



Thursday, March 06, 2025

**MARCH 2025 NEWSLETTER**  
**PO Box #12322 La Jolla, CA 9203**  
**Web: <http://ipcs.org>**



Volume 18 Issue 03

- **The next meeting will be on Saturday March 15, at the SBP Auditorium from 10 am to 12 noon**
- **Dr. Richard Lam, State of the Art Treatment Review. A double board-certified internist and oncologist, he, has been specializing full time at Prostate Oncology Specialists in the treatment of prostate cancer since 2001. Dr. Lam will be discussing the latest news about Prostate Cancer, treatments and clinical trial results.**
- **The will be a light lunch provided after the meeting**
- **For links to further Reading: <https://ipcs.org.blogspot.com/>**
- **If you have Comments, Ideas or Questions, email to [Newsletter@ipcs.org](mailto:Newsletter@ipcs.org)**



**Summary of the February Meeting Presentations on Clinical Trials—  
What they are and how to find them Summary**

**Stephen Pendergast's Presentation: Clinical Trial Overview**

Stephen Pendergast provided an in-depth overview of prostate cancer clinical trials. He explained how clinical trials are essential for developing new treatments and improving patient outcomes. Pendergast discussed the different phases of trials, from early-stage safety testing to large-scale efficacy studies. He emphasized the importance of patient participation, noting that trials offer access to cutting-edge treatments that may not yet be widely available. He also provided guidance on how to find relevant trials, including utilizing local databases such as ucsd; national databases such as [clinicaltrials.gov](http://clinicaltrials.gov); international databases such as Australia and the Eurozone; and consulting with oncologists. Additionally, he highlighted the financial and logistical considerations of joining a trial, including potential costs and insurance coverage.

Stephen Pendergast, recently participated in the "Step-Up" trial at UCSD, emphasized that clinical trials are the pathway through which all medications and procedures become standard care treatments.

Key points from Stephen Pendergast's presentation:

**Clinical Trial Framework:** He explained that trials involve volunteer patients and are primarily conducted at clinical cancer centers. UCSD Moores Cancer Center currently has approximately 40 clinical trials underway, with about 20 actively recruiting patients.

**Trial Sponsors:** Major drivers behind clinical trials include pharmaceutical/biotech companies (providing

*(Continued on page 3)*

## Prostate Cancer: GET THE FACTS

Other than skin cancer, prostate cancer is the most common cancer in American men.

**1 in 6**   
men will be diagnosed with prostate cancer during his lifetime.



Prostate cancer can be a serious disease, but most men diagnosed with prostate cancer do not die from it. In fact, more than 2.5 million men in the United States who have been diagnosed with prostate cancer at some point are still alive today.

### Organization

a 501c3 non-profit organization - all positions are performed gratis



#### Officers

Aaron Lamb (temp) = President  
John Gottlieb—Treasurer  
Stephen Pendergast—Secretary

#### Additional Directors

Gene Van Vleet  
Aaron Lamb  
Bill Manning

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John Tassi, ..... Webmaster  
Bill Bailey, ..... Librarian  
Mike Corless, ..... Greeter  
John Cotter, ..... Meeting Set-up  
Stephen Pendergast ..... Editor

### NEWSLETTER

#### Table of Contents

Section.....	Page
Future Meetings .....	1
Last Meeting Summary.....	1,3-6
What We Are About .....	2
Editorial.....	2
Lighter Side .....	9
Items of interest.....	7

## PROSTATE CANCER—2 WORDS, NOT A SENTENCE

### What We Are About

Our Group offers the complete spectrum of information on prevention and treatment. We provide a forum where you can get all your questions answered in one place by men that have lived through the experience. Prostate cancer is very personal. Our goal is to make you more aware of your options before you begin a treatment that has serious side effects that were not properly explained. Impotence, incontinence, and a high rate of recurrence are very common side effects and may be for life. Men who are newly diagnosed with PCa are often overwhelmed by the frightening magnitude of their condition. Networking with our members will help identify what options are best suited for your life style.

### Join the IPCSG TEAM

If you consider the IPCSG to be valuable in your cancer journey, realize that we need people to step up and HELP.

#### From the Editor (*SPQ*)

**In this issue:** For original articles see the blog at <https://ipcsbg.blogspot.com/>. First, we have a summary of the very informative presentation by me, your editor on Clinical Trials, what they are, and how to find them. Next, we have a summary of a presentation by Teresa Gallagher of Sparrow Search demonstrating her patient tailored web site to mine the web for clinical trials matching your characteristics.

On a personal note, I appear to have cataracts and my vision is degrading to the point where I will no longer be able to edit the newsletter. This is my last issue for a while. I will see my ophthalmologist later this month to determine if surgery can fix it.

This month, we include the following items of interest:

1. Adding Radioligand to Enzalutamide Boosts OS in Metastatic CRPC | MedPage Today
2. What's the Better Option for High-Risk Prostate Cancer -- Radiation or Surgery? | MedPage Today
3. Scientists Discover Alarming Rise in Advanced Prostate Cancer in California
4. Clinical Trials Recruiting Men with Advanced mCRPC in California

(Continued from page 1)

significant funding), philanthropic organizations (like Prostate Cancer Foundation), and government agencies (FDA, National Cancer Institute, CMS, Department of Defense).

#### **Trial Phases:**

- Phase 0/Preclinical: Initial testing with minimal patient involvement
- Phase 1: First human testing with 10-30 participants focusing on safety and dosing
- Phase 2: Tests with 20-50 participants to evaluate safety and efficacy
- Phase 3: Large-scale testing with hundreds/thousands of participants comparing the treatment to standard care
- Phase 4: Post-approval continued monitoring for long-term effects

**Pharmaceutical Industry Perspective:** Oncology drugs yield approximately 26% annual returns, making them lucrative investments for pharmaceutical companies.

**Finding Trials:** Pendergast highlighted several resources to find trials:

- ClinicalTrials.gov (primary database)
- Cancer.gov (National Cancer Institute)
- Local resources (UCSD Health, Genesis Research)
- Major cancer centers (MD Anderson, Memorial Sloan Kettering)
- Search engines like Sparrow Search

#### **Steps to Finding a Trial:**

- Understand your condition and treatment history
- Search trial databases with specific criteria
- Review eligibility requirements (both inclusion and exclusion criteria)
- Research the potential treatment
- Contact the trial coordinator for screening
- Review informed consent documents
- Discuss with your healthcare team

## **Teresa Gallagher's Presentation: Sparrow Search Platform**

Teresa Gallagher, CEO and co-founder of Sparrow Search, demonstrated their platform designed to help patients find appropriate clinical trials. She explained how their platform simplifies the search process by matching patients with trials based on eligibility criteria. Gallagher highlighted the common challenges patients face when looking for trials, such as complex inclusion/exclusion criteria and limited awareness of available studies. She encouraged members to explore clinical trials as a viable option for advanced treatment and to use the Sparrow Search platform to streamline the process. She also invited attendees to participate in beta testing of the system to improve its functionality. The presentation included a live demo of how patients can use the [sparrowsearch.health](https://sparrowsearch.health) tool.

**Key aspects of Sparrow Search:**

**Purpose:** Connecting patients with clinical trials by increasing awareness and making trials more accessible

**Problem Being Addressed:** Patient recruitment challenges (71% of doctors don't discuss clinical trials with patients) and the difficulty of searching through ClinicalTrials.gov

**How It Works:** Sparrow Search uses AI to match patients to clinical trials based on the study's eligibility criteria and patients' clinical characteristics

**User Process:**

- Complete a clinical history questionnaire (covering age, diagnosis details, PSA scores, treatments received, and other health conditions)
- The platform evaluates this information against eligibility criteria
- Results show color-coded matches: green (eligible), red (not eligible), yellow (indeterminate)
- Users can contact studies directly through the platform

**Benefits Over Direct Approaches:** The platform saves time by filtering out trials for which patients are clearly ineligible and forwards patient information directly to appropriate trial coordinators

**Features:** Users can update their health status as conditions change, which adjusts trial recommendations accordingly

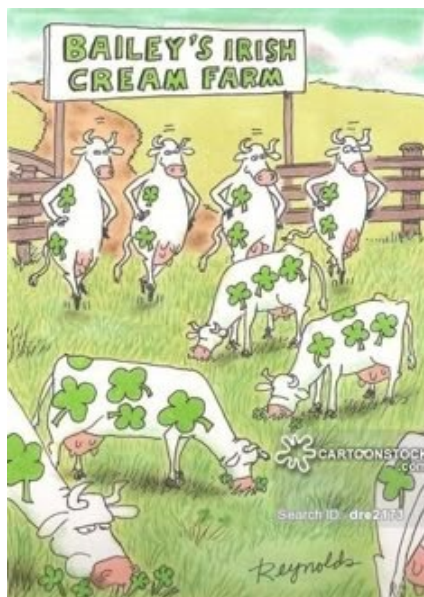
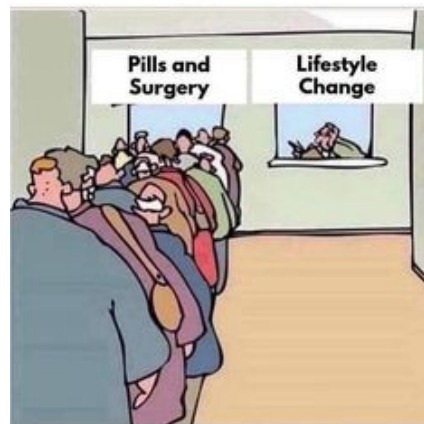
**Development Status:** Sparrow Search is in beta testing phase, with more studies being added to the database

(Continued on page 4)



Both presenters emphasized the importance of clinical trials for advancing cancer treatment and encouraged patients to consider participation not only for personal benefit but also to contribute to the development of future treatments for others. A video of the meeting is available online at [youtube](#).

## On the Lighter Side



## Items of Interest

### *Adding Radioligand to Enzalutamide Boosts OS in Metastatic CRPC | MedPage Today*

February 17, 2025

#### **New Treatment Combination Shows Promise for Advanced Prostate Cancer**

A new study shows that combining two prostate cancer treatments - enzalutamide and radioligand therapy - significantly improves survival in men with advanced prostate cancer.

The [phase II ENZA-p trial](#) found that patients who received both enzalutamide (Xtandi) and <sup>177</sup>Lu-PSMA-617 (Pluvicto) lived a median of 8 months longer compared to those who received enzalutamide alone (34 months vs 26 months). The study, published in *The Lancet Oncology*, included 162 patients with metastatic castration-resistant prostate cancer.

"The combination improved both survival and quality of life indicators for pain, fatigue, physical function, and overall health," said lead researcher Dr. Louise Emmett of St. Vincent's Hospital in Sydney. The survival benefit was achieved even though 38% of patients in the enzalutamide-only group later received the radioligand therapy outside the trial.

The study focused on patients at high risk of early treatment failure with enzalutamide alone. Side effects were similar between the two groups, with fatigue being the most common. The only notable difference was a higher rate of dry mouth in patients receiving the combination therapy.

"These results raise the question of whether PSMA radioligand therapy should be administered more broadly in conjunction with enzalutamide," noted Dr. Emmett. "This paves the way for larger phase III trials examining these complementary therapies."

The researchers emphasized that while the findings are promising, the study was relatively small and focused on a specific high-risk patient population. Larger trials are needed to confirm the benefits in a broader group of prostate cancer patients.

The ENZA-p trial was conducted at 15 hospitals across Australia and was funded by multiple organizations including the Prostate Cancer Research Alliance initiative, St Vincent's Clinic Foundation, and others.

#### ***Promising New Treatment Combination Extends Survival in Advanced Prostate Cancer***

**Exciting news for men with metastatic castration-resistant prostate cancer (mCRPC)!** A recent phase II clinical trial, known as the ENZA-p trial, has shown that combining enzalutamide (Xtandi) with the radionuclide therapy [<sup>177</sup>Lu]Lu-PSMA-617 (Pluvicto) significantly improves overall survival and quality of life.

The study, presented at the American Society of Clinical Oncology Genitourinary Cancers Symposium and published in *The Lancet Oncology*, revealed that patients receiving this combination therapy lived a median of 8 months longer compared to those taking enzalutamide alone. Specifically, the median overall survival was 34 months for the combination group versus 26 months for the enzalutamide-only group. This impressive improvement corresponds to a 45% reduction in the risk of death (HR 0.55, 95% CI 0.36–0.84, p=0.0053).

#### ***More Than Just Longer Life—Better Quality of Life***

The benefits of this combination weren't limited to extending life. Patients also experienced improved health-related quality of life, including better physical function, less pain and fatigue, and enhanced overall well-being. This is especially important for mCRPC patients who often face significant symptoms that impact daily life.

#### ***What This Means for Patients***

"This result raises the question of whether PSMA radioligand therapy should be more widely used alongside androgen receptor pathway inhibitors like enzalutamide," said lead researcher Dr. Louise Emmett from St. Vincent's Hospital in Sydney. The findings pave the way for larger phase III trials that could make this combination a new standard of care for mCRPC patients.

### ***Should You Consider This Therapy?***

While this is an exciting development, it's essential to discuss with your oncologist whether this treatment approach is suitable for you. The trial involved men who had not previously been treated with chemotherapy or androgen receptor pathway inhibitors and had PSMA-positive disease confirmed by PET-CT scans.

### ***Looking Forward***

The positive results from the ENZA-p trial highlight the potential of combining targeted radioligand therapy with hormone treatments to combat advanced prostate cancer more effectively. If future trials confirm these findings, this combination could offer new hope for men battling this challenging stage of the disease.

If you have questions or want to learn more about this study and whether this treatment might be an option for you, feel free to reach out to your healthcare provider or bring it up at our next support group meeting. We're here to support you every step of the way.

Stay informed, stay strong, and remember—you are not alone in this fight.

## **What's the Better Option for High-Risk Prostate Cancer -- Radiation or Surgery? | MedPage Today**

[medpagetoday.com](https://www.medpagetoday.com)

Staff Writer, MedPage Today

### **— Study shows higher rates of distant metastasis with surgery, but similar cancer-specific survival**

February 17, 2025

#### **New Research Compares Treatment Options for High-Risk Prostate Cancer**

For men diagnosed with high-risk prostate cancer, choosing between radiation therapy and surgery can be one of the most challenging decisions they face. New research presented at a major cancer conference in San Francisco provides important insights that may help inform this choice.

The study, led by Dr. Soumyajit Roy from Rush University Medical Center, compared outcomes between two main treatment approaches: radiation therapy combined with hormone treatment (known as androgen deprivation therapy or ADT) versus surgical removal of the prostate (radical prostatectomy) followed by additional treatments as needed.

#### **Key Findings**

The researchers found that after 8 years:

- Patients who received radiation therapy had a lower chance of cancer spreading to other parts of the body (16%) compared to those who had surgery (23%)
- About 80% of patients who had surgery either experienced a return of their cancer or needed additional treatment

Despite these differences, both groups had similar survival rates specifically related to prostate cancer

"This is really a question we are often asked in the clinic from patients," noted Dr. Edwin Posadas from Cedars-Sinai Medical Center, who reviewed the research. "Which one will help me live longer?"

#### **What This Means for Patients**

These findings suggest that while radiation therapy may be more effective at preventing cancer spread, both treatments can be effective options for controlling high-risk prostate cancer. The research also highlights the importance of considering the potential need for additional treatments after surgery.

It's worth noting that the study has some limitations. The research team pointed out that medical advances, including new imaging techniques and additional drug treatments, may further improve outcomes for both approaches.

#### **Making Your Decision**

This research provides valuable information, but it's important to remember that treatment choices remain highly

individual. Factors to consider include:

- Your overall health and age
- The specific characteristics of your cancer
- Your personal preferences regarding potential side effects

Your ability to undergo and complete the full course of treatment

The best approach is to discuss these findings with your healthcare team, who can help you understand how this research applies to your specific situation and what treatment option might be most appropriate for you.

The study was presented at the American Society of Clinical Oncology Genitourinary Cancers Symposium, a leading conference for prostate cancer research.

## **Making Your Choice**

Consider:

- Your age and overall health
- Your baseline urinary and sexual function
- Your daily activities and lifestyle
- Your comfort with different treatment schedules

Your feelings about possible side effects

Remember: Side effects vary greatly between individuals. Your doctor can help you understand your personal risk factors and management options.

[Meeting Coverage](#) > [GuCS](#)

## **Scientists Discover Alarming Rise in Advanced Prostate Cancer in California**

By University of California - San Francisco

February 15, 2025

Following changes in screening guidelines, advanced prostate cancer cases in California rose sharply, outpacing national trends. The study highlights the need for better screening strategies to detect deadly tumors while avoiding overdiagnosis.

*After a change in screening guidelines, the incidence increased across the state, surpassing the national trend.*

A new study from [UC San Francisco](#) reports a significant increase in advanced prostate cancer cases in California over the past decade, following the decline of routine screenings for all men.

After years of decline, the prostate cancer death rate has also leveled off in most regions of the state.

The findings highlight the importance of screening methods that can detect life-threatening tumors while minimizing unnecessary concerns about harmless ones.

The study was published on January 27 in *JAMA Network Open*.

“This overall rising trend is alarming and has occurred across age groups, regions of California, races, and ethnicities,” said lead author Erin L. Van Blarigan, ScD, UCSF associate professor of Epidemiology & Biostatistics and Urology.

“Our data point to how urgent this problem is,” said Van Blarigan, who is also with the UCSF Helen Diller Family Comprehensive Cancer Center. “Figuring out the best way to screen for prostate cancer continues to be a challenge for researchers and doctors. Without screening, the number of men diagnosed with advanced prostate cancer – when treatments are less effective – increases fast.”

### **The challenge of screening for prostate cancer**

(Continued on page 8)

Among men in the U.S., prostate cancer is the most common cancer and the second-leading cause of cancer deaths. While some tumors are aggressive and can lead to death, the majority are low-grade and never spread.

The most frequently used screening tool is PSA testing (prostate-specific antigen), which does not differentiate between aggressive or non-aggressive tumors, leading many men to be diagnosed with cancers that would not hurt them in the long run.

On the other hand, if screening isn't done, timely diagnosis of more advanced cancers can be missed – those cancers might have been successfully treated if found early.

After years of screening all men for prostate cancer, the U.S. Preventative Services Task Force stopped recommending it in 2012. They hoped to prevent unnecessary and potentially harmful interventions, like surgery, for men whose disease was not serious.

In 2018, they began recommending that men between the ages of 55 and 69 discuss the possible benefits and harms of screening with their doctors. But, as the authors note, this may not always be happening.

### Prostate cancer mortality stops falling

UCSF researchers analyzed data involving nearly 388,000 men with prostate cancer in California between 2004 and 2021. Almost 28,000 (7.2%) had advanced disease, which has a five-year survival rate of just 37%. During the study timeframe, there were 58,754 deaths from prostate cancer.

Investigators looked at 10 regions spanning the state to see if rates in certain areas were increasing faster or slower.

They found that serious disease, which had been stable or dropping until 2010, grew 6.7% a year from 2011 to 2021. By contrast, national rates grew by 4.5% a year from 2011 to 2019. The lowest annual increase was in the Southern San Joaquin Valley (2.3%), the highest was in the Central Coast (9.1%).

Prostate cancer mortality dropped by 2.6% a year between 2004 and 2012; but after that, it plateaued in 7 out of 10 regions in the state. Mortality was highest in the Inland Empire followed by San Diego-Imperial and North Coast. It was the lowest in the San Francisco Bay Area.

"It's important to continue monitoring prostate cancer trends both in California and nationally as we learn more about the impact of screening guidelines on different populations," said senior author Scarlett L. Gomez, PhD, MPH, UCSF professor in the Department of Epidemiology & Biostatistics.

Reference: "Trends in Prostate Cancer Incidence and Mortality Rates" by Erin L. Van Blarigan, Meg A. McKinley, Samuel L. Washington, Matthew R. Cooperberg, Stacey A. Kenfield, Iona Cheng and Scarlett L. Gomez, 27 January 2025, *JAMA Network Open*.

DOI: [10.1001/jamanetworkopen.2024.56825](https://doi.org/10.1001/jamanetworkopen.2024.56825)

## Clinical Trials Recruiting Men with Advanced mCRPC in California

For men with metastatic castration-resistant prostate cancer (mCRPC) residing in California outside of San Diego, several clinical trials are currently seeking participants. These studies aim to explore new treatment options and improve patient outcomes. Below is an overview of notable trials, including their locations and links to more information:

### 1. Combination Therapy with ZEN003694 and Enzalutamide

- **Study Focus:** This Phase 2b study evaluates the efficacy of combining ZEN003694, a bromo-domain inhibitor, with enzalutamide, a standard therapy, in patients with mCRPC.
- **Location:** University of California, San Francisco (UCSF), San Francisco, CA.
- **Details:** [ZEN003694 and Enzalutamide Versus Enzalutamide Monotherapy in Metastatic Castration-Resistant Prostate Cancer](#)

### 2. PSMA-Directed Targeted Alpha Therapy with FPI-2265

- **Study Focus:** This Phase 2 trial investigates the safety and efficacy of FPI-2265, a targeted alpha



therapy directed at Prostate-Specific Membrane Antigen (PSMA), in treating mCRPC.

- **Location:** Hoag Memorial Hospital Presbyterian, Newport Beach, CA.
- **Details:** PSMA-Directed Targeted Alpha Therapy with FPI-2265 for mCRPC (TATCIST)

### 3. Re-Treatment with 177Lu-PSMA-617

- **Study Focus:** This Phase 2 trial assesses the effectiveness of re-treating mCRPC patients with 177Lu-PSMA-617, a radioactive drug targeting PSMA, after an initial favorable response.
- **Location:** University of California, Los Angeles (UCLA) / Jonsson Comprehensive Cancer Center, Los Angeles, CA.
- **Details:** Re-Treatment with 177Lu-PSMA-617 for Metastatic Castration-Resistant Prostate Cancer

### 4. Study of JANX007 in mCRPC Patients (ENGAGER-PSMA-01)

- **Study Focus:** This Phase I trial evaluates the safety and preliminary efficacy of JANX007, a PSMA-targeted therapy, in adults with mCRPC.
- **Location:** Los Angeles, CA, and other locations.
- **Details:** Study of JANX007 in Subjects with Metastatic Castration-Resistant Prostate Cancer (ENGAGER-PSMA-01)

### Participation and Eligibility

Men aged 18 and older diagnosed with mCRPC may be eligible to participate in these trials. Each study has specific inclusion and exclusion criteria, so it's essential to consult with healthcare providers to determine suitability.

### How to Get Involved

For more detailed information on these trials, including eligibility requirements and enrollment procedures, please consult with your oncologist or visit the provided links. Participating in a clinical trial not only provides access to cutting-edge therapies but also contributes to advancing medical research in prostate cancer treatment.

Staying informed about ongoing research and emerging treatments is crucial for those affected by mCRPC. We encourage our support group members to discuss these opportunities with their healthcare teams and consider participation in clinical trials as a viable option in their treatment journey.

## NETWORKING

Please help us in our outreach efforts. Our speakers bureau is available to speak to organizations of which you might be a member. Contact me at [Newsletter@ipcsg.org](mailto:Newsletter@ipcsg.org) to coordinate.

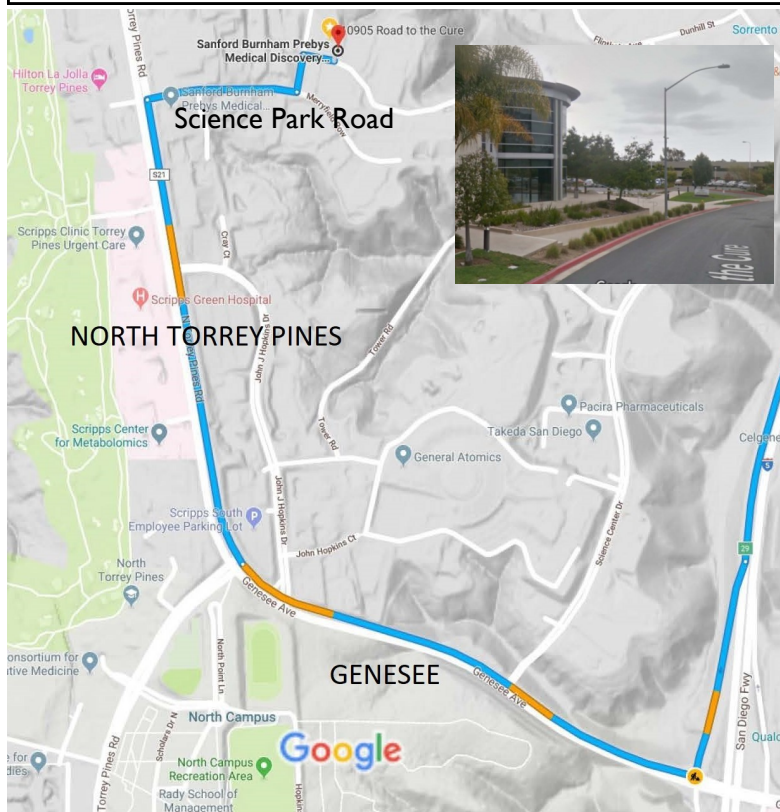
Member John Tassi is the webmaster of our website and welcomes any suggestions to make our website simple and easy to navigate. Check out the Personal Experiences page and send us your story. Go to: <https://ipcsg.org/personal-experience>

Our brochure provides the group philosophy and explains our goals. Copies may be obtained by mail or email on request. Please pass them along to friends and contacts.

## FINANCES

We want to thank those of you who have made special donations to IPCSG. Remember that your gifts are tax deductible because we are a 501(c)(3) non-profit organization.

We again are reminding our members and friends to consider giving a large financial contribution to the IPCSG. This can include estate giving as well as giving in memory of a loved one. You can also have a distribution from your IRA made to our account. We need your support. We will, in turn, make contributions from our group to Prostate Cancer researchers and other groups as appropriate for a non-profit organization. Our group ID number is 54-2141691. Corporate donors are welcome!



### Directions to Sanford-Burnham-Prebys Auditorium 10905 Road to the Cure, San Diego, CA 92121

- Take I-5 (north or south) to the Genesee exit (west).
- Follow Genesee up the hill, staying right.
- Genesee rounds right onto North Torrey Pines Road.
- **Do not turn into the Sanford-Burnham-Prebys Medical Discovery Institute or Fishman Auditorium**
- Turn right on Science Park Road. Watch for our sign here.
- Turn Left on Torreyana Road. Watch for our sign here.
- Turn Right on Road to the Cure (formerly Altman Row). Watch for our sign here.

DIRECTIONS TO MEETINGS