The Walnut

NEWSLETTER OF PROSTATE CANCER CANADA NETWORK OTTAWA
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FALL 2020

Spotlight: The Latest Evidence and Current Controversies

The Walnut does not regularly publish in the summer and the pandemic caused disruption on PCCNO's regular meetings and AGM. In the meantime there was a change at the national level with the Prostate Cancer Canada Network's amalgamation with the Canadian Cancer Society. In this issue, you will receive important information about how this change affects us at the local level.

The COVID-19 pandemic also features prominently, as it continues to have far-reaching impacts on treatment plans and, indeed, daily life -- impacts that will continue for the foreseeable future and possibly beyond.

You can also take in new information about the latest evidence regarding prostate cancer treatment and living with and after prostate cancer. Finally, I'd like you to meet Geoff Matthews, a long-time survivor who shares his own inspiring story.

I love to receive feedback. Please send bouquets, brickbats, suggestions or comments to geraldmatthewscommunication@gmail.com. ■

The content in The Walnut is taken from reputable sources. However, it is not intended nor recommended as a substitute for medical advice, diagnosis, or treatment. Always seek the advice of your own physician or other qualified health care professional regarding any medical questions or conditions..

Monthly Meetings

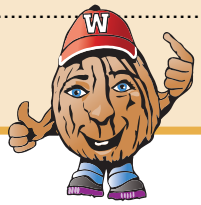
Due to the COVID-19 pandemic and restrictions on public gatherings, our monthly meetings have been suspended until further notice.

We normally meet the 3rd Thursday of each month (except July and August) at St. Stephen's Anglican Church, 930 Watson Street, off Pinecrest, north of the Queensway. Parking is at the rear. A contribution for the St. Stephen's food bank is always appreciated. Meetings open at 6:30 and run from 7:00 pm to 9:00 pm. Free parking is available at the rear of the church.

Our monthly meetings are dedicated to providing information, fellowship and support to all who have been touched by prostate cancer. Come join us anytime—we hope to see you soon!

Watch our website for updates.

In This Issue



PCCN Ottawa

Prostate Cancer Canada Network Ottawa

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PCCN OTTAWA is a volunteer organization of prostate cancer survivors and caregivers. Our purpose is to support newly-diagnosed, current, and continuing patients and their caregivers. PCCN Ottawa is a member of the Prostate Cancer Canada Network.

PCCN Ottawa Mission Statement

The mission of Prostate Cancer Canada Network Ottawa (hereafter PCCNO), both for individuals and in the interests of the wider community, is to promote and deliver personal support, education, awareness and health advocacy on behalf of all men and their families that are affected by prostate cancer and to better prepare them to deal with their diagnosis and treatment in a positive and effective manner.

As a registered charity, we rely on the generosity of donors and volunteers to support our mission. Your donation helps protect men and their families from prostate cancer. You'll be supporting the most promising research projects and providing men with care and support when they need it most. Thank you for your generosity!

Message from Chair PCCNO - Larry Peckford

The past several months have been challenging for our organization. With the onset of COVID-19 regular member meetings at St. Stephen's Church ceased and our annual AGM scheduled for March did not take place. The Board of Directors elected in 2019 continue to serve on your behalf. Directors met virtually in May and June past and will meet again in September.

We have scheduled our annual general meeting for October 29 at 7:00 P.M. This meeting will take place via Zoom and joining instructions will be shared in the weeks to come.

In the meantime we have added two new directors in Dean Avery and Al Carl. Long time treasurer Jim Thomson departed our Board with Dean Avery his replacement, John Kirk, David Cook and Norman MacDonald resigned.

We continue to offer peer support services through our web address and telephone answering service. Calls and messages are responded to promptly. With the summer hiatus behind us we will attempt to be more active in our communications.

As is now well known the amalgamation of Prostate Cancer Canada with Canadian Cancer Society has taken place. This has had no material effect on PCCNO as we act independently with our own CRA charitable status and By-law that governs our operations. There continues to be good dialogue with CCS and an integration of the services that were previously provided by PCC. I think overall the relationship is positive and we continue to look forward to working with the new amalgamated entity.

Please stay tuned to further communications as we try and remain relevant through our newsletter and website platforms. Keep well.

In Memoriam

Jacques Fréchette - 1936-2020

The PCCNO community is saddened to learn of the passing of Jacques Fréchette at the age of 84. Jacques had been a member of the PCCNO since 2009 and was a very generous supporter of our work. Jacques is survived by his wife, Nicole, and two children, as well as four grandchildren, plus many friends. Donations in Jacques' memory may be made to Prostate Cancer Canada and are greatly appreciated.

Zoran Polak - 1962-2020

The PCCNO community also notes the death of Zoran Polak at just 57 years of age. Zoran lived with prostate cancer for eight years and died with his family at his side on March 3. Zoran was a frequent attendee of our PCCNO meetings and events, and will be remembered for the charity he founded, Zoran's 5 Year Plan (Z5), which raised awareness, as well as more than $80,000 for research into men's health. Zoran is survived by his wife, Traci, two children, and many friends and colleagues. Those wishing to honour Zoran's life may make a donation to Prostate Cancer Canada in his name.

Events

Online ADT Classes Continue

The ADT Online Educational Program runs frequent online and in-person classes for patients and the partners of patients undergoing or considering this form of therapy. The next online classes will be October 15 at noon Eastern time.

The classes are organized as a single 90-minute interactive facilitated online class using the GoToMeeting platform. Canadian attendees receive a free copy of the book, *Androgen Deprivation Therapy: An Essential Guide for Prostate Cancer Patients and Their Loved Ones, 2nd Ed.*

UPDATE:

Because of the COVID19 pandemic, primary treatments for prostate cancer, such as prostatectomies and radiotherapy, are being delayed at some cancer centres. As a result, more patients are either starting on ADT or staying on it longer than originally anticipated. This has increased the need for patients (and their partners) to get quickly and fully informed about managing ADT side effects.

The Program has expanded its class size to accommodate this increased need. Anyone who is starting on ADT now can take part in this free, 90-minute, facilitated session.

Please advise the organizers when you sign up that you are starting on ADT earlier than anticipated because of a change in your treatment plan brought on by COVID concerns.

To register, fill in the brief form on the home page at www.LifeOnADT.com or send an email to LifeOnADT@gmail.com. Further information can also be found at www.LifeOnADT.com.

News

COVID-19 Updates

Latest Information from Ottawa Public Health

Ottawa Public Health has a web presence devoted entirely to COVID-19. The site, which is updated regularly, provides the most current information and advice for Ottawa residents. Other features include Frequently-asked questions, information about mental health and much more. It also contains links to local public health authorities outside of Ottawa, plus links to provincial and federal public health information.

Source: https://www.ottawapublichealth.ca/en/public-health-topics/novel-coronavirus.aspx

In Case You Missed It: Cancer and COVID-19

The following article ran in the spring edition of The Walnut, but it is worth revisiting as we grapple with the longer-term impacts of the COVID-19 pandemic.

The Canadian Cancer Society has provided guidance and support for cancer patients and their loved ones during the COVID-19 pandemic. People living with cancer are at heightened risk during the COVID-19 outbreak, which makes it vitally important that we all do our part to reduce the spread of COVID-19 and the resulting strain on our healthcare system.

The CCS encourages you to contact them if you have any questions about managing your diagnosis, your care or everyday life during this difficult time.

- Cancer helpline: a toll-free helpline to answer questions **1-888-939-3333 (TTY 1-886-786-3934)**
- Information on cancer and COVID-19
- Cancerconnection.ca: an online peer-support forum
- Public Health Agency of Canada

Prostate Cancer Canada Network Ottawa COVID-19 Protocols Remain in Place

Due to the coronavirus pandemic, PCCN Ottawa has suspended all in-person meetings. Despite this loss of physical contact, the board advises that important functions of our organization are up and running. Directors of the Board are in constant contact with each other and online and telephone support to members and the newly-diagnosed is active.

Our peer support function continues to respond to requests for support. Our email address (info@pccnottawa.ca) is constantly monitored as is our telephone answering system (613-828-0762).

Don't Hesitate to go to the Hospital for Emergency Care


Photo by: Unsplash - COVID-19

On April 22, local media reported that hospitals were seeing a decrease in emergency visits for serious conditions such as suspected stroke or heart attacks during the COVID-19 pandemic. They also say that when patients do arrive, they are in worse condition than because they have waited longer they normally would. Ottawa's hospitals had issued a joint media release asking the public not to hesitate to come in if they are experiencing an urgent medical issue.

Source: https://ottawacitizen.com/news/local-news/please-come-to-see-us-ottawa-hospitals-ask-after-patients-stay-away-for-fear-of-covid-19/

ADT May Offer Some Protection from COVID-19 in Men with Prostate Cancer

A study funded by the US-based Prostate Cancer Foundation (PCF) suggests that men with prostate cancer who were taking androgen deprivation therapy (ADT) were four times less likely to be infected with COVID-19 than men who were not on ADT, and five times less likely to die. ADT is a form of hormone therapy sometimes used to treat metastatic prostate cancer.

These new findings may lead to potential treatments for COVID-19, even in men without prostate cancer.

Prof. Andrea Alimonti and team looked at more than 9,000 patients with confirmed COVID-19 infection in Veneto, Italy; they also used data on all cancer patients in the region for comparison. Among all prostate cancer patients, only four out of 5,273 men on ADT developed COVID-19 infection. None of the men died. Among 37,161 men with prostate cancer who were not receiving ADT, 114 developed COVID-19 and 18 died.

Why might this be? The coronavirus relies on a protein called TMPRSS2 to enter cells. Once inside the cell, the virus replicates itself, and destroys the cell. TMPRSS2 is regulated by male hormones such as testosterone. Lower testosterone means lower levels of TMPRSS2 in the prostate. For years, PCF has been funding research on how TMPRSS2 could be leveraged to treat prostate cancer. The hope is that PCF's 20 years of accumulated knowledge on TMPRSS2 can be applied to COVID-19 in the lungs. ADT lowers testosterone, potentially decreasing the amount of TMPRSS2 on lung cells, and – as this study suggests – leading to lower infection rates and possibly less death among men with prostate cancer who are taking ADT.

A single dose of ADT may also offer protection to men without prostate cancer who are infected with COVID-19. Clinical trials are already underway in Los Angeles, Seattle, and New York City. Other clinical trials are being launched in Denmark and Japan, and at other major medical centres in the US.

Until the clinical trials are completed, no recommendations to give ADT to men with COVID-19 can be made; however, PCF will be a global platform for sharing all the anti-TMPRSS2 clinical trials aimed at COVID-19 for doctors and nurses caring for COVID-19 patients around the world. Go to PCF.org/COVID-19.

At this time, there are no recommendations to give ADT to men with prostate cancer solely for COVID-19 protection.

Source: https://www.pcf.org/blog/breaking-news-adt-may-offer-some-protection-from-covid-19-in-men-with-prostate-cancer

Researchers ID Genetic Mutation in Therapy-Resistant Prostate Cancer

Many patients with cancer resistant to prostate-specific membrane antigen-targeted therapy have genetic DNA mutations that may be treatable, new exploratory research finds.

Using a novel approach called targeted next-generation gene sequencing, German scientists identified mutations in six out of seven patients with metastatic castration-resistant cancer who didn't respond to PSMA radiopharmaceutical therapy. This is despite all participants containing sufficient PSMA expression in their tumours suggesting their form of the disease should have been receptive to such treatment, a team out of Heidelberg University Hospital reported in the Journal of Nuclear Medicine.

"A relatively new technique, targeted next-generation sequencing, allows rapid analysis of an individual tumour's genome," Clemens Kratochwil, MD, supervising physician for radionuclide therapy at the university, said in a statement. "Theoretically, such information can be predictive as to whether a patient has an increased probability to benefit from one specific treatment or combination therapy."

*See **Researchers** on page 8*

Blood Test May Predict a Patient's Response to Prostate Cancer Treatment

Photo by: Unsplash - Blood Test

A simple blood test can help predict how men with prostate cancer will respond to treatment, according to a new study.

A team of researchers at The Institute of Cancer Research (ICR) in the United Kingdom found that the test can detect traces of cancer DNA in the bloodstream. The liquid biopsy could also identify the patients who are more likely to relapse.

The new blood test, known as liquid biopsy, is less painful and cheaper than conventional tissue biopsies. It aims to determine which men are less likely to respond at the start of the treatment, or those who are at a high risk of relapse.

The test could provide more accurate patient care, helping doctors to tailor treatment for men with advanced prostate cancer. Further, it can help stop drugs that will not work as early as possible.

The researchers looked at more than 1,000 blood samples from 216 men with advanced prostate cancer, who were part of a clinical trial involving the drug abiraterone, with or without an experimental drug, ipatasertib.

The team found that the tests can detect traces of cancer in the bloodstream and could monitor how the disease behaves and responds to treatment.

The study findings revealed that men with high levels of tumor DNA at the start of treatment had worse health outcomes. In fact, their illness progressed two and a half months earlier than those who tested negative for "ctDNA" at the beginning of the treatment.

The team also monitored patients via repeat blood tests during treatment. This way, they can see whether liquid biopsies could help predict response to treatment. They revealed that men who responded to treatment had the most significant drop of 23% in the level of cancer DNA in their blood. On the other hand, those who partially responded to treatment had a 16% drop.

In addition, after an analysis of DNA from the blood tests, the team found that there were specific genetic changes tied to drug resistance, indicating the risk of early relapse.

The team believes that liquid biopsies will have positive impacts on how clinicians can trace the way cancers evolve and respond to treatment. It can help doctors come up with individualized treatment plans.

Source: https://www.news-medical.net/news/20200601/Blood-test-may-predict-a-patiente28099s-response-to-prostate-cancer-treatment.aspx

Prostate Cancer Canada resources now provided by the Canadian Cancer Society

From the amalgamation of Canadian Cancer Society (CCS) and Prostate Cancer Canada (PCC), CCS was pleased to add to its resources some of the excellent information created by Prostate Cancer Canada. CCS is currently redesigning its website, cancer.ca, to make access to information and support services easier, and is planning new materials for next year. Once these are completed, CCS will send us an updated list of resources and where to access them. For now, please note that you can find a wide selection of diagnostic, screening, treatment and symptom management information at:

Prostate Cancer Canada's website https://www.prostatecancer.ca/Prostate-Cancer

Canadian Cancer Society's website https://www.cancer.ca/en/cancer-information/cancer-type/prostate/prostate-cancer

Emotional, coping and practical support information for people with prostate cancer and their loved ones at:

Prostate Cancer Canada's website https://www.prostatecancer.ca/Prostate-Cancer/Facing-Prostate-Cancer

Canadian Cancer Society's website (English) https://www.cancer.ca/en/cancer-information/living-with-cancer

Webinars on Cancer and COVID-19 on the cancer.ca website at https://www.cancer.ca/en/support-and-services/resources/cancer-and-covid19-webinar-series or CCS's online community at https://cancerconnection.ca/webinars.

For questions about any of these resources, please call the Cancer Information Helpline at 1-888-939-3333.

PSA and Prostate Cancer Mortality: What's the Link?

The increased use of prostate-specific antigen (PSA) has altered the diagnostic and treatment landscape of prostate cancer. The true impact of PSA on prostate cancer mortality is frequently debated and is influenced by multiple variables. One crucial factor that should be considered when evaluating the future of PSA testing in prostate cancer is the role of "sticky diagnosis bias." This term refers to the type of bias seen in screening trials when the screening group has more subjects diagnosed with the disease, which can lead to some deaths from other causes falsely attributed to the disease. Recently, Welch and Albertsen published a review in the New England Journal of Medicine about how this type of bias can influence the future of PSA testing.

An example of sticky diagnosis bias can be observed during the 1970s and 1980s when urologists performed transurethral resections of the prostate (TURP) to treat benign prostate enlargement in older men. As more TURP procedures were performed and specimens were sent to pathology, cancer was frequently incidentally found, leading to increased incidence figures. By 1986, Merrill and colleagues reported that approximately half of all prostate cancers were detected on TURP.

Eventually, there was a 50% decrease in TURP-detected prostate cancer incidence in favour of more medical therapy; however, the overall prostate cancer incidence doubled from 1986 to 1992, which can be linked to the widespread use of PSA testing. Many older men were eventually diagnosed with prostate cancer based on PSA screening, at which point their diagnosis "stuck" with them at the time of their death. This can continue to be an issue even in men who may not be considered "older," especially as more than half of men who have died at an age older than 60 years from another cause have pathologic evidence of prostate cancer on autopsy.

The increase in prostate cancer mortality during these periods most likely was because the cause of death for these men was attributed to prostate cancer, rather than other factors. A study conducted by Thompson and colleagues found that many men with PSA-detected prostate cancer were found to survive up to 15 to 20 years following their diagnosis — typically with minimal treatment — and eventually died from another disease process.

Another factor is that patients with poorly differentiated and more aggressive prostate cancers can have normal PSA values. Therefore, the authors argued that most PSA-detected cancers are well-differentiated cancers and are not more aggressive forms of disease.

The authors noted that if peak prostate cancer mortality from the early 1990s is used as a goal post, there has been a 51% decrease in mortality from this point until the year 2016. In comparison, if the baseline levels from the 1950s to 1970s (prior to routine TURP utilization) are used, there is still a 37% decrease in prostate cancer mortality.

The dramatic decline in prostate cancer mortality started soon after the increase in the use of PSA as a screening tool, although the major randomized clinical trials did not replicate many of these results — even those trials including surgery and radiation. The authors proposed that the introduction of adjuvant hormonal therapy in the 1990s — especially luteinizing hormone-releasing hormone (LHRH) agonists — substantially contributed to this decline in mortality.

The introduction of routine PSA screening has also been associated with a decrease in the incidence of metastatic prostate cancer. Again, this was not replicated in European trials, where the protocol was to repeat PSA testing every two to four years, compared with testing annually in the United States. This type of protocol could also be associated with earlier introduction of adjuvant hormonal therapy based on more frequent testing.

The authors argued that PSA screening has led to overdiagnosis and overtreatment of a condition that may not actually cause symptoms or death. Therefore, they agree with the US Preventive Services Treatments for prostate cancer can frequently impact morbidity and patient quality of life, especially when the patient is older. And this is not uncommon, as the median age at death due to prostate cancer — 80 years — is relatively high. When a primary care physician is considering recommending PSA testing for a patient, there is also a concern that it could distract from other medical issues, along with raising certain medicolegal concerns.

If providers continue to proceed with PSA testing despite the issues raised by the study authors, the authors recommend that there be a higher PSA threshold for biopsies, such as 10 nanograms per milliliter. In addition to an absolute increase in the threshold, the authors also propose that

*See **What's the Link** page 8*

I Just Wanted it Out

- Geoff Matthews' Prostate Cancer Journey

Geoff Matthews is a retired journalist and communications specialist who was diagnosed with prostate cancer when he was just 53. Now, cancer-free 18 years later, Geoff shares his story. *[Note: although we are former colleagues, Geoff and I are not related - GM]*

Like many men, Geoff's 2003 diagnosis took him by surprise. "I went for my annual medical and the doc told me my prostate was a little enlarged." He reassured Geoff that he thought it was nothing, but sent him for a PSA test just to be sure. When his levels came back higher than normal, he was sent for another. Yet, his doctor continued to believe it was probably nothing. When the second test came back higher than the first, Geoff was sent for a biopsy, with the doctor repeating that it was probably nothing.

> "When I went back to get the results of the biopsy, I went by myself, which was a big mistake," says Geoff.

> "The doctor is telling me I have cancer, but what I'm hearing is, 'you're gonna die.'"

Geoff had to return to work following his appointment. He meant to tell his boss the news, but instead, he burst into tears. His boss sent Geoff home for the day, where he "just stewed and worried."

In subsequent appointments, Geoff and his doctor discussed the various treatment options (surgery, radiation, watchful waiting), and the pros and cons of each. He also spoke to a number of other people. He told his father he was leaning toward surgery, but he was worried about impotence. His father said, "So what? I'm impotent," to which Geoff replied, "But you're 81!"

After more research and a lot of thinking, he opted for the surgery, because he "just wanted it out." After finally making the decision, a wave of relief came over him.

The surgery, however, was no walk in the park. As Geoff puts it, "a little over five hours from lights out until I was awake again." The day after the surgery the nurse tried to get him to take a few steps, but he was barely out of bed before he had to lie down again, take some gravol and go back to sleep. The next day he walked to the doorway of his room, the following day he made it into the hall, and each day he went a little farther. The highlight came a few days after being released from the hospital when he was able to walk down to his corner bar and have a drink of scotch, although he still had a catheter in place. Once it was removed he had to do Kegel exercises to strengthen his bladder control and he couldn't drive for a month. The surgery left him with a seven-inch vertical scar below his navel.

Fortunately, the surgeon was able to remove all traces of the cancer, although it had spread to his prostate cap and was found to be dangerously close to his spine. As the months and years went by, Geoff's medical appointments became less frequent until, in 2013, he was told there was no need to return -- He was cured.

Asked whether having cancer has prompted him to make any changes in his life, Geoff says he already took pretty good care of himself, but that he's become "a bit of a crusader." He's very active in charities such as the Ride for Dad and Movember.

Geoff Matthews

He says his experience has also given him some perspective on the fragility of life: "We tend to think that bad things happen to other people. At 53, I certainly wasn't done living my life yet."

As mentioned, Geoff was concerned about how the surgery would affect his sex life. He admits he has had to adjust his expectations somewhat, but losing your prostate does not automatically doom one to a life of celibacy.

Geoff certainly sympathizes with men who don't want a stranger probing their nether regions, but "a digital exam is not nearly as uncomfortable as dying from cancer and, by the time you get symptoms, it might be too late." He credits his doctors for continuing to follow up, even when they themselves were sure there was nothing to worry about, but maintains that men have to take charge of their health and do what needs to be done to stay healthy.

He says, "Guys hate the idea of having anything wrong with them, but had it not been for regular testing, I would be dead." Instead, Geoff recently celebrated his 71st birthday and enjoys spending time with his many friends, his son and daughter, and two grandkids. ■

What's the Link *from page 6*

other strategies be considered, such as a complex algorithm to factor in a patient's age and rate of PSA increase over time, adjusting for prostate volume, and utilizing magnetic resonance imaging to identify lesions to biopsy.

In conclusion, the authors stated that routine PSA screening provides a substantial benefit for few patients, while exposing other patients to potentially significant physical and mental morbidity with biopsies, surgeries, treatments, and financial obligations.

It may be "easy" to end certain cancers using PSA; however, it is significantly more challenging to end those specific types of cancers that, if left untreated, can lead to negative patient outcomes. More thorough screening trials will be challenging to complete in the future based on the number of patients needed for those trials and the hurdles surrounding tracking the long-term follow-up data. ■

Source: https://www.cancertherapyadvisor.com/home/cancer-topics/prostate-cancer/prostate-cancer-psa-cancer-mortality-link-treatment/2/

Researchers *from page 4*

PSMA-targeting α-radiation therapy (PSMA-TAT) with 225Ac-PSMA-617 is emerging as a promising treatment for even the toughest prostate cancers, but some research has reported up to 37% of patients don't respond even with sufficient PSMA expression. And additional studies have proven that certain DNA damage-repair-associated gene mutations affect a patient's response to such therapy.

Ten out of 60 patients treated with 225Ac-PSMA-617 PSMA-TAT responded poorly to the therapy. CT-guided biopsy samples taken from seven of them and analyzed via two separate targeted next-generation-sequencing panels showed mutations in 37 DNA-damage recognition, damage-repair, or checkpoint signaling genes. And in seven samples, the group detected 15 whole-gene deletions.

Kratochwil concludes, "Once it can be confirmed that a large number of patients receiving PSMA-TAT are simultaneously harbouring potentially druggable mutations in genes that are causal related to radio-sensitivity, then clinical evaluation (and hopefully one day routine application) of combination therapies with the potential of over-additive efficacy will become available."

Source: https://www.healthimaging.com/topics/molecular-imaging/treatable-genetic-mutation-therapy-resistant-prostate-cancer ■

In the Next Issue Winter 2021

What is prostate cancer?

Photo by Unsplash-Questions

In this issue, we explore symptoms, causes and risk factors, as well as the latest information on prevention. We also examine the importance of promoting awareness, so that men and their families can be proactive in managing their health.

This issue provides an overview of the past, present and future of prostate cancer research and management. Recent decades have seen dramatic changes in the management of prostate cancer based on novel research findings. We have moved from a "one-size-fits-all" approach in prostate cancer management to multidisciplinary strategies tailored to the individual patient and his specific cancer.

Every treatment approach involves harms and benefits. Every strategy can be debated. The intricacies and challenges of trying our best to understand and manage this disease continue to puzzle and to fascinate us.

Join the Team

For many of us, contributing is part of survival. We learn and find comfort by doing things with other survivors.

Participating in the community helps sustain our quality of life. Your help is needed and you'll find it rewarding.

Contact us at info@pccnottawa.ca or use the form on the website to introduce yourself and let us know how you'd like to help out. http://pccnottawa.ca/volunteers/join-team ■