



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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The October meeting of the Kelowna Prostate Cancer Support & Awareness Group was held on the Saturday of the Thanksgiving weekend. Considering it was a holiday weekend we still had a pretty good turnout to the meeting.

We did not have a guest speaker for this meeting, however, I presented one of the PowerPoint presentations we saw at the recently held Prostate Cancer Conference. The presentation I gave was one by *Dr. Oja*, a Medical Oncologist with BC Cancer in Vancouver on Cannabis and Prostate Cancer - adding confusion to already muddy waters. This is a very interesting presentation, especially finding out the different strains of Cannabis and how they may possibly have some beneficial effects on cancer. However, it was pointed out that there has to be a lot more research done on this subject.

I also ran the six-part videos "*If I were Tom*" after a few attempts we were able to get the videos running, unfortunately the sound volume wasn't good but It was interesting to all of us in the room to find out this series was actually shot in the Kelowna area, as we recognized some of the buildings in the background as well as the newspaper Tom was reading.

I mentioned at the meeting that I had recently heard from Dr. Marianne Sadar regarding her research on EPI-506, the drug she and her team in Vancouver have developed to treat men who have Metastatic Castration Resistant Prostate Cancer. She mentioned that the patients that were approved for the Phase 1 Clinical Trial were a difficult group of patients since they came into the study mostly heavily treated. The drug was not ideal though, as more than 3.6 grams was needed to be given to patients which is not a feasible drug. The researchers found that humans rapidly metabolized the drug. The researchers are tweaking the drug to prevent that metabolism. The goal is to have a drug that has a longer-life so that durable responses can be obtained. The point to make is that the drug is not being re-invented, only tweaked. Dr. Sadar indicated that progress is being made and they hope to re-apply to the FDA sometime in the new year for a new Phase 1 Trial Study.

FDA expands Apalutamide (Erleada) Approval for Prostate Cancer -

The following information was obtained from the Internet in September 2019 and originated with *Helio.com* and is further information relating to the article I had in last months Newsletter regarding Apalutamide.

The FDA expanded the approval of apalutamide to include treatment of men with metastatic castration-sensitive prostate cancer.

Apalutamide (Erleada), by Janssen - an oral androgen receptor inhibitor - already had been approved for the treatment of nonmetastatic castration resistant prostate cancer.

The FDA based the new indication on the results of the randomized phase 3 TITAN study, which included 1,052 patients with *metastatic castration-sensitive prostate cancer* from 23 countries in North America, Latin America, South America, and the Asia-Pacific region.

The study included men with low-or-high-volume disease Some had newly diagnosed disease and others had received prior definitive local therapy or prior treatment with up to six cycles of docetaxel for metastatic disease.

The most common adverse events observed among apalutamide-treated patients included fatigue, rash, decreased appetite, falls, weight loss,

hypertension, hot flushes, diarrhea, and fractures.

"Prostate cancer is more difficult to treat once it spreads, and for patients with castration-sensitive disease, it is clear the ADT alone is often not enough," **Kim N. Chi, MD, senior scientist at BC Cancer**, and principal investigator of the TITAN study, said in a Janssen-issued press release. "Results from the TITAN study showed that, regardless of the extent of disease, patients with metastatic castration-sensitive prostate cancer have the potential to benefit from treatment with apalutamide in addition to ADT.

The FDSA previously granted priority review designation to apalutamide for this indication.

"Erleada has the potential to change how patients with prostate cancer are treated, regardless of the extent of the disease or prior docetaxel treatment history, by delaying disease progression and prolonging survival," **Margaret Yu, MD**, vice president and prostate cancer disease area leader with Janssen Research & Development LLC, said in the release.

WITT'S WIT (ON THE LIGHTER SIDE) -

Wife's Accident

Wife crashed the car again today. She told the police the man she collided with was on his mobile phone and drinking a can of beer!

The police said he can do what he likes when he is in his own living room!

More Than Testosterone -

The following information was obtained from the *Prostate Cancer Canada Website* and was published in September 2019.

Today approximately 58 Canadian men will be diagnosed with prostate cancer. If detected in its early stages, nearly 100 per cent of them will survive. But that is not always the case, so approximately 11 Canadian men will be lost to prostate cancer today.

Drugs exist (called hormone therapy or *androgen deprivation therapy*) that stop the body's production of testosterone, the fuel for the cancer growth. These drugs are used when cancer spreads outside the prostate, comes back after another type of treatment, or for patients judged at high risk of having the cancer spread after surgery or radiation. Even with hormone therapy, sometimes the cancer continues to grow.

Testosterone's role in the growth of prostate cancer has been studied, but what about the other male hormones? There are many others yet to be examined, and they are not suppressed by current hormone therapy. What if cancer cells are also fed their growth using other hormones. **Dr. Éric Lévesque** and his team at **Laval University** in Quebec City are determined to find out if this is the case.

We now have a new technique that sensitive enough to measure additional male hormones. It's the first time they are being measured in relation to prostate cancer progression in a large group of patients. They clearly deserve attention," Dr. Lévesque says.

The team will examine the presence of these unstudied male hormones in blood samples from 1,700 past prostate cancer patients. Along with the blood samples, there are records of how their cancer progressed. Putting all this information together, Dr. Lévesque's team will be able to identify any connection between cancer progressing and these hormones.

If the team can show that these other male hormones drive prostate cancer growth, it could lead to:

- More accurate and earlier ways to catch cancer that is more likely to progress and
- More effective approaches to hormone therapy, such as starting it sooner, as well as using newer drugs that specifically block hormones other than testosterone.

If successful, more focused and timely approach to the use of male hormone blocking drugs may arise from this research. The hope of saving and improving more lives is worth it.

This project is proudly funded by *Movember Foundation* and

awarded by Prostate Cancer Canada.

Pathological Characteristics of Prostate Cancer Occurring in Younger Men:

The following is a Retrospective Study of Prostatectomy Patients - As reported in URO Today in September 2019

To determine if differences exist in the pathological characteristics of prostate cancer occurring in younger men compared to the disease when it occurs in older men.

A retrospective cohort study was conducted on prostatectomy specimens for the prostate cancer database of a single large Australian pathology practice which services a large proportion of hospitals within one state. Data was extracted regarding the pathological characteristics of the cancers and an analysis was conducted against two cut offs.

Data was extracted between 2011 - 2017 in 11,551 men. 132 men were 45 years old and younger, and 545 were 50 years old and younger. Statistically significant differences were found in a number of pathological characteristics. Younger men had lower grade Group disease, and within that had less adverse pathological characteristics. In particular, even after controlling for confounding in men 45 and younger, in Grade Group 2 disease there was a lower risk of Extra Prostatic Extension, and Lymph Node Involvement, with trends toward superiority in other domains.

Our results demonstrate that prostate cancer in younger men tends to

be lower grade and stage disease compared to older men.

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 2019 -

Dec. 14 -

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

