



**Prostate Cancer
Support Association**
of New Mexico

**Celebrating
29 years of
supporting men
and their families**

LIFELINE

**PCSANM Quarterly
July 2020
Volume 27, Issue 3**

Issue Highlights

Information	2
PCSANM & COVID-19	3-4
New PCa Findings	4
PCa Cases Rising	5
Sexual Distress & PCa	6-7
Interim Scan/ Decipher Prostate RP	8
Immunotherapy Treatment	9
Olaparib Study	10
Clinical Trial for Veterans	11
Chairman’s Message	12

**Our website address:
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Support Group Meetings

Due to COVID-19, in-person support group meetings have been suspended until further notice. PCSANM offers web-based meetings from 12:30-2:45 on the first and third Saturday of most months. Please call 505-254-7784 or email pchelp@pcsanm.org for information. Meeting topics by date may be found at:

<https://www.pcsanm.org/meetings/>

PCSANM and COVID-19

**Lou Reimer
Rod Geer
Steve Denning**

With member contributions

We hope all of you are well and adjusting to the topsy-turvy “new normal” world caused by the coronavirus pandemic. We also are adapting in various ways.

Because we recognize our members are part of the more vulnerable population, we ceased in-person contacts back in March and stopped our normal Monday-Thursday 10 a.m.-2 p.m. office hours. But phone calls are answered 24/7 by on-call board members. We've beefed up our use of emails and are updating our website (www.pcsanm.org) more often with breaking news related both to prostate cancer research and developments and importantly to COVID-19 matters.

We are dedicated to remaining a viable, reliable source for newly diagnosed men to obtain sound advice from those of us who already have been there. Our buddy list and trained facilitators are available for discussions not only to those newly diagnosed, but for men who are entering that age range – yes, even in the 40s – when it's prudent to begin learning about their prostate and even to talk with their doctor about getting what likely will be their first, baseline setting, PSA test.

Our normal meetings on the first and third Saturdays of the month have morphed into virtual gatherings through GoToMeeting, a long-established video conference medium that can be accessed on a computer, tablet, or phone – the cell-type or even an old school landline. These virtual meetings haven't yet been as large as those when we gathered 25 or 30 strong in a room, but the feedback has been positive and a number of prostate-expert doctors have joined in with presentations about myriad topics.

However, for the near term, we expect to continue meeting virtually, while also working to identify an appropriate, comfortable, outside locale where we can meet in person and maintain proper social distancing.

Continued on page 3

Special thanks to Presbyterian Healthcare Services for its generous support of this newsletter.

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In Memory of
With deep sympathy
and regret, we list
this name:

Harry Wero

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Articles are selected from a variety of sources to give as wide a range of content as possible.

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Due to COVID-19,
office and library are
closed until further notice

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PCSANM and COVID-19

Lou Reimer
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With member contributions

PCSANM members and COVID-19

Not surprisingly the pandemic has affected men and women involved with PCSANM in different ways.

One 79-year-old support group regular who lives in a retirement community that has experienced some coronavirus-related deaths said, *“Many residents have had elective medical procedures canceled, such as joint replacements, cataract surgery, and other surgeries. And many routine medical checkups and tests are delayed now. So we all really worry about maintaining our health, particularly me as my prostate cancer rebounds.”*

“Many of us who live alone and are confined in a small apartment become very inactive and sad. We are afraid this pandemic might not fade away until a vaccination is available this fall or late in the year. I have never had a situation in my life like this where everything is discontinued and the recovery time is unknown.”

A 62-year-old fairly new PCSANM participant started External Beam Radiation Therapy (EBRT) at an Albuquerque facility in mid March, 2020, just as the extent of the pandemic and its threats to people with health concerns was being emphasized by the news media.

“At that time the very professional and friendly staff displayed a sense of heightened awareness about the virus, but wore no masks and took no other steps to prevent spread that I was aware of,” he said.

“This quickly changed and patients were required to be screened for COVID-19 and wear masks while inside the treatment center. Visitors, such as my wife, were not allowed inside the center.”

About half way through his six-week regime the treatment locale changed.

All in all, he reports, *“The treatments went off without a hitch and I am grateful to all of the kind folks at both centers for their care.”*

Another person reported he had been on active surveillance for more than a year-and-a-half when he had a biopsy in January 2020.

“Results were still Grade 1 but a little more volume,” he explained.

“As I receive my care through the VA my urologist there felt I should see a radiation oncologist. The VA does not have that capability in Albuquerque so I was referred to the University of New Mexico Cancer Center.

“As this process went on so did COVID-19, and I was seen in April,” he said. “The doctor felt we needed another PSA in June and to come back to see him in July. Based on the PSA and what COVID-19 was doing would dictate how we will proceed,” he said.

Reviewing facts and news about COVID-19

Much information has been published daily about this disease, but some facts are worth reviewing. This is a widespread event that has a virulent virus infecting people throughout the world. As we prepare this publication (early June), the U.S. has suffered 1.9 million cases and nearly 110,000 people have died from it. This has occurred in a span of about four and one half months. By comparison, the annual flu (another viral disease) has a U.S. death rate varying between 35,000 and 60,000 (depending on the year), but occurs over a longer period – eight months. And we have vaccines for the flu. We may not see the COVID-19 death rate lowered to something matching the flu death rate until a COVID-19 vaccine is developed and widely available. Vaccine development, manufacture and distribution may take 12-18 months.

Government Actions

Unfortunately, until we get a vaccine, our society’s ability to fight the disease is limited and the tools to prevent the transmission are really no more sophisticated than those used for the 1919 Spanish Flu epidemic. The tools are based on the simple premise: “I won’t give you my germs and you don’t give me yours.” To slow the spread, Federal, State, and local governments have used Centers for Disease Control and Prevention (CDC) recommendations to practice social distancing, use a face mask, and prevent people from grouping together (stay-at-home orders). The latter action has drastically

See Slowed on page 4

PCSANM and COVID-19

**Lou Reimer
Rod Geer
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With member contributions

Continued from page 3

slowed commerce. New Mexico has eased up on the restrictions in a phased manner. Unfortunately, the national economy has suffered an extensive blow while we've been working to protect ourselves and our neighbors from this disease.

Men active in our organization are at a high risk for suffering dire consequences after being infected with COVID-19. CDC statistics show the infection rate for the 65-plus age group accounts for only about 25 percent of the cases, but well over 75 percent of the deaths are in the 65-plus age group.

Medical Profession

This group of tremendously hard workers in all of its classifications has adjusted to accommodate the increased stress on facilities that treat COVID-19 infections. Prostate cancer is generally slow growing and for many patients, this characteristic has strongly influenced thinking and has curtailed prostate cancer treatments, especially surgery and to a lesser extent radiation. Some patients have been reluctant to visit doctors for routine testing for fear of exposing themselves to infection in the clinical setting. In conversations with various providers, we have been told they have taken steps to reduce patient risk at their clinic. These practices include questioning patients before entry to the clinic for symptoms, conducting temperature checks, and if COVID-19 is suspected during the visit, the exam room and other parts of the facility that could have been impacted, undergo a full disinfection before another patient is admitted. Generally, facilities have been undergoing more stringent cleanings and disinfections. Doctors, nurses, phlebotomists, and other workers use appropriate masks and other protective gear when seeing patients. As we go to press some surgeries are being re-scheduled and performed.

In closing, PCSANM is looking forward to when we can put all this behind us and can resume normal operations. We wish our members and readers the best for health and safety.

Newswire: Published May 18, 2020

By a News Reporter-Staff News Editor at Genomics & Genetics Daily

Studies from Duke University School of Medicine Reveal New Findings on Prostate Cancer

According to news reporting originating from Durham, North Carolina, by NewsRx correspondents, research stated, "The impact of race on prostate cancer skeletal-related events (SREs) remains understudied. In the current study, the authors tested the impact of race on time to SREs and overall survival in men with newly diagnosed, bone metastatic castration-resistant prostate cancer (mCRPC)."

Our news editors obtained a quote from the research from the Duke University School of Medicine, "The authors performed a retrospective study of patients from 8 Veterans Affairs hospitals who were newly diagnosed with bone mCRPC in the year 2000 or later. SREs comprised pathologic fracture, spinal cord compression, radiotherapy to the bone, or surgery to the bone. Time from diagnosis of bone mCRPC to SREs and overall mortality was estimated using the Kaplan-Meier method. Cox models tested the association between race and SREs and overall mortality. Of 837 patients with bone mCRPC, 232 patients (28%) were black and 605 (72%) were nonblack. At the time of diagnosis of bone mCRPC, black men were found to be more likely to have more bone metastases compared with nonblack men (29% vs 19% with 10 bone metastases; $p=.021$) and to have higher prostate-specific antigen (41.7 ng/mL vs 29.2 ng/mL; $p=.005$) and a longer time from the diagnosis of CRPC to metastasis (17.9 months vs 14.3 months; $p<.01$). On multivariable analysis, there were no differences noted with regard to SRE risk (hazard ratio [HR], 0.80; 95% CI, 0.59-1.07) or overall mortality (HR, 0.87; 95% CI, 0.73-1.04) between black and nonblack people, although the HRs were <1 , which suggested the possibility of better outcomes. No significant association between black race and risk of SREs and overall mortality was observed in the current study."

According to the news editors, the research concluded: "These data have suggested that efforts to understand the basis for the excess risk of aggressive prostate cancer in black men should focus on cancer development and progression in individuals with early-stage disease."

May 20, 2020

By Jacqueline Stenson

PSA Testing: Deadly Prostate Cancer Cases Rising as Screening Declines

Cases of [advanced prostate cancer](#) have increased among American men ages 50 and older, while cases of early-stage disease have declined, a study published Wednesday found.

The study looked at cases diagnosed between 2005 and 2016, during which time federal guidelines began recommending against prostate-specific antigen, or PSA, screening for prostate cancer detection because of concerns that the overall benefits of the once routinely recommended blood test did not outweigh the risks.

The prostate cancer trends observed in the new study “likely” resulted from the recommendations against screening, leading to undetected cases that advanced, lead author Ahmedin Jemal, scientific vice president for surveillance and health services research at the American Cancer Society, speculated.

Each year in the United States, there are about 192,000 new cases of prostate cancer and 33,000 deaths. Thankfully, most cases are slow-growing and not life-threatening. Many cases can take a decade or more to show symptoms, if at all, and may never be fatal.

So there have been concerns that diagnosing too many early cancers can lead to unnecessary worry, biopsies and treatments than can leave men with side effects such as incontinence and impotence. But there’s also concern that not screening may miss aggressive cancers that become deadly.

In 2008, the [U.S. Preventive Services Task Force](#) recommended against PSA screening for men ages 75 and older, and in 2012 [advised against routine screening](#) for all men. Then in 2018, the group issued further changes, recommending individual decision-making for men ages 55-69 and against screening for men 70 and up.

Jemal said other risk factors for advanced prostate cancer, such as family history of the disease or obesity, probably can’t explain the increases seen in his study.

“These data illustrate the trade-off between higher screening rates and more early-stage disease diagnoses (possibly overdiagnosis and overtreatment) and lower screening rates and more late-stage (possibly fatal) disease,” Jemal and his colleagues wrote in the study released in the *Journal of the National Cancer Institute*.

The researchers analyzed nationwide data on more than 2 million prostate cancer cases, mostly early-stage disease, diagnosed in men 50 and older between 2005 and 2016. They found that the incidence of early-stage cancer among men 50 to 74 decreased by 6.4 percent per year from 2007 to 2016 while incidence among men 75 and up declined by 10.7 percent per year from 2007 to 2013, then stabilized through 2016. The researchers did not have data on prostate cancer cases beyond 2016.

By comparison, the incidence of advanced cancers that had spread beyond the prostate gland increased at “an alarming rate,” Jemal told NBC News.

For instance, among men 50 to 74, the incidence of distant-stage, metastatic cancers increased by 2.4 percent per year from 2008 to 2012 and by 5.6 percent per year from 2012 to 2016. Among men 75 and older, the incidence of distant-stage disease increased by 5.2 percent per year from 2010 to 2016.

Statistics show that PSA testing rates in men 50 and older declined from 40.6 percent in 2008 to 38.3 percent in 2010 and 31.5 percent in 2013, the researchers noted. Rates remained unchanged in 2015.

Jemal said he hopes current federal screening recommendations will prompt men to talk with their doctors about the pros and cons of PSA screening so more aggressive cancers may be caught.

The [American Cancer Society](#) advises men to start these conversations beginning at age 50 for most or earlier if they have risk factors such as a family history of the disease or they are [African American](#). The group says men whose life expectancy is less than 10 years probably won’t benefit from screening because tumors often grow slowly. While the [average life expectancy](#) for men of all races in the U.S. is 76.1 years, according to the Centers for Disease Control and Prevention, PSA screening advice is based more on each man’s individual life expectancy.

Dr. Edward Schaeffer, chair of urology at Northwestern University Feinberg School of Medicine, said the new study adds to earlier research, [including his own 2016 study](#), that raised concerns about an increasing incidence of advanced prostate cancer.

See Though on page 11

From: Medscape Medical News, European Association of Urology (EAU) 2020 Congress

By Ingrid Hein

May 20, 2020

Sexual Distress, Depression After Prostate Cancer Treatment

Nearly one-third of men who have undergone treatment for prostate cancer report that a subsequent lack of sexual function has had the greatest impact on their quality of life, results from a new survey show.

"All the studies have been saying that sexual function is okay after treatment, but we know that's not true," said André Deschamps, MBA, who is chair of the European Prostate Cancer Coalition, known as Europa UOMO.

This issue has been neglected because people think older men aren't interested in sex, Deschamps told *Medscape Medical News*.

"It makes me mad when people say a man in his 70s doesn't have a sexual life. That's not the case," he said. "Our study shows you a real picture of quality of life after treatment. We know it is affected far more heavily than the medical world has been telling us."

The EUPROMS survey looked at quality of life in 2943 men, from 24 European countries, who had undergone some treatment for prostate cancer. Deschamps will present results at the European Association of Urology (EAU) 2020 Congress, which will be held online in July.

Participants were recruited to the study through their connection with Europa UOMO. The online survey, which took about 20 minutes to complete, collected data that were used to generate European Organisation for Research and Treatment of Cancer (EORTC) symptom scores and EQ-5D-5L and Expanded Prostate Cancer Index Composite (EPIC) quality-of-life scores. Data were collected by Cello Health UK. The survey was sponsored by Bayer, Ipsen, and Janssen Pharmaceutica, but they had no part in the research.

Men were eligible to complete the survey — which was available in 19 languages — if they were receiving or had received some form of treatment for

prostate cancer, including active surveillance, surgery, external-beam radiation, prostate brachytherapy, chemotherapy, androgen-deprivation therapy, high-intensity focused ultrasound, and cryotherapy.

Mean age of the respondents was 70 years, and mean age at diagnosis was 64 years. Most of the men — 1937 — underwent one treatment, 636 underwent two, 300 underwent three, and 70 underwent at least four.

A preliminary analysis of scores on the EQ-5D-5L scale showed that 45% of respondents reported experiencing at least some anxiety or depression. And half of all men reported being affected by sexual dysfunction, with 28% considering it a "big problem" and 22% considering it a "moderate problem."

Men who reported fatigue and insomnia had the highest EORTC symptom scores; this was even more pronounced for men who had undergone two treatments and experienced a cancer recurrence.

And on the EPIC scale, scores for the sexual function domain indicate that this area had the greatest impact on quality of life. Scores for the urinary incontinence domain, the urinary obstructive domain, the bowel domain, and the hormonal domain indicated much smaller effects on quality of life.

Most men hear the word cancer and they want it gone," Deschamps said. But this research shows that closely following the cancer using active surveillance results in longer patient quality of life, particularly as it relates to sexual function, but also as it relates to other complications.

"Prostate cancer can take a long time to grow and metastasize. It's not like breast cancer, which grows fast. It's better to follow and act only when the cancer is growing too fast," he explained.

See Men on page 7

From: Medscape Medical News, European Association of Urology (EAU) 2020 Congress

By Ingrid Hein

May 20, 2020

Sexual Distress, Depression After Prostate Cancer Treatment

Continued from page 6

Men need to know what the outcomes will be when they are discussing therapy for prostate cancer.

This research will help men make better decisions about treatment options. "This is a big sample and we can see that quality of life is an important issue. Given that 50% of men don't even know they have a prostate, we need to educate men, and talk about it, and increase testing to get early detection, like we do for breast cancer," he said.

Men tend to keep quiet when they are diagnosed. "It's a disease that's embarrassing because it has to do with your sexual life. It's a cancer that's linked to sexuality. Men don't talk about it," Deschamps pointed out.

And men are quiet about the impact of treatment on their sexuality. "There is a certain tendency to make it seem less bad when you are sitting opposite a nurse in a clinic," he said.

This lack of discussion around the disease is the crux of the problem, he added.

It's a disease that's embarrassing because it has to do with your sexual life. It's a cancer that's linked to sexuality. Men don't talk about it.

"This survey is a very important initiative," said Hein Van Poppel, MD, PhD, from University Hospitals Leuven in Belgium, who is adjunct secretary general of the EAU. "This has not been done before."

It has been a challenge to get a clear picture of how men do after treatment for prostate cancer.

"We offer treatment to a patient and they are grateful they are cured," Van Poppel told *Medscape Medical News*. The bar is low on quality-of-life issues immediately after treatment. "They say I'm fine, I'm cured, sexuality is not that important; they are very pleased with what we did for them."

But clearly, as studies like this show, all areas of sexuality take a hit after this cancer is treated, and more research is needed to pinpoint which treatments have the greatest impact.

Still, "this study is far from perfect," Van Poppel pointed out. The criteria of "some treatment" leaves a lot of questions unanswered. "Which ones had surgery, radiotherapy, radiotherapy with and without hormones, and triple treatments?"

Simply coming to the conclusion that 28% of men have experienced some impact on their sexual function does not offer a clear picture of who is being affected, he explained.

For example, men who have undergone surgical castration have no sexual function. "They have no libido and no interest; that's clear," he said. And "patients who undergo surgery, radiography can have erectile problems, but that's not always a parameter of sexual function."

Impotence after surgery does not preclude a sexual life. There are ways to achieve orgasm without ejaculation. "Some men come back and say 'I had an orgasm like I was ejaculating'," he explained. "It's not something between your legs, it happens in your brain."

Pelvic floor muscle training to improve climacturia in men with persistent erectile dysfunction after nerve-sparing radical prostatectomy was shown to have a significant effect in a [study](#) by Van Poppel and his colleagues.

But despite shortfalls in the research, the survey results are important, and he said he is looking forward to the presentation by Deschamps.

"The most important quality-of-life issues he mentions are sexuality, anxiety, and depression after treatment, and that's what we need to analyze; this has never been objectively assessed," Van Poppel pointed out.

From: Society of Nuclear Medicine and Molecular Imaging

June 24, 2019

Interim Scan During Prostate Cancer Therapy Helps Guide Treatment

New prostate cancer research shows that adding an interim scan during therapy can help guide a patient's treatment. Prostate-specific membrane antigen (PSMA) positron emission tomography (PET) imaging of patients with metastatic castration-resistant prostate cancer after two cycles of lutetium-177 (¹⁷⁷Lu)-PSMA radioligand therapy has shown a significant predictive value for patient survival. The research was presented at the 2019 Annual Meeting of the Society of Nuclear Medicine and Molecular Imaging (SNMMI).

According to the National Cancer Institute, currently the five-year survival rate for men with metastatic prostate cancer is 30.5 percent. Early assessment of treatment effectiveness is essential to providing optimal care.

In phase 2 trials, ¹⁷⁷Lu-PSMA therapy has shown promising results in treating patients with metastatic castration-resistant prostate cancer. The therapy typically involves a preliminary PSMA PET scan to identify patients who are eligible for the treatment. While interim PET scans have shown high predictive value for lymphoma patients, this concept has not been previously explored in prostate cancer patients undergoing ¹⁷⁷Lu-PSMA therapy.

The retrospective analysis was conducted at Klinikum rechts der Isar hospital, Technical University Munich, Germany including patients who underwent gallium-68 (⁶⁸Ga)-PSMA11 PET/CT at baseline and after two cycles of ¹⁷⁷Lu-PSMA RLT under a compassionate use program.

See Instead on page 9

Newsire: Published Monday, April 20, 2020

Decipher Prostate RP Identifies Prostate Cancer Patients Likely to Benefit from Hormonal Therapy

In a phase III, randomized controlled trial (RTOG 96-01), Decipher Prostate RP from Decipher Biosciences, San Diego, demonstrated the ability to accurately identify which prostate cancer patients with recurrent disease benefit most from antiandrogen hormonal therapy.¹

Hormone therapy is often administered in combination with radiotherapy as a treatment for men with localized prostate cancer who experience disease recurrence following surgical removal of their prostate. To determine the efficacy of hormonal therapy in this setting, the RTOG 96-01 trial investigated treatment of patients with radiotherapy alone versus combined radiation and hormonal therapy, with a 12-year follow-up.

Upon completion of RTOG 96-01, Decipher Prostate RP genomic risk assessment of trial participants demonstrated that patients with Decipher high-risk scores received greater benefit from hormonal therapy than those with Decipher low-risk scores. The study also validated Decipher Prostate RP as the most accurate predictor of metastasis, prostate cancer -specific survival, and overall survival in the context of a prospective, randomized controlled trial.

“Identifying which patients with recurrent disease are most likely to benefit from hormonal therapy will improve our ability to extend patient survival, while minimizing unnecessary toxicity for a large group of men with prostate cancer,” says Felix Feng, MD, vice chair of radiation oncology at the University of California, San Francisco. “Decipher Prostate RP improves upon clinical and pathological risk stratification methods and informs the use of hormonal therapy, making it a reasonable and recommended component of the prostate cancer standard of care.”

From: Cancer Network

By Matthew Fowler

April 7, 2020

Patients of Metastatic Prostate Cancer Could Benefit from Immunotherapy Treatment

A subset of patients with metastatic prostate cancer who showed evidence of pretreatment of active T-cell responses in tumors experienced prolonged survival data as a result of treatment with ipilimumab, according to a study published in *Science Translational Medicine*.¹

The phase II trial found that a group of patients with metastatic castration-resistant prostate cancer, which typically has a limited response to immunotherapy, could benefit from immune checkpoint inhibitors and provide future biomarkers to identify this subgroup.

“Our results indicate that immune checkpoint blockade can instigate T-cell responses to tumor neoantigens despite a low tumor mutational burden in prostate cancer,” said lead author Sumit Subudhi, MD, PhD, in a press release.² “We found specific markers among a subset of patients with the greatest benefit, such as T-cell density and interferon- γ signaling, that may help improve our ability to select patients for treatment with checkpoint blockade.”

The researchers identified 2 separate cohorts by survival and progression time for patients: favorable and unfavorable. The favorable group saw “high intratumoral CD8 T cell density and IFN- γ response gene signature and/or antigen-specific T cell responses.” Even more, 6 of the 9 patients included in the favorable group were still alive at the time of analysis, with survival after treatment length ranging from 33 to 54 months. All 10 patients in the unfavorable cohort died of their diseases, with survival data ranging from 0.6 to 10.3 months.

The clinical trial was conducted with 30 patients of metastatic castration-resistant prostate cancer receiving ipilimumab with the hopes of determining if antigen-specific T-cell responses can be elicited after treatment with immune checkpoint blockade in cancers that have a low tumor with high mutational function.

“We were encouraged to see that prostate cancers with a low mutational burden do in fact express neoantigens that elicit T-cell responses that lead to favorable clinical outcomes,” said co-lead corresponding author Padmanee Sharma, MD, PhD, in the release. “Our findings indicate that anti-CTLA-4 immune checkpoint therapy warrants additional studies in order to develop treatment strategies that may improve survival of patients with metastatic prostate cancer.”

Continued from page 8

Instead of standardized uptake value, which is the parameter generally used in such analyses, researchers used qPSMA, an in-house developed software, to evaluate the whole-body tumor burden. “Tumor response was assessed by the changes in PSMA-avid tumor volume from baseline to the second PSMA PET using three classification methods,” explained Andrei Gafita, MD. “Subsequently, we found that tumor response assessed on interim PSMA PET after two RLT cycles was associated with overall survival.”

Gafita stated, “Our results therefore show that interim PSMA PET can be used for therapeutic response assessment in patients undergoing 177Lu-PSMA RLT. Furthermore, occurrence of new lesions in PSMA PET is a prognostic factor for disease progression and could be included in defining tumor response based on PSMA PET imaging.”

“While further analyses involving clinical parameters are warranted,” Gafita adds, “this analysis paves the way for use of interim PSMA PET in a prospective setting during 177Lu-PSMA radioligand therapy.”

ONCOLOGY Journal

By Hannah Slater

May 3, 2020

Study Demonstrates Promise for Olaparib in Metastatic Castration-Resistant Prostate Cancer

In men with metastatic castration-resistant prostate cancer who had disease progression while receiving enzalutamide (Xtandi) or abiraterone (Zytiga) and who had alterations in genes with a role in homologous recombination repair, olaparib (Lynparza) was found to be associated with longer progression-free survival (PFS) and improved measures of response and patient-reported end points than either enzalutamide or abiraterone, according to results from the phase III PROfound trial published in *The New England Journal of Medicine*.

The randomized, open-label clinical trial also found that a benefit was observed in the overall trial population with an alteration in any of the prespecified genes with a direct or indirect role in homologous recombination repair.

“In men with metastatic castration-resistant prostate cancer who had *BRCA1*, *BRCA2*, or *ATM* mutations and who had disease progression while receiving a new hormonal agent, olaparib led to a significantly longer imaging-based progression-free survival than the physician’s choice of enzalutamide or abiraterone,” the authors wrote. “The physician’s choice of either enzalutamide or abiraterone was selected as the comparator because switching between these agents does occur in practice, despite the lack of randomized evidence to support this approach.”

The primary endpoint for the study was imaging-based PFS, as assessed by an independent review committee, in patients with at least 1 alteration in *BRCA1*, *BRCA2*, or *ATM*. Secondary endpoints included the confirmed objective response rate, the time to pain progression, overall survival, a reduction of at least 50% in the concentration of prostate-specific antigen, and the circulating-tumor-cell conversion rate.

Patients were assigned in a 2:1 fashion to receive either olaparib or the physician’s choice of either enzalutamide or abiraterone. Moreover, patients who were eligible for the trial were included in 1 of 2 cohorts depending on their qualifying gene alteration. Cohort A, which consisted of 245 patients, had at least 1 alteration

in *BRCA1*, *BRCA2*, or *ATM*. Cohort B, which consisted of 142 patients, had alterations in any of 12 other prespecified genes, prospectively and centrally determined from tumor tissue.

In cohort A, imaging based PFS was found to be significantly longer in the olaparib group compared to the control group (median, 7.4 months vs. 3.6 months). A significant benefit was also observed in regard to the confirmed objective response rate and the time to pain progression.

The median overall survival in cohort A was 18.5 months in the olaparib group and 15.1 months in the control group. Further, 81% of the patients in the control group who had progression crossed over to receive olaparib. A significant benefit for olaparib was also seen for imaging based PFS in the overall population.

However, the incidence of adverse events (AEs) of grade 3 or higher, regardless of attribution, dose modification, and treatment discontinuation due to AEs, was higher with olaparib than with the control treatment. The most common AEs of any grade were anemia, nausea, and fatigue or asthenia with olaparib and fatigue or asthenia with the physician’s treatment choice.

“Our findings validate phase 1 and 2 data on the anti-tumor activity of olaparib in metastatic castration-resistant prostate cancer,” the authors wrote. “It is important that olaparib showed activity in patients with alterations in other prespecified genes with a direct or indirect role in homologous recombination repair; detailed analyses are ongoing.”

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Newsire: Published May 16, 2020

VA Launches Clinical Trial for Veterans With COVID-19 Based on Prostate Cancer Drug

The U.S. Department of Veterans Affairs (VA) began a new clinical trial to test a Food and Drug Administration-approved prostate cancer drug as a potential treatment for male Veterans with COVID-19.

In a double-blind randomized controlled trial, VA scientists will compare the drug degarelix (trade name Firmagon) to a placebo for improving the clinical outcomes of nearly 200 Veterans who have been hospitalized with COVID-19.

"Veterans who have contracted this virus are in need of immediate care," said VA Secretary Robert Wilkie. "This trial is an important step in advancing knowledge of a potential treatment for those infected with COVID-19. We are here to do everything in our power to preserve and protect life."

Degarelix is often used to treat advanced cases of prostate cancer. It works by rapidly, but temporarily, suppressing the body's production of male hormones. These hormones can fuel the growth of prostate cancer. Scientists are testing degarelix because lab evidence suggests male hormones trigger the production of a protein called TMPRSS2 on lung tissue. The virus that causes COVID-19 relies on TMPRSS2 to enter lung tissues.

Researchers from the University of Alabama at Birmingham and Columbia University applied advanced artificial intelligence and computational genomics techniques and used that lab evidence for this COVID-19 data. The researchers collaborated with VA to plan the new trial.

Potential side effects of degarelix are typically linked to long-term treatment. In the trial, patients will be administered only one dose of the drug that will last 28 days. Any side effects of degarelix are thus expected to be temporary.

By temporarily lowering male hormone levels, researchers believe they can reduce the production of TMPRSS2 in lung tissue and thus prevent the virus from penetrating lung cells. Hormone levels will return to normal at the end of treatment.

The study is not suitable for female veterans. Existing evidence shows degarelix may have the opposite effect in

the female body by increasing TMPRSS2 production, thus worsening the severity of COVID-19 symptoms.

The West Los Angeles VA Medical Center is leading the trial. The study also involves VA medical centers in New York (Brooklyn and Manhattan) and Washington state (Puget Sound), leveraging the Prostate Cancer Foundation/VA network of centers of excellence. The University of California, Los Angeles (UCLA) is involved in the analysis of research specimens, but not the clinical element of the study.

VA researchers expect to complete the trial in about four months.

Continued from page 5

Though the explanation is unclear and could potentially include environmental, lifestyle or other factors, he said he believes the changing screening guidelines were a driving factor. "When you relax screening, these are the downstream effects," he said. "There are more cancers that show up in a more advanced stage."

Schaeffer says that because aggressive cancers are so deadly when they spread, he advises men to talk with their doctors about the best time to get PSA screening.

While overtreatment concerns remain, doctors today have knowledge and tools to help minimize invasive tests and treatment, he said. Patients, for instance, may undergo "active surveillance" in which doctors aim to keep tabs on a tumor without rushing into treatment.

Dr. Jonathan Simons, president of the Prostate Cancer Foundation, said the study findings point to the need for more "precision screening."

The foundation recommends men start talking to their doctors about screening at age 40 if they have a family history of prostate cancer – or breast, ovarian, pancreatic or other cancers that may be genetically linked -- or are African American. If men are not in these higher risk categories, they should [start the conversation at 45](#), the group says.

"One size does not fit all men for prostate cancer screening," Simons said.



Prostate Cancer Support Association

of New Mexico

PCSANM *Lifeline* Newsletter
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A Message from the Chairman

July 2020

Although the COVID-19 pandemic has significantly changed the way we provide services, there is still plenty of enthusiasm for what we can do. The lead article in this issue covers these changes well and demonstrates that leadership in the organization is ready to start the next phase.

As I approach the completion of my 2nd term as Chairman of the Board of PCSANM I am pleased at how well the board is positioned following my departure. Recently we have had new interest in joining the board from younger people which will guarantee that the organization will continue into the future. And the remaining members have more than demonstrated that they are enthused about what can be accomplished through increased outreach, training, and advocacy.

As I transition off the board in July, I will stay active in the organization through participation in committees. The development of committees makes participation in PCSANM easier and more accessible. To be on a committee you do not have to be a board member and can participate in the functions of the organization that you are best suited. Some of the current committees are Outreach, Fundraising, and Fall Conference. And if committees aren't your thing, there are other volunteer activities that you can do individually. Just let the office know what your interests are and we'll try to find the right fit.

It has been a pleasure and an honor to serve you.

A handwritten signature in black ink that reads "Steve Deming".

Chairman of the Board, PCSANM