongoing for years, but these are the largest seen yet, both being Phase 3 trials that are needed to win final drug approval from agencies like the U.S. Food and Drug Administration (FDA). The makers of apalutamide, Johnson and Johnson, have already applied for FDA approval, while enzalutamide's makers, Pfizer and Astellas Pharma, are petitioning the FDA to expand its use, according to *The Times*.

Given the success of these trials, it's likely that other, possibly older and hopefully cheaper drugs of this class will be tested for these patients in the near-future.

https://gizmodo.com/new-drugs-extend-lives-of-men-with-resistant-form-of-pr-1822876531

Health Canada Approves New Indication for ZYTIGA®* (abiraterone acetate), Broadening its Use for Treatment of Newly Diagnosed Metastatic Prostate Cancer

Feb 15, 2018, 07:41 ET

ZYTIGA®, used in combination with prednisone and androgen deprivation therapy, was shown to reduce the risk of death by 38 per cent[1]

The Janssen Pharmaceutical Companies of Johnson & Johnson today announced Health Canada's approval of ZYTIGA® (abiraterone acetate) in combination with prednisone and androgen deprivation therapy (ADT) for the treatment of patients with newly diagnosed, high-risk metastatic hormone-sensitive prostate cancer (mHSPC) who may have received up to three months of prior ADT.[2]

This latest approval is based on Phase 3 data from the pivotal LATITUDE clinical trial, a multinational, multicenter, randomized, double-blind, placebo-controlled trial (N=1,199) that examined the use of ZYTIGA® 1,000 mg once daily in combination with prednisone 5 mg once daily and ADT, compared to placebos plus ADT in patients with newly diagnosed mHSPC.[3] The study showed ZYTIGA®, in combination with prednisone and ADT reduced the risk of death by 38 per cent compared to placebo plus ADT (median OS not reached vs. 34.7 months, respectively; HR=0.62; 95% confidence interval [CI], 0.51 to 0.76; P<0.001) in patients with mHSPC.[4]

"Previously men with newly diagnosed metastatic prostate cancer have had limited options for first-line treatments," Dr. Fred Saad, Chief of Urology, Centre Hospitalier de l'Université de Montréal, Université de Montreal and LATITUDE clinical investigator.** "This latest approval for ZYTIGA® is an exciting milestone for men, their caregivers and treating clinicians as it provides a new first-line treatment option for high-risk metastatic hormone-sensitive prostate cancer that improves overall survival and quality of life."

About the LATITUDE Study

The LATITUDE study, published in the *New England Journal of Medicine*,[5] enrolled 1,199 newly diagnosed patients with high-risk mHSPC and was conducted at 235 sites in 34 countries, including sites in 10 Canadian cities and with 33 Canadian patients.[6,7] A total of 597 patients were randomized within three months of diagnosis to receive ADT plus ZYTIGA® and prednisone, while 602 patients were randomized to receive ADT

and placebo.[8] Patients were high-risk mHSPC as defined as having at least two of the three following factors associated with poor prognosis: Gleason score ≥8, ≥3 bone lesions and/or presence of measurable visceral metastases.[9]

Overall, the safety profile of ZYTIGA® in combination with prednisone and ADT was similar to prior studies in patients with metastatic castration-resistant prostate cancer (mCRPC).[10] In the LATITUDE study, patients received a lower dose of prednisone at 5 mg/day with the usual dose of ZYTIGA® at 1,000 mg/day plus ADT. The most common all grade adverse reactions (≥10%) observed with ZYTIGA® compared to placebo were hypertension (36.7% versus 22.1%), hypokalemia (20.4% versus 3.7%) and hot flushes (15.4% versus 12.5%).

About Prostate Cancer in Canada

Prostate cancer is a disease where prostate cells lose control of growth and division, and are no longer able to function as healthy cells.[11,12] It can be slow-growing and go undetected for years.[13]

Prostate cancer is the most common cancer among Canadian men, with approximately 21,300 men diagnosed each year.[14] Roughly 10 to 20 per cent of those living with prostate cancer will present with metastatic disease,[15] in which the tumour has spread beyond the prostate to other parts of the body. There is no cure for metastatic prostate cancer.[16]

Metastatic hormone-sensitive prostate cancer refers to prostate cancer that still responds to testosterone suppression therapy.[17] Patients with newly diagnosed metastatic disease and high-risk disease characteristics tend to have a poorer prognosis.[18]

About ZYTIGA®

ZYTIGA® blocks CYP17-mediated androgen production at three sources: in the testes, adrenals and the prostate tumour tissue.[19] Androgen production left unchecked fuels the growth of prostate cancer.[20]

Health Canada first approved ZYTIGA® in 2011 to be used in combination with prednisone for the treatment of mCRPC in patients who have received prior chemotherapy containing docetaxel after failure of ADT. In 2013, it was approved for mCRPC in patients who are asymptomatic or mildly symptomatic after failure of ADT.[21]

About the Janssen Pharmaceutical Companies of Johnson & Johnson

At the Janssen Pharmaceutical Companies of Johnson & Johnson, we are working to create a world without disease. Transforming lives by finding new and better ways to prevent, intercept, treat and cure disease inspires us. We bring together the best minds and pursue the most promising science. We are Janssen. We collaborate with the world for the health of everyone in it. Learn more at www.janssen.com/canada. Follow us on Twitter @JanssenCanada. Janssen Inc. is part of the Janssen Pharmaceutical Companies of Johnson & Johnson.

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https://www.newswire.ca/news-releases/health-canada-approves-new-indication-for-zytiga-abiraterone-acetate-broadening-its-use-for-treatment-of-newly-diagnosed-metastatic-prostate-cancer-674153853.html

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High-dose, shorter radiation therapy effective for some prostate cancer

In the journals

Published: March, 2018

Men with intermediate-risk prostate cancer may benefit more from a shorter duration of hypofractionated radiation therapy (HRT) than from standard radiation therapy. With both types of radiation therapy, the total amount of radiation is given in multiple sessions over a set period. Compared with standard radiation therapy, HRT uses larger doses over a shorter period of time.

A study in the Nov. 4, 2017, *European Urology Focus* analyzed data of 3,553 men with prostate cancer, 65% of whom had intermediate-risk prostate cancer. The men were randomized to get either a one-month program of HRT or the standard radiation treatment regimen given over two months. After an average of five to six years, the intermediate-risk men who had HRT were less likely than men who got standard radiation therapy to have their prostate cancer return.

https://www.health.harvard.edu/mens-health/high-dose-shorter-radiation-therapy-effective-for-some-prostate-cancer

The Diet That Feeds Prostate Cancer

February, 2018 (Vol. 12, Issue 02) By Editorial Staff

Abundant research suggests your diet can influence the development of cancer, so it stands to reason that the foods you eat if you're suffering from cancer could impact the course of the disease.

If you think we're just speculating, don't take our word for it; consider the latest research on the subject, which suggests your diet could influence whether a man survives prostate cancer or succumbs to it.

Prostate cancer's ability to spread is impacted by diet, suggest researchers in the peer-reviewed journal *Nature Genetics*. In particular, cancer cells that have an available supply of fat tend to become more aggressive and spread beyond the prostate itself, increasing the health risk to the cancer sufferer. This is particularly significant when it comes to prostate cancer because the disease often confines itself to the prostate gland, where it can be more easily treated. According to the researchers, a high-fat diet may increase the odds that a specific gene within the prostate will shut down – a gene that seems to help keep the cancer from spreading beyond the prostate.

Unfortunately, in the study, the researchers defined "high-fat diet" as the Western diet consumed by the majority of Americans these days. Bad news for men. The good news: Your doctor can help identify dietary and other lifestyle risks that increase your odds of developing prostate cancer, and then help you make changes that will not only help you avoid prostate cancer, but various other health risks. Now that's a win-win for your health.

http://www.toyourhealth.com/mpacms/tyh/article.php?id=2479

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Questions to Ask your Doctor

There are many considerations when it comes to prostate cancer treatment and there will be a lot of information to take in during appointments. It is a good idea to bring a pen and paper to make notes and you may like to bring someone with you.

Your doctor will likely cover most, if not all, of the points in the checklist below. Ask your doctor to answer any of the questions that have not been covered in the appointment.

1. What are the risks if my cancer is not treated soon?
2. What treatment options might be right for me?
3. What are the major side-effects of the treatments available to me?
4. What are the chances I will have problems with incontinence, erectile dysfunction or rectal issues?
5. How would the various treatments affect my quality of life?
6. What is your experience with this treatment?
7. How frequent are complications?
8. What happens if the cancer spreads beyond my prostate?
9. When will my treatment begin and how long is it expected to last?
10. What if the first line of treatment doesn't work?
11. How will I be monitored after treatment or during active surveillance?

For more information and support:

- Contact Prostate Cancer Information Service to talk to an information specialist.

Find a support group near you.
http://www.prostatecancer.ca/Prostate-Cancer/Care-and-Support-Post-Treatment/Questions-to-Ask-your-Doctor#.VbFUwqRVhHw

NOTABLE

For patients fighting cancer, PTSD is one more battle

New research shows that at least 20 per cent of patients develop PTSD within six months of diagnosis – a rate similar to that of combat veterans

MICHELLE SIU/THE GLOBE AND MAIL Adriana Barton Published January 31, 2018 Updated 13 hours ago

Rabi Qureshi says she didn't get the emotional support she needed until her third bout with cancer, when she discovered a network of care centres.

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The first time Rabi Qureshi got thyroid cancer, at age 15, doctors took her thyroid gland out. The Toronto teenager fell a year behind in high school and gained 40 pounds in six weeks as her thyroid levels went haywire.

The second time, at age 21, she had to drop out of an art program at Sheridan College. The cancer had spread to her lymph nodes, leading to surgeries that left her with chronic pain. But Ms. Qureshi soldiered on.

Then, at 25, she discovered she had breast cancer. "I really did break down at that point," said Ms. Qureshi, who was diagnosed with post-traumatic stress disorder (PTSD). She had terrifying dreams. "I desperately wanted to sleep," she said, "but I was so afraid of sleeping because I would have the worst nightmares."

Ms. Qureshi, now 30, still struggles with PTSD. Last month, when a friend died of cancer, "this weird guilt and this horrendous weight just landed on me." She cried in her apartment for three days and then had a panic attack in a classroom that left her gasping for breath. But "I just kept apologizing to my professor."

In the so-called war on cancer, PTSD is the collateral damage that blindsides patients and oncologists because of a lack of awareness of the disorder in cancer care. But new research shows that at least 20 per cent of cancer patients develop PTSD within six months of diagnosis – a rate similar to that of combat veterans. The risk increases to more than 30 per cent in patients with cancers such as acute leukemia, said Dr. Gary Rodin, a psychiatrist who heads the department of supportive care at Princess Margaret Cancer Centre in Toronto.

PTSD is less common in cancer patients than depression, he added, but "it is a highly neglected problem and a highly disturbing problem."

PTSD affects people who have either witnessed or faced extreme danger, such as a car accident, natural disaster or sexual assault. The disorder puts people on edge, disturbing sleep and flooding the mind with frightening thoughts.

"Patients can feel unreal, preoccupied," said Dr. Rodin. "It's a state of just overwhelming anxiety and distress."

Rabi Qureshi, now 30, still struggles with PTSD. Michelle Siu/The Globe and Mail

A medical diagnosis is one of the most common threats human beings will face, he pointed out. But unlike soldiers in a war zone, cancer patients cannot escape the immediate threat, because their bodies have become the battleground. "Here we have people who are continually immersed in an ongoing, repetitive trauma."

PTSD tends to fall through the cracks in cancer care, in part because researchers have difficulty recruiting patients with critical illness for psychiatric studies, he said. "Unless you pay attention to these symptoms, they can easily be overlooked."

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Dr. Caryn Chan, lead author of the report showing PTSD rates of 20 per cent, said the findings came by chance. In the study, published last month in the journal Cancer, Dr. Chan and colleagues from the University of Malaysia and Harvard Medical School evaluated 469 patients with a range of cancers for anxiety and depression, using gold-standard diagnostic tools. But as they went through the patient interviews, "we realized that they kept bringing up issues about avoiding their treatment because they were fearful, they didn't want to remember," Dr. Chan said. This pattern of avoidance "is a hallmark of PTSD."

She added that the pressure to adopt a "warrior mentality" can make it tough for patients to admit they're having trouble coping, even to themselves.

Ruth Conroy, 73, spent a lifetime seeing herself as the "strong one" who helped out family members and worked as a controller at a manufacturing company. But within two months of her diagnosis of non-Hodgkin lymphoma, in 2016, "I really lost it," she said.

She suffered "horrific" episodes of sobbing that would last for two or three hours. At times, she had fleeting thoughts of suicide, "like I'm just going to take every pill I've got here and swallow them all."

Her inability to control her anxiety and mental distress was tougher to cope with than the radiation or chemotherapy, she recalled. "There was a lot of guilt for me in having those meltdowns, because I wanted to be stronger for my family," said Ms. Conroy.

Her son urged her to see a psychiatrist at BC Cancer, about five months after her diagnosis. Ms. Conroy was too distraught to focus on exercises aimed at changing thoughts and behaviours that trigger anxiety – an approach called cognitive behavioural therapy. "But once they got me on some really good anti-anxiety and depression pills, and a good sleeping pill," said Ms. Conroy, who is now in remission, "things started getting better."

Acute anxiety and stress compound the agony of dealing with cancer – and may also increase the risk of premature death. In a 2012 study of six-million Swedish adults, the risk of suicide in cancer patients increased 12 times during the first week after diagnosis, compared to the rate in Swedes without cancer. Fatal cardiac events were six times as high. The researchers ruled out physical suffering as a cause, Dr. Rodin said: "It's really due to anxiety."

Patients with progressive or recurrent cancers are more vulnerable to PTSD. Previous mental illness also increases the risk. But another predictor of this psychiatric disorder is the kind of care patients receive, he said. "People who are supported through a traumatic experience are much less likely to experience PTSD."

The need for supportive care starts the moment a patient enters a cancer centre. Patients do better when health-care providers have training in how to communicate a diagnosis with empathy, in a way that "responds to the emotional distress of the patient."

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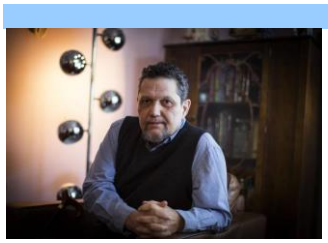

Writer Ian Robinson developed PTSD after his cancer diagnosis and subsequently received treatment in Calgary to help restore his mental health Todd Korol/The Globe and Mail

Ian Robinson found out he had terminal cancer from Google. After overhearing a clinician dictating the details of his case from across the hall, Mr. Robinson punched the words "stage four metastatic prostate cancer" into his phone as he waited, alone, in a Calgary hospital room.

"I guess he didn't know how well his voice carried," said Mr. Robinson, 60. "It folded me in half."

Mr. Robinson, a former columnist at the Calgary Sun, spent the first months of treatment trying to keep his weight up during chemotherapy and learning to accept that he needed androgen deprivation therapy to stay alive, even if it amounted to "chemical castration."

The nightmares about leaving his family behind didn't come until about a year after his diagnosis in 2016. During the day, he started panicking in elevators and "screaming and melting down" in CT scanners and MRI machines, which he likened to being trapped in a torpedo tube while "a bunch of lunatics are hammering on it with sledgehammers out of rhythm."

Mr. Robinson recognized the signs of PTSD because he had suffered from the disorder earlier in life. Within weeks, he saw a psychiatrist who gave him exercises that led to a "profound change" in how he dealt with the symptoms, he said. His homework: spending time in increasingly tight spaces, starting with a small room, and then writing about how it felt. After about six weeks of these exercises, combined with talk therapy, he went from having panic attacks during MRIs to becoming "someone who falls asleep in diagnostic machinery."

Mr. Robinson doesn't know how long he has to live, but considers himself lucky to be responding well to treatments that may prolong his life. He urges other patients to realize that cancer is not just a physical trauma, but a "psychological disaster, an emotional disaster, a spiritual disaster." Help is out there, he said, "and it'll make you feel better."

Ian Robinson recognized the signs of PTSD because he had suffered from the disorder earlier in life. Todd Korol/The Globe and Mail

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The majority of cancer centres in Canada offer psychiatric services or counselling. But patients struggling emotionally often have trouble asking for support because of the combined stigma of cancer and mental illness, said Dr. Alan Bates, provincial practice leader for psychiatry at BC Cancer. Nearly every patient could benefit from some form of supportive care, whether it's an empathic moment with a nurse, a counselling session or psychiatric treatment for suicidal thoughts, he said. But Dr. Bates estimates that roughly a fifth of cancer patients access the care they need. "We should really be seeing a much larger proportion of patients than we see."

Ms. Qureshi tried psychiatric medications prescribed by her family doctor after she was diagnosed with PTSD, but didn't stay on them for long, she said, because they made her feel "a lot worse." She didn't get the emotional support she needed until her third bout with cancer, when a nurse gave her a pamphlet for Wellspring, she said. The Wellspring network of cancer support centres – eight in Ontario, two in Alberta – offer free programs such as nutrition classes, exercise groups and back-to-work sessions aimed at supporting patients and their families during and after cancer treatments.

Ms. Qureshi found comfort in connecting with others who knew what going through cancer was like, she said. She joined an exercise group and worked through her thoughts and feelings about cancer in an art therapy class. "It was one of the most important things in my recovery process." If she'd had this kind of support starting at age 15, she said, "I really don't think I would have had this many mental health issues."

PTSD typically ebbs over time. In the Malaysian study led by Dr. Chan, the rate of cancer-related PTSD dropped to 6 per cent four years after diagnosis. In some of these patients, however, the researchers found a worsening of symptoms at the four-year mark.

When PTSD persists, Dr. Rodin said, "we see abnormalities in the brain." Constant over stimulation of the autonomic nervous system has a "disorganizing" effect on the brain and body, he explained. "We don't have data on how this affects survival," he said, "but it certainly affects well-being."

Ms. Qureshi has trouble shaking off a sense of foreboding, even though things are looking up for her. She's back in college, studying event management, and has landed a paid internship at Wellspring as an event planner and volunteer coordinator. But now that she is able to move on with her life, and enjoy simple pleasures like seafood pasta and superhero movies, "all my anxieties tell me I'm going to be sick again."

She has already made up her mind that if there is a next time, she won't agree to radiation and chemotherapy. "People think I'm suicidal when I say that," she said, but added that few understand how the "violent and aggressive" limbo of cancer treatments "takes away your coping mechanisms."

If cancer strikes again, "I know the toll it's going to take and I'm afraid of that depression," she said. "I'm afraid I won't be able to get through it a fourth time."

A PTSD prevention plan

Researchers in Toronto and Vancouver are testing whether routine emotional support can reduce the risk of cancer-related anxiety and PTSD.

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The study, funded by the Canadian Cancer Society, is recruiting several hundred patients with acute leukemia at Vancouver General Hospital and Princess Margaret Cancer Centre in Toronto.
Half will participate in a supportive care program called EASE, short for Emotion and Symptom-focused Engagement. Patients serving as controls will receive standard care.
The EASE group will have individual sessions with a health-care provider trained to offer anxiety management techniques and teach patients – and their families – "how to make sense of their experience," said Dr. Gary Rodin, a psychiatrist who heads the department of supportive care at Princess Margaret Cancer Centre.
After eight weeks, the researchers will compare anxiety levels and physical symptoms between the two patient groups.
In an earlier pilot study involving 42 patients, Dr. Rodin and colleagues showed that EASE reduced both psychological distress and physical suffering.
Offering programs such as EASE as part of routine care is inexpensive, said Dr. Rodin, and can reduce stigma for patients who need psychological help.
"We ought to be supporting them so that they can manage the stressors that we know are going to occur," he said, "rather than waiting until somebody becomes seriously depressed or anxious or suicidal."
https://www.theglobeandmail.com/life/health-and-fitness/health/for-patients-fighting-cancer-ptsd-is-one-more-battle/article37813930/?click=sf_globe

QUOTABLE

"There are only two ways to live your life. One is as though nothing is a miracle. The other is as though everything is a miracle." Albert Einstein

"For every minute you are angry you lose sixty seconds of happiness." Ralph Waldo Emerson

"Being deeply loved by someone gives you strength, while loving someone deeply gives you courage." Lao Tzu

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Prostate Cancer Support Group

Meets the 2nd Tuesday
Every month
September – June
St. Andrew's Presbyterian Church
143 Main St Markham

The Markham PCCN Prostate Support Group is generously supported by Dr. John DiCostanzo, Astellas Pharma, PCCN, St. Andrews Presbyterian Church, and the Canadian Cancer Society.

The group is open to all; survivors, wives, partners, relatives and those in our community who are interested in knowing about prostate health. Drop by St Andrews Presbyterian Church 143 Main Street Markham at 7:30PM, the 2nd Tuesday every month from September to June. The information and opinions expressed in this publication are not endorsements or recommendations for any medical treatment, product, service or course of action by PCCN Markham its officers, advisors or editors of this newsletter.

Treatment should not be done in the place of standard, accepted treatment without the knowledge of the treating physician.

The majority of information in this newsletter was taken from various web sites with minimum editing. We have recognized the web sites and authors where possible.

PCCN Markham does not recommend treatment, modalities, medications or physicians. All information is, however, freely shared.

Email *markhampccn@gmail.com*

We look forward to your feedback and thoughts. Please email suggestions to markhampccn@gmail.com

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