Newsletter #95 September 2016



Our Next Meetings

Our speaker September 22 will be Dr. Samuel Aronson, M.D., F.R.C.S. (C) Assistant Professor of Urology, McGill University. His talk titled "Prostate MRI - Accurate Diagnosis and Treatment" will be a highly interactive session designed to answer all your questions on the subject.

Dr. Aronson achieved his medical degree from Albany Medical College then trained in General Surgery and Urology at the McGill University Hospitals. He is certified as a Specialist in Urology in Québec, the Royal College of Physicians Canada and the American Board of Urology. Since 1976 Dr. Aronson has been in Urology Practise at the Jewish General Hospital. We meet 7.30 pm every fourth Thursday of each month except July, August and December. All are welcome. Sarto Desnoyers Community Centre 1335, Lakeshore Drive, Dorval Contact us: (514) 694-6412

Editorial

Well now that the Summer break is over, regular Newsletters will be coming your way.

Your Steering Committee has been actively following developments in Prostate Cancer research and we have summaries of two local research projects that may interest you as volunteers.

We had a booth at Men's Health Day, June 17, and numerous published articles have been scanned for relevant content.

I hope that you find this issue useful, but please bear in mind that I am always looking for your suggestions for improvement and for additional content.

Jeff Watson.

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Newsletter Disclaimer: PCCN Montreal West Island does not assume responsibility for the contents or opinions expressed in this newsletter. All articles are for information only and not intended to be a substitute for the advice of a doctor or health care professional, or recommendations for any particular treatment plan.

Thank you Francesco

Francesco Moranelli, our previous Newsletter Editor passed the flame to me for the May issue. I have much appreciated his guidance since then. **Our Steering Committee members** wish to extend their immense gratitude to Francesco for agreeing to produce the Newsletter at a time when we were without someone to staff the position. We all know of the adage that if you want something done, find a busy person. Francesco is more than busy with membership in several choirs, ageing family, and other volunteer work. We thank you Francesco from the bottom of our hearts.

Local Events

On June 17, the McGill University Health Centre conducted their annual Men's Health Day at Carrefour Agrignon in LaSalle. Over 200 men signed up for a free medical exam, including a digital rectal exam and PSA test. We were invited to set up an information booth which generated lots of interest on Prostate Cancer.

We have been invited to participate in the Pointe Claire Community Awareness Day at the Pointe Claire Shopping Centre on September **10** and will staff our booth to respond to questions on Prostate Cancer.



Photo: Allan Lehrer and Tom Grant staffing our booth at Men's Health Day.

The French speaking support group for Prostate Cancer patients and friends will host a "soirée" on Thursday September 29 at the Centre Hospitalier de l'Université de Montréal (CHUM) Amphithéatre of the Research Centre, 900, rue Saint-Denis, Pavillon R, 5th Floor.

The subject is: *"To better understand and tame Prostate Cancer"* The evening begins at 17h and ends at 20h. Speakers include: Dr. Jean-Baptiste Lattouf – Surgery; Dr Guila Delouya – Radiotherapy; Dr. Fred Saad – Advanced cancer and treatment options; and Dr.Luc Valiquette – Treating complications.

A patient will also speak.

This event will be in French but questions can be taken and answered in English for those of you not totally comfortable speaking French. Reservations can be made by calling (514) 890-8000 x28139. www.gscpchum.org

Local Research Projects Volunteers needed

1. CanDirect

Learn about a new Canadian Cancer Society study: helping cancer survivors manage feelings of anxiety and depression

A team from McGill is looking for volunteers to try a new set of tools designed to increase survivors' confidence in managing feelings of depression.

A common problem for people at this stage of recovery

Frequently, people who have completed cancer treatment may experience mood symptoms that can interfere with their daily lives. These symptoms include stress, worry, feeling down or having little interest in doing things.

A possible solution we need to evaluate

Self-care is an approach that engages patients in their own care. Patients gain the information and skills needed to manage mood symptoms on their own. Depression self-care programs are effective in other populations and are therefore of interest as an alternative, potentially cost-effective treatment for cancer survivors.

A new study, a new approach

CanDirect is a study evaluating the effectiveness of a self-care approach for cancer survivors with low mood. The approach involves a set of tools designed to help users develop skills for the management of mood symptoms. These skills increase confidence in interactions with health professionals, family, and others during recovery. The tools include workbooks, relaxation CDs, a DVD, and online options that will be provided to participants with instructions. These tools can be used alone, but a coach will be available by telephone to guide participants in the selection and use of the tools if needed.

Find out more

The study coordinator, Cindy Ibberson, can be reached at 514 345 3511 ext 5593, <u>cindy.ibberson@ssss.gouv.qc.ca</u>

2. Caregiver Study

Caregivers needed for research study! Are you caring for your spouse who has prostate cancer? Was the diagnosis in the last year? If you answered yes to both questions, you are invited to take part in a research study looking to understand the physical activity habits of spousal caregivers for men with prostate

cancer. We are hoping to explore how the role of caregiving and other experiences faced by caregivers can affect exercise and physical activity in their lives. If you'd like to participate, feel free to send us an email or give us a call at the contacts listed below! You'll be asked a few questions to make sure you're eligible. After, you'll participate in a one-on-one interview. You'll essentially have a conversation with the researcher. By taking part in this kind of conversation with lots of different caregivers, we'll get a better idea of how to improve physical activity and health in caregivers for men living with prostate cancer. This research is being conducted by researchers from the Department of Kinesiology and Physical Education at McGill University. This project is under the supervision of Dr. Lindsay Duncan.

Participating involves meeting oneon-one with a researcher for an interview that will last approximately 60 minutes. If you would like to participate in this study, or just want to learn more, please contact Eric Hutt at eric.hutt@mail.mcgill.ca, or at 514-398-4184 ext. 0481

Research News

1. New drugs for aggressive prostate cancer "promising"

A new type of drug could benefit men with aggressive prostate cancer that is no longer responding to treatment, researchers from the UK Institute of Cancer Research have said.

In a study on mice, Hsp90 inhibitors were found to strip cancer cells of defences against hormone treatments.

This makes the drugs particularly promising for treating drug-resistant cancers, the research team said.

Prostate cancer is the most common cancer in men in the UK.

About one in eight men will get prostate cancer at some point in their lives. It mainly affects men over the age of 50.

The cancer can sometimes be treated successfully with hormone treatments, which target androgen receptors linked to the growth of male hormones called androgens.

But some prostate cancers don't work that way. Instead they create an abnormal form of androgen receptor which is not linked to the growth of hormones and therefore does not respond to standard hormone treatment.

This is the most common form of resistance in prostate cancer which leads to aggressive, difficult-to-treat cancers.

'Network drugs'

The latest research, published in the journal Cancer Research, found that

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a new class of drugs reduced production of both receptors.

Professor Paul Workman, study author and chief executive of the Institute of Cancer Research, said it was an exciting discovery.

"We call Hsp90 inhibitors 'network drugs' because they tackle several of the signals that are hijacked in cancer all at once, across a network rather than just a single signalling pathway.

"These drugs can hit cancer harder than those targeting only one protein, and look promising for preventing or overcoming drug resistance."

Prof Workman said the next step was to test the Hsp90 inhibitors in clinical trials on patients with aggressive, drug-resistant prostate cancer.

Prof Johann de Bono, a professor of experimental cancer medicine at the Institute of Cancer Research, said: "These drugs are already in clinical trials for several types of cancer, and I am excited that our work suggests they could also benefit men with prostate cancer who have otherwise run out of treatment options."

Source: <u>www.bbc.com/news/health</u>

2 May 2016

2. Weizmann-developed drug may be speedy prostate cancer cure

Scientists at the Weizmann Institute may have found the cure for prostate cancer, at least if it is caught in its early stages , and the cancer has not metastasized from the prostate gland. A drug called TOOKAD Soluble is injected into cancerous tissue and then treated with infrared laser illumination. Using a therapy lasting 90 minutes, the drug targets and destroys cancerous prostate cells, studies show, allowing patients to check out of the hospital the same day without the debilitating effects of chemical or radiation therapy or the invasive surgery that is usually used to treat this disease. Based on principles of photosynthesis, the drug uses infrared illumination to activate elements that choke off cancer cells, but spares the healthy ones. The therapy was recently approved for marketing in Mexico, after a twoyear Phase III clinical trial in which 80 patients from Mexico, Peru and Panama who suffered from earlystage prostate cancer were treated with the TOOKAD Soluble system. Two years after treatment, over 80% of the study's subjects remained cancer-free. TOOKAD Soluble was first synthesized from bacteriochlorophyll, the photosynthetic pigment of a type of aquatic bacteria that draw their energy supply from sunlight. The infrared light activates TOOKAD Soluble (via thin optic fibers that are inserted into the cancerous prostatic

tissue) which consists of oxygen and nitric oxide radicals that initiate occlusion and destruction of the tumor blood vessels. These elements are toxic to the cancer cells, and once the Tookad formula is activated, they invade the cancer cells, preventing them from absorbing oxygen and choking them until they are dead. The TOOKAD Soluble solution, having done its job, is then cleared from the body via the blood stream, with no lingering consequences – and no more cancer. This article has been abridged. Originally published in Times of Israel Written by David Shamah Click here to read the article in it's entirely. http://www.timesofisrael.com/wei zmann-developed-drug-cures-

prostate-cancer-in-90-minutesstudies-show/

3. Novel way of hitting prostate cancer could be a great help for patients with advanced prostate cancer

Researchers at University of California, Davis, in collaboration with the other institutions, have found that suppressing the nuclear receptor protein *ROR γ with smallmolecule compounds can reduce androgen receptor (AR) levels in castration resistant prostate cancer and stop tumor growth. *ROR γ is a protein that in humans is encoded by the RORC gene and is member of the nuclear receptor family of transcription factors. Click here to learn more about RORy

This novel approach does not directly target the AR, but rather inhibits the gene that codes for the AR protein. Reducing AR levels could help patients overcome treatment resistant prostate cancer and even rescue existing therapies. The research was published in the prestigious journal Nature Medicine. In the vast majority of prostate cancers, the AR gene becomes hyperactive, driving tumor growth and metastasis. Anti-androgen therapies can slow, and even stop, prostate cancer -- for a time. But quite often the gene mutates and resists the treatment. (The gene doesn't mutate to resist the treatment. If it did, this would suggest a willful 'desire' to do so by the gene.) However, suppressing $ROR\gamma$ circumvents this resistance. Because the protein is required for AR gene expression, ROR γ inhibition strongly reduces AR protein levels in tumor cells. By preventing AR protein synthesis, ROR γ antagonists can potentially short circuit the resistance process. Blocking RORy resensitizes castration resistant prostate cancer to drugs that directly inhibit AR pathway signaling, such as enzalutamide. A combination approach can potentially be very effective. In addition to reducing AR levels, ROR- γ suppression also can reduce the prevalence of several known oncogenes. While ROR γ was previously neglected in cancer research, it has been widely targeted for autoimmune diseases. As a result, there are a number of ROR γ

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antagonists that may soon e available. These drugs could be retasked to fight prostate and possibly other cancers. This article has been abridged and was originally published in News Medical. Source: *University of California - Davis Health System*

4. For those of us who feel smug about quitting smoking – "Decrease in Prostate Cancer Mortality Mirrors Declines in Cigarette Smoking" <u>News</u> | April 21, 2016 | <u>Prostate</u> <u>Cancer, Genitourinary Cancers</u> By <u>Dave Levitan</u>

- See more at: <u>http://www.cancernetwork.c</u> <u>om/news/decrease-prostate-</u> <u>cancer-mortality-mirrors-</u> <u>declines-cigarette-</u> <u>smoking#sthash.uRCnYMiz.d</u> <u>puf</u> 5. Here is one that is close to my heart right now after 8 sessions of Chemo –" Recent Advances in Preventing Chemotherapy-Induced Nausea and Vomiting"

Review Article | August 15, 2016 | Oncology Journal, Nausea and

<u>Vomiting</u> By <u>Syed Sameer Nasir, MD</u> and <u>Lee S.</u> Schwartzberg, MD

This article addresses changes in CINV guidelines over the past 5 years and provides updates on recently approved agents and agents that are expected to be approved, based on published phase III trials. It also explores other factors affecting optimal CINV control, including the role of patient-related risk factors and the role of physician adherence to antiemetic guidelines in reducing the residual risk of CINV. See more at:

http://www.cancernetwork.com/onc ology-journal/recent-advancespreventing-chemotherapy-inducednausea-andvomiting?GUID=C8B78F8F-F7B6-4F93-B57A-85AC6F0D4265&XGUID=&remember me=1&ts=25082016

Telephone Helpline (514) 694-6412

- v The PCCN—Montreal West Island Prostate Cancer Support Group encourages wives, loved ones and friends to attend all meetings. Please ask basic or personal questions without fear or embarrassment. You need not give your name or other personal information.
- v The PCCN—Montreal West Island Prostate Cancer Support Group does not recommend treatment procedures, medications or physicians. All information is, however, freely shared. Any errors and omissions in this newsletter are the responsibility of the authors.

v The PCCN—Montreal West Island

Prostate Cancer Support Group is a recognized charitable Organization (registration # 87063 2544 RR0001). All donations over 25\$ are acknowledged with receipts s for income tax deductions. Donations and membership fees (voluntary) are a very important source of funds vital to our operations such as paying the printing and mailing our newsletter, hall rental, phone helpline, equipment, library, etc.

Your support is needed now! Please help us to help you!

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