KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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Unfortunately, recommendations from several agencies including the Prostate Cancer Foundation BC, BC Cancer and others due to the COVID-19 worldwide pandemic it was recommended that we should NOT hold Prostate Cancer Support Group Meetings for April. This is a very challenging time for everyone, with those nationwide being asked to either self-isolate or physical distance for several months, in order to help stem the tide of this virus. Therefore, I am sending the April Newsletter out by email. I hope you receive this issue. If anyone has any questions or concerns, please feel free to contact me at the above phone number.

However, during the time of the pandemic there was also some very good news. On March 31, ESSA Pharma Inc. from Vancouver announced that it has submitted an Investigational New Drug (IND) application to the U.S. Food & Drug Administration (FDA) to evaluate its new drug EPI-7386, in a Phase 1 clinical trial study for the treatment of patients with metastatic castration-resistant prostate cancer (mCRPC).

Dr. David R. Parkinson, MD, CEO of ESSA Pharma. Stated. "We remain focused on conducting a clinical trial of this unique inhibitor of the N-terminal domain of the androgen receptor in adult male patients with mCRPC resistant to standard of care treatments. We are pleased that we were able to file the IND as planned. This is a significant milestone for the company, and we look forward to beginning clinical testing of EPI-7386 in patients as soon as possible.

ESSA Pharma is hoping to commence the Phase 1 clinical trial in the second quarter of 2020, this first phase will only involve about 18 patients at multiple U.S. and Canadian sites.

For those reading this newsletter who are not familiar with ESSA Pharma, the head researcher is Dr. Marianne Sadar a researcher from BC Cancer who has been working on a drug for over 20 years. We are wishing her great success in this development.

A Short History of Early Detection for Prostate Cancer and its Impact

The following is an article that appeared in the Winter issue of *Quest a publication by Dr. William J. Catalona and the Urological Research Foundation.*

In 1992 - before the advent of PSA screening for the early detection of prostate cancer - mortality rates for men in the U.S. were on the rise. Only 60% of men received their diagnosis when the cancer was still localized in the prostate. In addition, 19% of men diagnosed with the disease had distant metastases, i.e., the disease had spread beyond the pelvis, and 14% had cancer that had spread regionally outside the prostate to lymph nodes or surrounding tissue. It is much more difficult to cure prostate cancer once it has spread beyond the prostate. Hence in 1992, the 5-year survival rate for men diagnosed with advanced disease was only 29%.

Thankfully, these statistics are no longer the case. The advent of PSA screening for the early detection of prostate cancer changed the landscape for men in the U.S. In 1991 Dr. Catalona published his landmark trial in the *New England Journal of Medicine* that showed the PSA screening test was useful as a screening test. The test was adopted into clinical practice.

In 2019, nearly 80% of men diagnosed with prostate cancer have had the disease detected while it is still localized in the prostate and easier to manage. Rates of regional metastases are down to 10-15%, and distant metastases rates have dropped to approximately 5% at diagnosis. During the PSA screening era from 1992-2015, there has been a 53% decrease in the U.S. prostate cancer mortality rate. However, in men having metastases at the time of diagnosis, the 5-year survival remains at about 30%. Thus, PSA screening for the early detection of prostate cancer has saved the lives of many men.

High quality, long-term scientific research in Europe supports this claim. In the Goteborg, Sweden trial, the risk for prostate cancer mortality was 35% lower for men who underwent PSA screening. The greater mortality benefit was for men who started screening at ages 55-59 years old, with a 53% lower risk of dying from the disease. Similarly, in the European Randomized Study of Screening for Prostate Cancer (ERSPC), men who underwent PSA screening had a 21% lower risk of dying from prostate cancer.

The PLCO Trial -

In 2009, a study conflicting with the ERSPC published results in the *New England Journal of Medicine.* The Prostate, Lung, Colorectal, and Ovarian Cancer Screening (PLCO) trial found a 0% decrease in prostate cancer deaths for patients who had undergone PSA screening. The results were widely reported and caused a significant controversy over the use of PSA testing for the early detection of prostate cancer.

However, several years later the *New England Journal of Medicine* published a scientific letter to the editor with a reevaluation of the PLCO data. In reality there had been a greater than 90% contamination rate in the "control" arm of the study, meaning that the majority of men who were not supposed to have PSA screening actually had the tests. This incorrectly skewed the results against PSA screening. A new analysis of the PLCO data published in the

Annals of Internal Medicine in 2017 revealed there was a 27-32% lower prostate cancer death risk with prostate cancer screening, similar to the rates reported in the ERSPC trial.

The USPSTF guidelines controversy -

While debate was ongoing, the U.S. Preventive Services Task Force (USPSTF) began revising its national guidelines. The USPSTF is a panel of experts in disease prevention and evidence-based medicine that makes national recommendations about clinical preventive services.

In 2008, the USPSTF panel recommended against screening men older than 75 years old. In 2012, the USPSTF issued a problematic grade "D" recommendation against screening for all men, concluding that the harms outweighed the benefits. Unfortunately, at that time the panel heavily weighed the data from the PLCO trial. The panel also did not include any urologists, radiation oncologists or medical oncologists.

In the three years after the 2012 USPSTF recommendations, the PSA screening rates and rates of interventions for prostate cancer diagnosis and treatment have declined substantially. Fewer men were being diagnosed and treated for the disease, and the proportion of men diagnosed with metastatic cancer increased. This suggests that due to the decline in screening, more men were being diagnosed with prostate cancer after the disease had already spread out of the prostate. The prostate cancer mortality rate also began to climb upwards.

Expected Impacts of Discontinued PSA Screening -

National statistics networks have projected the effects of stopping PSA screening in the U.S. population. The U.S. National Cancer Institute Intervention and Surveillance Modeling Network (CISNET) data predicted that stopping screening would result in twice as many metastatic cases, returning to pre-PSA era levels and a 13-20% increase in preventable prostate cancer deaths by 2025. Discontinuing screening for men older than 70 years would fail to prevent 35-39% of avoidable prostate cancer deaths. The CISNET similarly projected that if screening were phased out in 2012, the number of cases of distant stage disease would return to the pre PSA screening era levels by 2015. Data for the Goteberg trail supports these predictions: for men in the trial who stopped PSA screening, after nine years the incidence of potentially lethal prostate cancers was the same as it was for men in the group without any screening at all.

Updated USPSTF guidelines -

In 2018, the USPSTF reviewed the new scientific evidence regarding PSA screening or prostate cancer and revised its recommendations. Currently, for men ages 55-69 years old, the panel recommends that clinicians and patients practice shared decision making and discuss the benefits and harms of screening for the early detection or prostate cancer. For men 70 or older, unfortunately, the panel still advises against PSA-based screening.

While revised guidelines are a step in the right direction, they are missing some key strategies that could not only save lives, but also reduce suffering from prostate cancer. Prevention of metastatic disease is also important, as advanced cancer can cause

substantial suffering and require difficult treatments.

Editors Note: The above is from the U.S. but would be very similar for those of us in Canada. The Canadian Task Force on Preventive Health Care (CTFPHC) recommends against screening for prostate cancer with the PSA test. The CTFPHC found that the small benefit from PSA screening is outweighed by the potential significant harms of the screening and associated follow-up treatment.

WITT'S WIT (ON THE LIGHTER SIDE) -

I have many unanswered questions!!! - I still haven't found out who let the dogs out… Where's the beef…. How to get to Sesame Street… Why do all flavours of fruit loops taste exactly the same… Why are eggs packaged in a flimsy paper carton, but batteries are secured in plastic that's tough as nails? Why is lemon juice made with ARTIFICAL flavour? Yet, dishwashing liquid is made with REAL lemons! Why do you have to "put your two cents in" but it is only a "penny for your thoughts" where is the extra penny going? (Note: and we no longer have pennies in Canada)

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 - and TerSera for their support and their educational grants towards our newsletters and our support group.

UP COMING MEETING DATES FOR 2020 -

NOTE: Due to the COVID-19 Pandemic all future Kelowna Prostate Cancer Support Group Meetings have been cancelled until further notice.

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 off the main parking lot and follow the signs upstairs to the Harvest Room. The meeting begins at 9:00 A.M. Doors open at 8:30 A.M. There is elevator access if needed

NOTE: Many of our past newsletters are available for viewing and printing through our website. - www.kelownaprostate.com

- A big *Thank You to Doris at Affordable Web Design for all her work on our website.*