



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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Our guest speaker at our first meeting back in September after our summer break was Krista Clement the Librarian at the BC Cancer centre in Kelowna. Krista started off by telling everyone that the BC Cancer Centre's Libraries don't just have the latest information for the physicians at these centres but also have a great deal of information in the form of brochures, booklets, pamphlets and books for those going through cancer. She also noted that you don't need to be a patient in order to access the library as it is available to anyone, all they need is your contact information, in order for you to get your library card. She also noted that the materials in the Library are lent out for a one-month period of time.

Krista mentioned the online resources that are available through the BC Cancer Website - www.bccancer.bc.ca/library - on this website there is an area called *Pathfinders*. Pathfinders has a list of up-to-date printable resources that are recommended by the Librarians at BC Cancer. Topics covered include types of cancer, coping with a recent diagnosis, life after cancer and more. Each pathfinder list books, DVDs, pamphlets, websites and support programs.

There are also links to other recommended specialized websites that have been evaluated by the Librarians at BC Cancer. These websites cover such topics as specific types of cancer, treatment options, living with cancer, managing symptoms as well as finding health information in other languages.

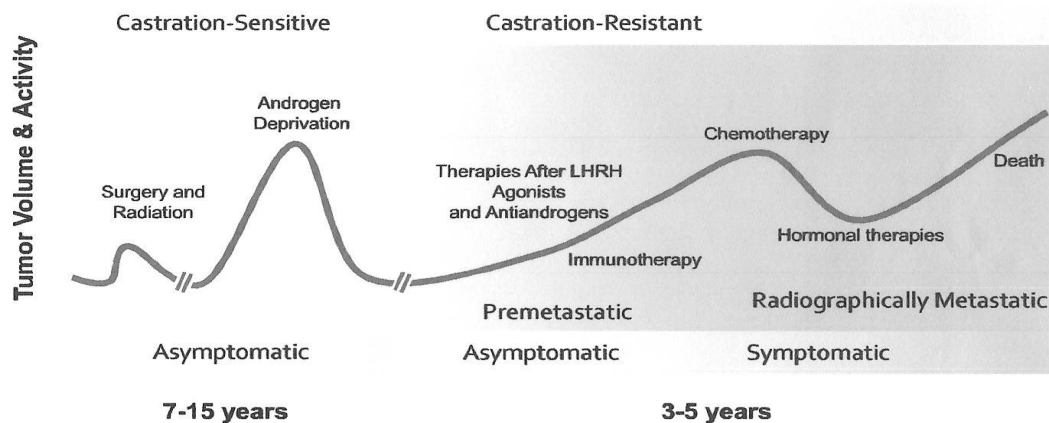
Krista also mentioned that if you don't find a book or resource in our local Cancer Centre Library but is available at another library once you are into the system they can bring this information in for you and again you get to take it out for four weeks and can also be renewed if needed.

This was a very interesting and informative presentation. I hope that more people will take advantage of the resources available locally at our cancer centre.

Prostate Cancer Canada Expert Angle Series - In April Dr. Robert Hamilton was the guest presenter and he gave a very interesting presentation on *Non-Metastatic Prostate Cancer*, as a part of his presentation he included the following graph entitled the *Continuum of Prostate Cancer*.

Dr. Hamilton in his notes to me said that the following illustration depicts the most typical patient journey through prostate cancer. "Not everyone, of course, follows this path, but the majority do. Usually prostate cancer is detected with an elevated PSA. Most commonly prostate cancer is localized to the prostate gland at the time of detection and if curative treatment is needed the patient undergoes radiotherapy or surgery which decreases the PSA level to zero or very low. Ideally the PSA stays at that low level forever, indicating cure. However, in up to 40% of patients after primary treatment the PSA starts rising again. This so-called biochemical recurrence is usually only detected with a rising PSA - no other CT scans or bone scans can detect any abnormality. Typically, once the PSA rises to a certain level, androgen deprivation therapy (ADT) is initiated. This causes the PSA to decline again to very low levels and hopefully the PSA stays there for a long period of time. If the PSA begins to rise again, then it is termed 'Castration Resistant Prostate Cancer'. AT this point many patients have detectable spots of disease on their CT or bone scan - but it's possible to have castration resistant prostate cancer and no metastases. During this advanced stage of prostate cancer there are several different treatments available depending on the presence/absence, location and burden of disease as seen on the scans, as well as the general health of the patient."

Continuum of Prostate Cancer



More Information on Dr. Sadar's Drug EPI-506

Note: This is further to my article in the September newsletter, some of the following information came directly from Dr. Sadar as well as from an article in the Vancouver Sun on May 23, 2018 by *Larry Pynn*.

Dr. Marianne Sadar has been working her entire life career to find a drug for late-stage prostate cancer. She began her research in 1995, focusing on finding treatments for "the difficult ones" - those men with the most advanced prostate cancers.

For those not familiar with the Drug EPI - 506 - it is a drug that has been developed to treat advanced metastatic prostate cancer by a group of researchers at the BC Cancer Agency in Vancouver and headed up by Dr. Marianne Sadar.

The drug that Dr. Sadar's research was based on was derived from a Papua New Guinea marine sponge.

One headline in 2007 on her research shouted: 'B.C. find raises hopes for curing advanced prostate cancer,' after Sadar's research showed promising results in mice. Her findings, published in the proceedings of the National Academy of Science, involved manufacturing a decoy to "confuse" prostate cancer cells so they will die before they can proliferate.

In 2015, Sadar's continued research into the drug received more publicity as it was about to undergo human trials, a first for B.C. Cancer.

They began Phase 1 Clinical Trial studies on this drug in both the U.S. and Canada in 2016. However, in late November 2017, the human trials were suspended. As I mentioned in September's Newsletter participants were taking up to 18 pills a day - saturated in castor oil, which of course, has its own complications - and even then, the drug wasn't sticking around.

Dr. Sadar said, "They take the pill orally and we measure the amounts of drug in their blood. It goes quickly up and then it quickly comes down. Between dosing there's nothing in their blood. It's all gone."

But rather than call it quits, researchers hope to tweak the drug in hopes that it can one day prove useful. Dr. Sadar said, "We think we know how to fix the problem, it's metabolized differently in humans than animals. Our chemist is modifying the drug. Let's (still) hope we have a blockbuster.

Dr. Sadar is also a director of ESSA Pharma Inc., the publicly traded company producing the drug and raising money for additional trials. BC Cancer owns the patent.

Dr. Sadar sent me the following information that I can share with you.

We must remember that when developing new drugs there is a great many year's work in the labs before getting permission to commence a trial study. For example, Dr. Sadar's research took

over 17 years before they were granted permission to conduct a Phase 1 trial study from the FDA (The U.S. Food and Drug Administration).

"The clinical trials showed signs of efficacy with some patients staying on the drug for more than a year and also some PSA declines were measured. These were a difficult group of patients since they came into the study mostly heavily treated. So, proof-of-concept was indicated with our drug. The drug was not ideal though. More than 3.6 grams or up to 18 pills a day was needed to give to patients which is not a feasible drug. It seems like humans rapidly metabolize that drug, so the company (ESSA Pharma.) is tweaking the drug to prevent that metabolism. The goal is to have a drug that has a longer half-life so that durable responses can be obtained. The point to make is that the drug is not being re-invented, only tweaked. The company expects that it will start clinical trials sometime the end of next year. They have to re-do all of the safety and toxicity work for the FDA with the tweaked drug.

WITT'S WIT (ON THE LIGHTER SIDE) -

"Hearing Better Now"

An elderly man was having hearing problems and went to see a specialist. The doctor fitted him with some hearing aids that brought his hearing back to full strength.

After a few weeks the man came back to make sure the new equipment was working properly, which it was.

The hearing specialist said, "It all seems perfect. Your family should be delighted you can hear everything now."

"Oh no," the man responded. "I haven't told any of them. I just sit quietly. I've changed my will four times."

The Kelowna Prostate Cancer Support & Awareness group does not recommend treatment modalities or physicians: However, all information is fully shared and is confidential. The information contained in this newsletter is not intended to replace the services of your health professionals regarding matters of your personal health.

The Kelowna Prostate Cancer Support & Awareness Group would like to thank Janssen - manufacturer of Zytiga® - Abiraterone for their support in producing this newsletter.



UP COMING MEETING DATES FOR 2018 -

November 10th - December 8th -

Meeting Location:

Our meetings take place in the Harvest Room at the Trinity Baptist Church located at the corner of Springfield Rd. and Spall Rd. enter through the South Entrance. The meeting begins at 9:00 A.M. Doors open at 8:30 A.M. The Harvest Room is located on the second floor and there is elevator access if required.

