



Informed Prostate Cancer Support Group Inc.

"A 501 C 3 CORPORATION ID # 54-2141691"



MARCH 2024 NEWSLETTER
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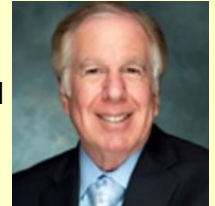


Thursday, March 14, 2024

Volume 17 Issue 03

Next Meeting Saturday, March 16, 2024 IPCSG— 10:00am—Noon PDT.

- **Dr. Michael S. Kipper - PET/CT imaging technology**
- Dr. Michael Kipper, MD is one of the nation's foremost experts in PET/CT imaging technology for the diagnosis of cancer and brain disorders. He is the author of several medical textbooks and numerous professional journal articles on imaging techniques for the evaluation of cancer and other disease processes.
- After the meeting a light lunch will be served in the foyer outside the meeting room
- **For links to further Reading: <https://ipcs.org.blogspot.com/> (includes member suggested links)**
- **If you have Comments, Ideas or Questions, email to Newsletter@ipcs.org**
- **For more information, please send email to bill@ipcs.org or call Bill at (619) 591-8670 or Gene at (619) 890-8447**



Last Meeting Saturday, February 17, 2024 IPCSG— 10:00am—Noon PDT.

Summary of IPCSG Roundtable

The Informed Prostate Cancer Support Group is all about providing timely information on Prostate Cancer to everyone concerned. If you would like to donate to help our work, please see the ipcs.org home page for PayPal or credit card transfers, or send a check to IPCSG, P.O. Box 420142 San Diego, CA 92142. Three members of the IPCSG group share stories about their journey with Prostate Cancer.

Supporting Prostate Cancer Patients through Shared Experiences and Resources The Informed Prostate Cancer Support Group offers a platform for prostate cancer patients to connect, share their experiences, and access resources to help them navigate their treatment journey. The group consists of dedicated volunteers who provide support through a website, newsletters, monthly meetings, and hotlines. The support group is not a substitute for medical advice but aims to inform, network, and care for patients. We are a 501(c)(3) nonprofit organization that relies on donations to cover costs such as the website, advertising, mailings, and Zoom video subscriptions. The group features member roundtables, where patients share their experiences, and hosts speakers who discuss various topics related to prostate cancer treatment and management.

(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



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NEWSLETTER

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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. Call **President Bill Lewis @ (619) 591-8670** "bill@ipcsg.org"; or **Director Gene Van Vleet @ 619-890-8447.**

From the Editor

In this issue:

For further articles see the blog at <https://ipcsg.blogspot.com/> . First we have an AI generated summary of last months round table with Denis Hickey, Carla Goings, and Don Wang. Thanks for their enlightening talks. Some important items of interest this month:

1. *AI reveals prostate cancer is not just one disease | University of Oxford—new tests can tell*
2. *Cumulative cancer locations on prostate biopsy and active surveillance outcomes in the MRI era - Fletcher - The Prostate - Wiley Online Library—score makes it easier to track*
3. *Study of ORIC-944 in Patients With Metastatic Prostate Cancer - Full Text View - ClinicalTrials.gov—Phase I trial promising for CRMPC*
4. *5 Things You Didn't Know About Cancer Treatment Options - Do It Easy With ScienceProg—questions to ask.*
5. *ORIC-944 For The Treatment Of Patients With Metastatic Prostate Cancer— results due out in June.*

(Continued from page 1)

Dennis Hickey Prostate Cancer Journey and Active Surveillance with Planned Proton Therapy

A retired 61-year-old man shares his experience with prostate cancer, which was detected through regular PSA tests and family history. His father and uncles also had prostate cancer, making him more susceptible to the disease. After his father's successful radical prostatectomy and 40-year survival, the man was motivated to take action. He began active surveillance, which included regular PSA tests every 3 months and MRIs. Following an MRI, a 1.2 cm lesion was found in his prostate, ranked as PI-RADS 4, indicating a high likelihood of clinically significant prostate cancer. He then underwent a biopsy, which revealed seven positive cores with 30% tissue involvement. His Gleason score, an indicator of how abnormal the cancer cells look under a microscope, was 6, signifying a low-grade tumor. This score, along with his age and overall health, influenced his decision to continue active surveillance rather than pursue immediate treatment. In June 2023, the man's follow-up MRI revealed that the lesion had grown to 1.55 cm, with bulging margins and a moderately enlarged prostate due to benign prostatic hyperplasia (BPH). With the guidance of his urologist and further research, he decided on proton therapy to minimize side effects. Despite some concerns about the cost and potential insurance coverage issues, he remains committed to this treatment plan due to the promising outcomes and reduced side effects compared to other options.

Decipher Test for Predicting Prostate Cancer Metastasis: A Patient's Journey

The speaker discussed their journey in seeking a Decipher test, a genetic test that predicts the risk of prostate tumor spreading. They had previously learned about this test during a meeting with doctors at UCSD, where it was recommended based on their family history of cancer. The Decipher test examines 22 genes to predict how the cancer may spread, and studies have shown that it has a good predictor rate. Despite having a Gleason score of six and a pathologist's tumor score of five, the speaker wanted to take the Decipher test to gather more information on how to proceed. They asked their urologist to refer them for the test, which was denied due to being deemed medically unnecessary by Sharp Medical Group and their physician reviewer. The speaker has since requested an appeal through their doctor for a peer-to-peer review. By attending meetings and talking to other survivors, the speaker has learned valuable information and advice for making decisions about their cancer treatment, including the importance of being proactive and advocating for oneself.

Carla Going Exercise and Support for Prostate Cancer

Exercise is a crucial complementary therapy for individuals with prostate cancer, as it is the only known approach that improves survival rate, according to research. Vigorous exercise three times a week can result in a 60% reduction in the risk of dying from prostate cancer. Exercise offers various benefits, such as improving overall quality of life, decreasing fatigue, increasing mood, reducing the risk of heart disease, diabetes, and obesity, and **helping** to tolerate radiation and chemo Androgen deprivation therapy. Furthermore, weight-bearing and strength training can help prevent bone disease, a common side effect of ADT. North County Cancer Fitness, a program that won first place in the Best of North County in the coast news last year, offers exercise classes, educational social support, and events throughout the year. The program's focus on exercise as medicine is in line with the American College

(Continued on page 4)

of Sports Medicine's belief that exercise should be prescribed by physicians. The program's classes include aerobic activity three or more days a week and muscle strength training two days a week, which are essential for improving overall fitness and reducing the risk of prostate cancer. Therefore, incorporating exercise into the treatment plan is critical for individuals with prostate cancer.

Don Wang Prostate Cancer Journey: Embracing Active Surveillance and DIY Approach

Don, a prostate cancer survivor, shared his unique journey of dealing with the disease at the age of 63. His story is a testament to the importance of staying proactive and informed in one's health decisions. Initially dismissing the frequent urination as a minor issue, Don sought medical attention only after the symptoms worsened. Once he turned 65 and enrolled in Medicare, he underwent various tests, including MRI and bone scans, which revealed concerning results. However, instead of immediately opting for surgery, Don chose to explore active surveillance and conduct his own research. He read the book 'Invasion of the Prostate Snatchers,' which further solidified his decision to wait and monitor his condition. By 2021, Don decided to pursue Androgen Deprivation Therapy (ADT) after his PSA score spiked to 560. Despite experiencing side effects, Don remains optimistic and open to exploring new therapies while sharing his insights with fellow survivors.

Personal Experiences with Prostate Cancer Treatments and Active Surveillance

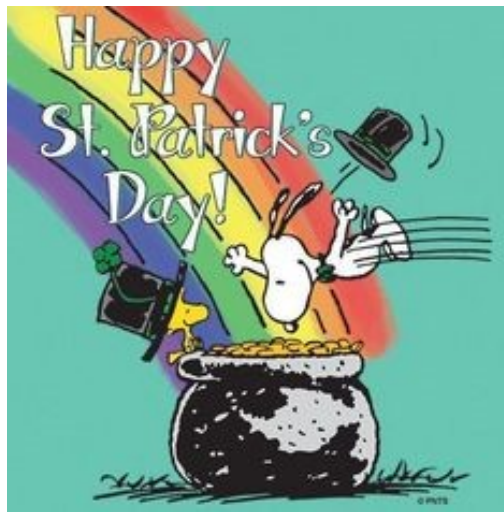
In this conversation, various individuals share their personal experiences with prostate cancer treatments and active surveillance. One participant talks about their experience with Lupron injections, which they attribute to a reduction in the number of nightly trips to the bathroom and an improvement in urinary stream volume. However, they have not measured their testosterone levels since the initial measurement, which was in the normal range. Another participant, who underwent external beam therapy, mentions that they are now considering proton therapy due to concerns about cancer affecting their lymph nodes. Despite initial rejection, they are working towards getting the decipher test done to determine cancer aggressiveness. A third participant, who has been on active surveillance for over 14 years, shares their positive experience with no treatment during this period. They also mention that proton therapy is not commonly used for their Gleason score and that cost might be a factor. Another participant suggests a Tai Chi and chair exercise program for individuals in the San Carlos area. Towards the end, a participant shares their perspective as an insurance agent, encouraging the person who's having difficulty getting a referral for proton therapy to consider changing providers for medical services to receive the attention needed. The individual has been thinking about that option already. Throughout the conversation, various questions and comments revolve around treatment options, active surveillance, and personal experiences, highlighting the diverse and individual nature of dealing with prostate cancer.

In this conversation, the speakers discuss the importance of finding expert care in cancer treatment and the challenges of dealing with insurance companies. One speaker shares their positive experience with a specific doctor and the UCSD cancer board, emphasizing their dedication and excellent decision-making. Another participant highlights the importance of attending cancer-related events and conferences for valuable information and resources. When it comes to insurance companies, the speakers mention that they often deny the first request for treatment, focusing on short-term outcomes rather than long-term patient well-being. The speakers encourage patients to be persistent and make noise during the appeal process to ultimately receive the necessary treatment. In terms of radiation therapy, one participant chose proton treatment due to its lower rate of reoccurrence compared to traditional radiation therapy. The conversation also touches on the possibility of having different treatment options, such as external

beam radiation and proton therapy, in sequence if needed. Lastly, a speaker shares their personal experience with prostate cancer treatment, including prostatectomy and radiation therapy, and the recent discovery of a 2mm metastasis in the perirectal region. They will undergo sprt (stereotactic body radiotherapy) treatment in the following weeks. Overall, this conversation highlights the importance of seeking expert care, advocating for one's treatment, and staying informed about insurance and available treatment options.

Video of meeting is available through the IPCSG.org website, or on YouTube at https://youtu.be/_nvQsrnRC58

On the Lighter Side



Items of Interest

AI reveals prostate cancer is not just one disease | University of Oxford

ox.ac.uk

[HomeNews](#)

Artificial Intelligence has helped scientists reveal a new form of aggressive prostate cancer, which could revolutionise how the disease is diagnosed and treated in the future.

A Cancer Research UK-funded study, published in *Cell Genomics*, has revealed that prostate cancer, which affects one in eight men in their lifetime, includes two different subtypes termed evotypes.

The discovery was made by an international team led by the University of Oxford, and The University of Manchester, who applied AI (artificial intelligence) on data from DNA to identify two different subtypes affecting the prostate.

The team hope their findings could save thousands of lives in future and revolutionise how prostate cancer is diagnosed and treated. Ultimately, it could provide tailored treatments to each individual patient according to a genetic test which will also be delivered using AI.

The ground-breaking research, which involved additional funding from Prostate Cancer Research and involved scientists from the University of Oxford, the University of Manchester, the University of East Anglia and the Institute of Cancer Research, London, highlights how a prostate cancer diagnosis can affect physical, emotional and mental wellbeing.

Lead researcher [Dr Dan Woodcock](#), of the [Nuffield Department of Surgical Sciences](#) at the University of Oxford, said: 'Our research demonstrates that prostate tumours evolve along multiple pathways, leading to two distinct disease types. This understanding is pivotal as it allows us to classify tumours based on how the cancer evolves rather than solely on individual gene mutations or expression patterns.'

The researchers worked together as part of international consortium, called [The Pan Prostate Cancer Group](#), set up by scientists at [The Institute of Cancer Research \(ICR\)](#) and [The University of East Anglia](#) to analyse genetic data from thousands of prostate cancer samples across nine countries.

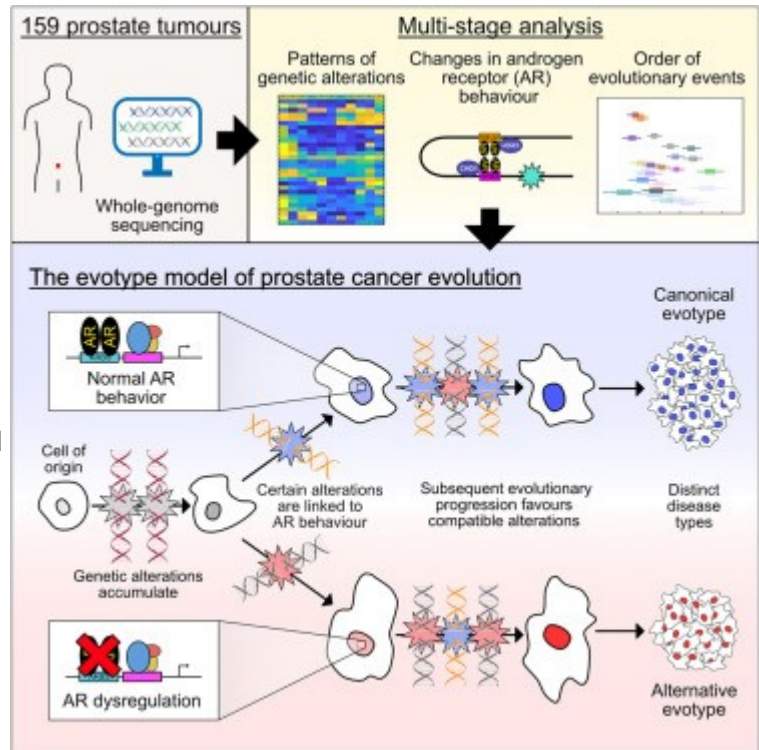
Crucially, the team's collaboration with [Cancer Research UK \(CRUK\)](#) aims to develop a genetic test that, when combined with conventional staging and grading, can provide a more precise prognosis for each patient, allowing tailored treatment decisions.

The researchers used AI to study changes in the DNA of prostate cancer samples (using whole genome sequencing) from 159 patients.

They identified two distinct cancer groups among these patients using an AI technique called neural networks. These two groups were confirmed by using two other mathematical approaches applied to different aspects of the data. This finding was validated in other independent datasets from Canada and Australia.

They went on to integrate all the information to generate an evolutionary tree showing how the two subtypes of prostate cancer develop, ultimately converging into two distinct disease types termed 'evotypes'.

Dr Rupal Mistry, CRUK's senior Science Engagement Manager, said: 'The work published today by this global consortium of researchers has the potential to make a real difference to people affected by prostate cancer. The more we understand about cancer the better chance we have of developing treatments to beat it. We are proud to



(Continued from page 6)

have helped fund this cutting-edge work, which has laid the foundations for personalised treatments for people with prostate cancer, allowing more people to beat their disease.'

The paper '[Genomic evolution shapes prostate cancer disease type](#)' is published in *Cell Genomics*.

Cumulative cancer locations on prostate biopsy and active surveillance outcomes in the MRI era - Fletcher - The Prostate - Wiley Online Library

ORIGINAL ARTICLE

[Sean A. Fletcher MD](#), [Mufaddal M. Mamawala MBBS, MPH](#), [Albert E. Holler BA](#), [Yasin Bhanji MD](#), [Katarzyna J. Macura MD, PhD](#), [Claire M. de la Calle MD](#), [Christian P. Pavlovich MD](#)

First published: 13 March 2024

<https://doi.org/10.1002/pros.24688>

Abstract

Background

To validate the use of a cumulative cancer locations (CCLO) score, a measurement of tumor volume on biopsy, and to develop a novel magnetic resonance imaging (MRI)-informed CCLO (mCCLO) score to predict clinical outcomes on active surveillance (AS).

Methods

The CCLO score is a sum of uniquely involved sextants with prostate cancer on diagnostic + confirmatory biopsy. The mCCLO score incorporates MRI findings into the CCLO score. Participants included 1284 individuals enrolled on AS between 1994 and 2022, 343 of whom underwent prostate MRI. The primary outcome was grade reclassification (GR) to grade group ≥ 2 disease; the secondary outcome was receipt of definitive treatment.

Results

Increasing CCLO and mCCLO risk groups were associated with higher risk of GR and undergoing definitive treatment (both $p < 0.001$). On multivariable analysis, increasing mCCLO score was associated with higher risk of GR and receipt of definitive treatment (hazard ratios [HRs] per 1-unit increase: 1.26 [95% confidence interval [CI]: 1.12–1.41] and 1.21 [95% CI: 1.07–1.36], respectively). The model using mCCLO score to predict GR (c-index: 0.671; 95% CI: 0.621–0.721) performed at least as well as models using the number of cores positive for cancer (0.664 [0.613–0.715]; $p = 0.7$) and the maximum percentage of cancer in a core (0.641 [0.585–0.696]; $p = 0.14$).

Conclusions

The CCLO score is a valid, objective metric to predict GR and receipt of treatment in a large AS cohort. The ability of the MRI-informed mCCLO to predict GR is on par with traditional metrics of tumor volume but is more descriptive and may benefit from greater reproducibility. The mCCLO score can be implemented as a shorthand, informative tool for counseling patients about whether to remain on AS.

5 Things You Didn't Know About Cancer Treatment Options - Do It Easy With ScienceProg

scienceprog.com

The field of cancer treatment has achieved remarkable strides in recent years. As a result of developments in both technology and research, scientists have been able to develop therapies that are not only more effective but also more individualized for each person. However, despite these advancements, there is still a great deal about cancer treatment that the majority of people are unaware of. For Prostate Cancer, radical prostatectomy surgery and radiation are most frequently recommended for curative treatment, and Androgen Deprivation for slowing the cancer growth when it becomes incurable or metastatic. This article will discuss five intriguing facts concerning alternative cancer therapies that may be worth asking your urologist or oncologist about.

Immunotherapy

Rather than directly targeting cancer cells, like chemotherapy or radiation therapy do, immunotherapy works to strengthen the immune system of the patient's body to effectively combat cancer. In the treatment of specific cancers, such as melanoma, lung cancer, and certain forms of leukemia, it has proven to be extremely effective. On the other hand, it is not a panacea that can cure all tumors, and researchers are currently trying to figure out how to make it work even more effectively.

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Laser Therapy—An increasing number of people are turning to laser therapy, which is sometimes referred to as laser ablation or laser interstitial thermal therapy (LITT), for the treatment of prostate cancer. The malignant tissue in the prostate gland can be targeted with greater precision with this method, which is less intrusive by nature. In addition, the fact that it is performed on an outpatient basis means that the recovery period is shorter in comparison to conventional therapies. In general, prostate cancer laser treatment is a promising choice that you can explore with your healthcare team. However, there is a possibility that you will experience some transitory side effects, such as urinary problems and erectile dysfunction.

Personalized Medicine—It is a fascinating idea in which medical professionals customize your treatment based on the specifics of your tumor as well as the individual qualities of the patient. To accomplish this, they make use of sophisticated methods such as genetic testing to determine the genetic mutations or other molecular peculiarities that are responsible for the formation of your tumor. After that, they select treatments that direct their attention, particularly toward those abnormalities. Taking this individualized approach could significantly improve your odds of success since it enables medical professionals to select therapies that are more likely to be effective for you while simultaneously lowering the likelihood of experiencing adverse effects.

Combination Treatment—When treating your cancer, it is common practice to employ a selection of diverse treatments to achieve the highest possible level of efficacy. Combining immunotherapy and targeted therapy is one example of this. Other examples include combining chemotherapy or radiation therapy with surgery with immunotherapy. Through the targeting of numerous pathways that are involved in the genesis and advancement of cancer, combination therapy has been demonstrated to enhance outcomes for a wide variety of cancer categories. Furthermore, the utilization of many forms of treatment can be an effective means of overcoming resistance to treatment and lowering the likelihood of a cancer recurrence.

Palliative Care—It is an essential component of your treatment that focuses on enhancing your quality of life if you are a patient who has advanced or incurable cancer. The goal of palliative care is to provide you and your family with emotional and spiritual support, as well as to treat symptoms such as pain, exhaustion, and nausea. You can receive palliative care in addition to curative therapies such as chemotherapy and radiation therapy. This type of care can assist you in living a more comfortable life and better able to deal with the difficulties that come with having cancer.

Conclusion—As a result of the enormous advancements that have been made in cancer treatment options over the past several years, you now have access to new hope and improved outcomes. There is a wide range of novel techniques for treating cancer, some of which may not be widely known to the general public. These include immunotherapy, targeted therapy, personalized medicine, and combination therapy, among others. This can help patients and their families acquire the ability to make well-informed decisions regarding their care and improve the results for people who have cancer by increasing their understanding of the various available treatment options.

Microscopy plus deep learning advances prostate cancer diagnosis

[optics.org](https://www.optics.org) SPIE Europe Ltd 12 Mar 2024

University of Washington (Seattle) develops machine-learning model to improve biopsy assessment.

Prostate cancer remains a prevalent threat to men's health, ranking second in cancer-related deaths in the United States. Each year, approximately 250,000 men in the U.S. receive a prostate cancer diagnosis.

While most cases have low morbidity and mortality rates, a subset of cases demands aggressive treatment. Urologists assess the need for such treatment primarily through the Gleason score, which evaluates prostate gland appearance on histology slides. However, there is considerable variability in interpretation, leading to both under- and overtreatment.

The current method, based on histology slides, has limitations. Only a small fraction of the biopsy is viewed in 2D, risking missed crucial details, and interpretations of complex 3D glandular structures can be ambiguous when viewed on 2D tissue sections.

Moreover, conventional histology destroys tissue, limiting downstream analyses. To address these shortcomings, researchers have developed [nondestructive 3D pathology methods](#), offering complete imaging of biopsy specimens while preserving tissue integrity.

3D pathology datasets

Recent advances include techniques for obtaining 3D pathology datasets, enabling improved risk assessment for prostate cancer. Research published in [Journal of Biomedical Optics](#) (JBO) harnesses the full power of 3D pathology by developing a deep-learning model to improve the 3D segmentation of glandular tissue structures that are critical for prostate cancer risk assessment.

The research team, led by [Professor Jonathan T. C. Liu from the University of Washington in Seattle, Wa.](#), trained a [deep-learning model, nnU-Net](#), directly on 3D prostate gland segmentation data obtained from previous complex pipelines. Their model efficiently generates accurate 3D semantic segmentation of the glands within their 3D datasets of prostate biopsies,

which were acquired with open-top light-sheet (OTLS) microscopes developed within their group. The 3D gland segmentations provide valuable insights into the tissue composition, which is crucial for prognostic analyses.

Liu commented, "Our results indicate nnU-Net's remarkable accuracy for 3D segmentation of prostate glands even with limited training data, offering a simpler and faster alternative to our previous 3D gland-segmentation methods. Notably, it maintains good performance with lower-resolution inputs, potentially reducing resource requirements."

The new deep-learning-based 3D segmentation model represents a significant step forward in computational pathology for prostate cancer. By facilitating accurate characterization of glandular structures, it holds promise for guiding critical treatment decisions to ultimately improve patient outcomes. This advance underscores the potential of computational approaches in enhancing medical diagnostics. Moving forward, it holds promise for personalized medicine, paving the way for more effective and targeted interventions.

Transcending the limitations of conventional histology, computational 3D pathology offers the ability to unlock valuable insights into disease progression and to tailor interventions to individual patient needs. As researchers continue to push the boundaries of medical innovation, the quest to conquer prostate cancer enters a new era of precision and possibility.

ORIC-944 For The Treatment Of Patients With Metastatic Prostate Cancer

seekingalpha.com

I believe that even though ORIC Pharmaceuticals has several candidates in its pipeline, the most important one to note, would be ORIC-944 being advanced for the treatment of patients with metastatic prostate cancer. Why is this the most important prospect to mention? That's because it is the one that is going to have near-term catalyst opportunities that investors can look forward to. As I noted above, this would be with respect to the initiation of the ORIC-944 combination study and then the program update that is expected to happen shortly thereafter.

Prostate cancer, as the name suggests, is a type of cancer that forms on the prostate, a small walnut-sized gland that produces seminal fluid. This type of cancer is a lot easier to treat if it is diagnosed before it has spread beyond the prostate gland. The global prostate cancer market size is projected to surpass \$27.51 billion by 2032. This is a very large market opportunity, but it is important to keep in mind that the goal of this company is to target metastatic prostate cancer patients. Having said that, metastatic prostate cancer is the type of cancer that has spread to other organs on the body beyond the prostate. Even if only considering the metastatic patient population, it would still be a good opportunity. It is said that about 50% of men diagnosed with localized prostate cancer will get metastatic disease during their lifetime.

The ability for ORIC Pharmaceuticals to move this program forward towards combination testing of ORIC-944 with an Androgen Receptor [AR] inhibitor for the treatment of patients with metastatic prostate cancer [mPC] was because of prior positive data that was achieved. I'm talking about what was released from the phase 1b monotherapy study using this specific drug to treat this patient population. With preliminary data being released from this early-stage study, showing that there was robust target engagement of ORIC-944 alone as a monotherapy. Specifically, there was a maximal decrease of $\geq 75\%$ in H3K27me3 in monocytes from peripheral blood.

This was achieved with a very low dose of ORIC-944. What are these monocytes, and how do they play a role in cancer? Higher than expected levels of monocytes is bad because it means a cancer or some other infection is present. By achieving this outcome early on, this bodes well for continued advancement of this drug treating these patients. Especially, when you consider that only grade 1 or grade 2 treatment-related adverse events were noted. The thing is that there are other PCR2 inhibitors in clinical development for the treatment of cancers such as prostate cancers and others. What sets ORIC's ORIC-944 apart from many of these? It is the potential to be the best-in-class drug of its kind. In essence, showing competitive advantages over other PCR2 inhibitors such as: Longer half-life, no signs of autoinduction observed with first-generation drugs of this kind and the favorable tolerability profile I already noted.

The best part of all is that even though ORIC-944 has shown promise alone as a monotherapy, there is a chance for it to do even better in combination with other drugs. Thus, why the goal of the company is to combine it with an AR inhibitor, with testing expected to get underway in the 1st half portion of this year. The bottom-line is that this biotech has a differentiated drug in that it targets a different subunit of PCR2. Whereas, there are many that are going after the EZH2 subunit of PCR, ORIC is taking a different direction, targeting the EED subunit. In doing so, may have potential benefits over EZH2 inhibitors.

Conclusion

ORIC Pharmaceuticals has already achieved initial proof-of-concept in being able to advance the use of ORIC-944 for the treatment of patients with metastatic prostate cancer. That was just with respect to using this drug alone as a monotherapy, and it is the intended goal to initiate a combination study using this drug with an AR inhibitor. The initiation of this particular trial is expected to happen in the first half of 2024, with a program update expected in mid-2024. I believe that these are two good near-term catalysts for investors to focus on. If that isn't enough, there is another data readout to be released in the 1st half of 2025. This would be in terms of releasing data from a phase 1b dose escalation study, using ORIC-114 to target patients with EGFR or HER20 exon 20 mutated NSCLC.

NETWORKING

Please help us in our outreach efforts. Our speakers bureau consisting of Gene Van Vleet and Bill Lewis is available to speak to organizations of which you might be a member. Contact Gene 619-890-8447 or gene@ipcsg.org or Bill 619-591-8670 (bill@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>

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