



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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VOLUME 23 – ISSUE 10 – (NUMBER 264) – JUNE 2021

We hope that all those receiving our newsletter are keeping well during the pandemic and that everyone has received at least one vaccination shot. Yvonne and I have received both our shots with very few if any side effects.

This will be our last newsletter until September as we take July and August off for some R&R time. Yvonne and I would like to take this opportunity to wish everyone a great summer and depending on what happens in the next few months we may be able to have in person meetings beginning sometime in the Fall.

Yvonne and I hope that some may be able to have the chance to visit with out-of-town & possibly even out-of-province family members sometime this summer.

If anyone has any questions or concerns that I may be able to help with, please feel free to contact me at the above number.

If you wish to have your name removed from this contact list, please contact me and I will remove your contact information.

ESSA Pharma Announces a Clinical Collaboration with Janssen and Astellas to Evaluate EPI-7386 for Patients with Metastatic Castration-Resistant Prostate Cancer -

The following is an excerpt of two news releases that were obtained from the ESSA Pharma. Website.

ESSA Pharma Inc., a clinical-stage pharmaceutical company focused on developing novel therapies for the treatment of prostate cancer, announced that they have entered into a clinical collaboration and supply agreement with **Janssen Research & Development, LLC** (“Janssen”), to evaluate ESSA’s first-in-class N-terminal domain androgen receptor inhibitor, EPI-7386, in combination with apalutamide as well as the combination of EPI-7386 with abiraterone acetate plus prednisone in patients with metastatic castration-resistant prostate cancer (“mCRPC”).

Under the terms of the agreement Janssen, may sponsor and conduct up to two Phase 1/2 studies evaluating the safety, tolerability, and preliminary efficacy of the combination of EPI-7386 and apalutamide as well as the combination with abiraterone acetate plus prednisone in patients with mCRPC who have failed a current second-generation antiandrogen therapy. Janssen will assume all costs associated with the studies, other than the manufacturing costs associated with the clinical drug supply of EPI-7386. The parties will form a joint oversight committee for the clinical studies, which are planned to start in 2021. ESSA will retain all rights to EPI-7386.

“We are delighted to collaborate with Janssen to explore the potential clinical role of EPI-7386 in combination with the antiandrogens apalutamide and abiraterone plus prednisone in patients with metastatic castration-resistant prostate cancer,” said Dr. David R. Parkinson, Chief Executive Officer, ESSA Pharma Inc. “EPI-7386 binds to the androgen receptor targeting the opposite end of the androgen receptor from current therapies. In preclinical models, we have seen that combining EPI-7386 with current antiandrogens can lead to deeper and broader inhibition of androgen biology. We look forward to investigating these combination therapies and their potential to improve the treatment of prostate cancer.”

Under the terms of agreement with **Astellas Pharma Inc.**

(“Astellas”), ESSA will sponsor and conduct a phase 1/2 study to evaluate the safety, tolerability, and preliminary efficacy of the combination of EPI-7386 and enzalutamide in metastatic castration-resistant prostate cancer patients who have not yet been treated with second-generation antiandrogen therapies. Astellas will supply enzalutamide for the trial. ESSA will retain all rights to EPI-7386. This clinical study is expected to start in 2021.

“We are delighted to collaborate with Astellas to explore the potential clinical role of EPI-7386 in combination with Astellas’ enzalutamide in patients with metastatic castration-resistant prostate cancer, who have progressed on androgen deprivation therapy,” said Dr. David R. Parkinson, Chief Executive Officer, ESSA Pharma Inc. Combining our two therapies will simultaneously target both ends of the androgen receptor. In preclinical models, we see that combining EPI-7386 with current antiandrogens can lead to deeper and broader inhibition of androgen biology. We look forward to investigating the combination of these therapies and their potential role together in the treatment of prostate cancer.”

About EPI-7386

EPI-7386 is an investigational, highly selective, oral, small molecule inhibitor of the N-terminal domain of the androgen receptor. EPI-7386 is currently being studied in a Phase 1 clinical trial (NCT04421222) in men with metastatic castration-resistant

prostate cancer (“mCRPC”) whose tumors have progressed on current standard-of-care therapies. The Phase 1 clinical trial of EPI-7386 began in the third quarter of 2020 following FDA allowance of the IND and Health Canada acceptance. The U.S. FDA has granted Fast Track designation to EPI-7386 for the treatment of adult male patients with mCRPC resistant to standard-of-care treatment. ESSA retains all rights to EPI-7386 worldwide.

About ESSA Pharma Inc.

ESSA is a clinical-stage pharmaceutical company focused on developing novel and propriety therapies for the treatment of patients with prostate cancer.

About Prostate Cancer

Prostate cancer is the second-most commonly diagnosed cancer among men and the fifth most common cause of male cancer death worldwide (Globocan, 2018). Adenocarcinoma of the prostate is dependent on androgen for tumor progression and depleting or blocking androgen action has been the mainstay of hormonal treatment for over six decades. Although tumors are often initially sensitive to medical or surgical therapies that decrease levels of testosterone, disease progression despite castrate levels of testosterone can lead to metastatic castration-resistant prostate cancer (“mCRPC”). The treatment of mCRPC patients had evolved rapidly over the past ten years. Despite these advances, many patients with mCRPC fail or develop resistance to existing

treatments, leading to continued disease progression and limited survival rates.

EDITOR’S NOTE:

I had an earlier article on EPI-7386 in our March 2021 Newsletter that was sent to me by Dr. Sadar.

WITT’S WIT (ON THE LIGHTER SIDE) -

Why We Love Children

Death -

While walking along the sidewalk in front of his church, our minister heard the intoning of a prayer that nearly made his collar wilt. Apparently, his five-year-old son and his playmates had found a dead robin. Feeling that a proper burial should be performed, they had secured a small box and cotton batting, then dug a hole and mad ready for the disposal of the deceased.

The minister’s son was chosen to say the appropriate prayers and with sonorous dignity intoned his version of what he thought his father always said: “Glory be unto the Faaather, and unto the Sonnn, and into the hole he goooooes.”

Cancer Landscape to Shift by 2040-

The following is an excerpt of information published in the *Journal of the American Medical Association (JAMA) April 1021*, by Allison Inserro.

A new study says the makeup of cancer will change by 2040, with increasing deaths from pancreatic and liver cancers and more melanoma cases but fewer breast cancer deaths and decreases in prostate cancer.

Currently, cancer is the leading cause of death in individuals aged 45 to 64 years; last year there were and estimated 1.8 million diagnoses and more that 600,000 deaths in the U.S.

Prostate cancer, currently the most common cancer, will rank as the fourteenth most common cancer.

Change in Cancer Deaths by Sex –

In men in the U.S., the top 4 causes of death by cancer in 2020 were lung, prostate, colorectal, and pancreas. By 2040 that will shift to lung (29,000 deaths), prostate (26,000 deaths), liver & intrahepatic bile duct (24,000 deaths), and pancreas (22,000 deaths).

In women in the U.S., the causes of death will largely stay the same, from lung, breast, colorectal, and pancreas currently to colon cancer being replaced by uterine cancer in 2040.

The authors said they had previously estimated that the most common cancers overall by 2030 would be breast, prostate, lung, thyroid, and melanoma. The new estimates reflect the AAPC data, which show and

increase in melanoma and a decrease in prostate and thyroid cancers.

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 2021–

Due to the COVID-19 virus we are still NOT holding monthly Support group Meetings.

NOTE: I will be in touch with everyone whenever it is safe to get back to holding regular meetings.

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.*