Informed Prostate Cancer Support Group Inc.
"A San Diego non-profit 501 c 3 Corporation ID # 54-2141691"
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APRIL 2025 NEWSLETTER
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Tuesday, April 29, 2025

Volume 18 Issue 04

- **There is no meeting this month. The next meeting will be on Saturday May 17, at the SBP Auditorium from 10 am to 12 noon PT with Dr. Aditya Bagrodia who will discuss localized and focused Prostate Cancer Treatment and Advancements**
  - **Dr. Bagrodia** will discuss the latest advancements in urologic cancer treatment, providing valuable insights into the newest surgical approaches, medications, and personalized therapy options. His patient-centered approach ensures that individuals can navigate their treatment options with a focus on both survival and quality of life.
- **The will be a light lunch provided after the meeting**
- **For links to further Reading: https://ipcsg.blogspot.com/**
- **If you have Comments, Ideas or Questions,** email to Newsletter@ipcsg.org

Summary of the March Meeting—Dr. Richard Lam's Presentation on Updates in Prostate Cancer Treatment

New Targeted Therapies

Dr. Lam discussed several targeted therapies for prostate cancer, including the traditional androgen receptor (AR) targeting with medications such as Lupron, Orgovix, Zytiga (abiraterone), Xtandi (enzalutamide), Darolutamide, and Erleada (apalutamide).

He explained newer targets like PARP enzymes which help cancer DNA replicate. PARP inhibitors (olaparib, rucaparib, niraparib, and a newly approved fourth drug) only work in patients with mutations in homologous recombinant repair genes (about 20% of advanced cases). These inhibitors show benefit in about one-third of patients when used alone, but when combined with AR inhibitors like enzalutamide or abiraterone, they can double the duration of benefit.

Another important target is Prostate-Specific Membrane Antigen (PSMA), a molecule found on most cancer cell surfaces. The FDA-approved Lutetium-177 (Pluvicto) delivers radiation directly to cancer cells. It's currently approved for metastatic castrate-resistant prostate cancer patients who have had chemotherapy (even if it didn't work or caused side effects). Lutetium works in about 60% of patients, with benefits lasting from 4-6 months to up to 2 years. Side effects include dry mouth, nausea, and potential bone marrow and kidney impacts.

A newer radioactive treatment, Actinium-225, is currently being studied. It's about 100 times stronger than Lutetium but creates less radiation spread from the cancer cell, potentially causing fewer side effects. It's currently being studied for use after Lutetium treatment fails.

Combination Therapies

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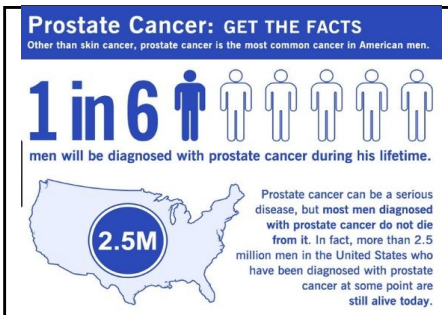

Organization

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

IPCSG

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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.

From the Editor (SLP)

In this issue:

For original articles see the blog at https://ipcsg.blogspot.com/ .

First, we have a summary of the very informative presentation by Dr. Richard Lam at the February meeting.. No meeting this month, so next month will just be items of interest.

This month, we include an item of interest:

1. New Research Suggests Waiting Longer Before Treating Persistent PSA After Prostate Surgery—*wait 3 months before testing.*
2. Revolutionary Saliva Test Shows Promise for Improved Prostate Cancer Detection—*Polygenetic may be better than PSA for screening.*
3. A Patient's Toolkit—*what to do before, during, and after your doctor appointment to get the most out of it.*

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Dr. Lam discussed combination therapies for metastatic castrate-sensitive prostate cancer (where Lupron/Orgovix still works). Combining ADT (androgen deprivation therapy) with abiraterone, enzalutamide, darolutamide, or apalutamide improves survival and delays resistance. ADT with chemotherapy offers similar benefits. For more aggressive cases with high PSA, high Gleason scores, or extensive metastatic disease, a triple therapy of ADT, chemotherapy, and darolutamide might be recommended.

For castrate-resistant prostate cancer, PARP inhibitors combined with abiraterone or enzalutamide work better than these drugs alone, doubling the duration of response. Promising new research shows PSMA-targeting therapies plus enzalutamide may allow Lutetium use before chemotherapy.

Immunotherapy Advances

Dr. Lam characterized prostate cancer as a "cold cancer" where T-cells don't naturally attack the cancer cells, making immunotherapy less effective than in other cancers. Provenge, developed 15 years ago, is still used for castrate-resistant, low-volume, medium-growing prostate cancer.

Keytruda (pembrolizumab) works by getting T-cells into cancer cells, but only in about 5% of metastatic castrate-resistant patients who have specific genetic features (high microsatellite instability, high tumor mutation burden, or defects in MMR family genes). When it works, the response rate is about 40%.

Next-generation T-cell immunotherapy includes T-cell bi-specifics from Amgen, which attaches to T-cells and directs them to prostate cancer cells with the STEAP1 protein. This has shown a 50% PSA drop in about half of men, with visible tumor shrinkage in 25%. CAR-T therapy, which modifies a patient's T-cells to target specific proteins like PSMA, shows about a 20% success rate but has severe side effects.

Minimally Invasive Treatment Options

Dr. Lam discussed focal therapy approaches that treat only the cancerous portion of the prostate rather than removing or treating the entire gland. These include cryotherapy (freezing), HIFU (high-intensity focused ultrasound), and laser therapy. While these have fewer side effects, they have success rates of 60-80%, sometimes requiring retreatment.

He favors HDR brachytherapy, which inserts filaments into the prostate to deliver precise radiation. Dr. Lam shared case studies of focal HDR brachytherapy patients with Gleason 9 and Gleason 7 cancers who responded well to treatment targeting only the affected areas of their prostates.

Dr. Lam also discussed Stereotactic Body Radiation Therapy (SBRT), which delivers radiation in just 5 treatments over two weeks instead of the traditional 28-42 treatments. A trial comparing 5-day SBRT to 28-day conventional radiation showed equivalent cancer control rates (over 95%). Both had similar serious bowel side effect rates (1%), but SBRT had slightly higher short-term urinary symptoms (26% vs. 18%). Sexual dysfunction occurred in about 30% of patients in both groups after five years.

A smaller study comparing SBRT to radical prostatectomy found significantly lower incontinence rates with SBRT (6% vs. 50% of men using daily pads at the five-year mark).

Diagnostic Innovations

PSMA PET scans can detect cancer that conventional imaging misses, allowing for treatment of oligometastatic disease (limited metastases). Dr. Lam noted that if a patient has limited metastatic spread and receives both treatment of the primary tumor and SBRT to the metastatic spots, there's still about a 30% chance of cure.

Dr. Lam explained two types of genetic testing: somatic testing (examining cancer cell DNA to identify treatment options like PARP inhibitors or Keytruda) and germline testing (checking the patient's inherited DNA for mutations that might respond to certain treatments). Genetic testing can also help predict radiation treatment side effects.

Artificial Intelligence in Prostate Cancer

(Continued on page 4)

AI is helping radiologists interpret MRIs and PET scans more efficiently and accurately, and helping pathologists examine slides more effectively. Dr. Lam highlighted the Artera AI system, which uses biopsy slides to help predict long-term outcomes and guide treatment decisions, including whether patients should undergo active surveillance or receive hormone therapy with radiation.

Dr. Lam expressed optimism that AI will soon help with more complex decisions such as treatment sequencing, chemotherapy selection, and optimal timing for PET scans and Lutetium treatment, expecting wider implementation within 4-5 years.

Q&A Following Dr. Lam's Presentation

Proton Therapy— Q: Could you comment on the effectiveness of proton therapy?
A: Proton therapy is very effective at treating cancer within the prostate, with success rates above 90% for getting rid of the cancer. Success rates vary by Gleason score - higher scores might have 80% success, lower scores could be 95%. Side effects are probably equivalent to SBRT and IMRT.

Clinical Trials for Advanced Treatments—Q: Where are the centers for clinical trials of advanced medications, particularly radiopharmaceuticals, in Southern California?
A: Lutetium is widely available. For actinium trials after lutetium failure, Hoag in Orange County is conducting them, UCLA has three trials ongoing, and possibly UCSD as well. Some trials for lutetium before chemotherapy are also happening, but they fill up quickly.

SBRT vs. Surgery Incontinence Rates—Q: Regarding the PACE-A trial comparing SBRT to surgery, was the surgery open or robotic?
A: About 90% or more of surgeries now are robotic. The study was small (60 men in each group) but showed a significant difference in incontinence rates (6% for SBRT vs. 50% for surgery). Dr. Lam noted that some surgical patients later receive radiation, which can increase incontinence rates.

Treatment for Vertebral Metastasis After Radiation—Q: What alternatives exist for treating a vertebra (S2) that has already received maximum radiation dose and now has cancer relapse?
A: This is a difficult situation with limited options for localized treatment. Some doctors inject cement to support the area or add scaffolding to prevent collapse. The best approach might be systemic therapy to treat the whole body, including that spot. Dr. Lam recommended getting a second opinion, as some centers might be able to deliver more radiation, but warned that additional treatments might weaken the vertebrae's structural integrity.

Decipher Test for Active Surveillance—Q: How much weight do you give the Decipher test score for those on active surveillance?
A: The Decipher test looks at cancer genetics from prostate biopsy samples. Dr. Lam stated that PSA, MRI/ultrasound findings, and Gleason score carry more weight in decision-making. The Decipher test influences decisions in about 1 out of 10 cases.

Adding PARP Inhibitors to Existing Treatment—Q: A patient's son asked about adding olaparib (PARP inhibitor) to his father's current treatment of Lupron and bicalutamide for castrate-resistant metastatic prostate cancer.
A: Dr. Lam confirmed this could be appropriate if genetic testing showed the patient qualified for PARP inhibitors. He noted that side effects and quality of life should be considered, but cost shouldn't be a barrier since Medicare's new law caps out-of-pocket expenses at $2,000 per year, even for drugs like olaparib that cost $150,000 annually.

HDR Brachytherapy Side Effects and Availability—Q: Could you elaborate on HDR brachytherapy side effects and availability?
A: Side effects primarily include urinary issues (frequent urination, nocturia, urgency, burning sensation) that typically resolve within 1-2 months. Sexual dysfunction occurs in about 20% of focal therapy cases and 40% of whole-gland treatment. The treatment requires technical expertise and doesn't pay well, so it's not offered everywhere. UCLA has "an amazing doctor" for this procedure, and UCSD offers brachytherapy

but Dr. Lam wasn't certain if they specifically offer HDR brachytherapy.

Discrepancy Between PET-CT and Diagnostic CT—Q: A patient with S2 vertebral cancer relapse noted that while his SUV max on PET increased, the diagnostic CT showed nothing. Dr. Lam was asked if he'd encountered this situation.

A: This is not uncommon. PET scans can detect cancer earlier when other scans don't show changes. Dr. Lam suggested considering an MRI, which might provide better detail of the vertebrae than a CT scan, waiting for sequential scans to clarify the situation, or performing a needle biopsy.

Post-Radiation PSA Increase—Q: A patient mentioned his father-in-law had his prostate removed, finished radiation treatment, but his PSA went up afterward. Is that expected?

A: The goal of radiation after surgery is for PSA not to increase. A rising PSA indicates there's still cancer somewhere in the body producing PSA, though it doesn't specify the location.

Finding Knowledgeable Doctors—Q: How do patients find doctors who are as knowledgeable about the latest treatments?

A: Dr. Lam suggested learning from the support group and bringing that knowledge to your current doctors, who are often willing to try suggested approaches. He noted that urologists are surgeons, radiation oncologists specialize in radiation, while medical oncologists handle broader treatment management. For comprehensive care, especially for advanced or recurrent cases, a medical oncologist might be most appropriate. Dr. Lam mentioned his practice sees patients from diagnosis through treatment and beyond, and offers telemedicine consultations.

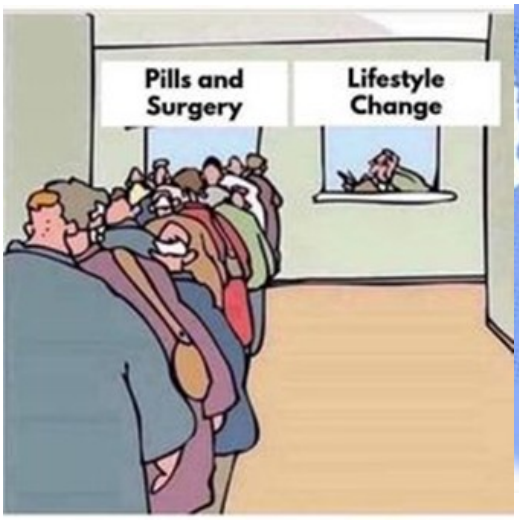
Neuroendocrine Cancer After Lupron—Q: How common is neuroendocrine cancer after years of Lupron?

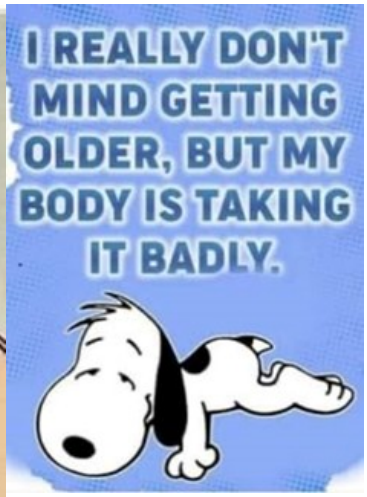
A: About 5% of cases. The longer cancer is contained, the more time it has to mutate. With newer treatments extending survival, doctors are seeing more unusual manifestations of prostate cancer, including spread to lungs and liver, and neuroendocrine mutations. In newly diagnosed patients who've never had Lupron, neuroendocrine variants appear in only 1-2% of cases.

Artera AI Coverage—Q: Is the Artera AI tool covered by Medicare?

A: Yes, Medicare does cover it.

On The Lighter Side





New Research Suggests Waiting Longer Before Treating Persistent PSA After Prostate Surgery

Key Finding: Waiting at least 3 months after radical prostatectomy to assess PSA may prevent overtreatment

A groundbreaking study published in JAMA Oncology last month provides important insights for men who have undergone radical prostatectomy (RP) for prostate cancer but continue to show detectable prostate-specific antigen (PSA) levels after surgery.

The research, led by Dr. Derya Tilki and colleagues from the University Hospital Hamburg-Eppendorf and other institutions, challenges the conventional wisdom that PSA levels should be assessed 1.5 to 2.0 months after surgery. The study analyzed data from 30,461 patients in a discovery cohort and 12,837 patients in a validation cohort who underwent radical prostatectomy for prostate cancer. Researchers found that among patients with persistent PSA after surgery, those with pre-surgery PSA levels greater than 20 ng/mL actually had significantly lower risk of prostate cancer-specific mortality compared to those with pre-surgery PSA of 20 ng/mL or less.

This counterintuitive finding led researchers to an important conclusion: the conventional 6-8 week timeframe for PSA assessment post-surgery may be too short to allow for complete clearance of PSA from the blood, particularly in patients with higher pre-surgery PSA levels.

Preventing Overtreatment

The study found evidence that many patients may be receiving post-surgery radiation therapy or hormone therapy too soon, potentially before PSA had time to naturally clear from their system. This premature treatment could represent overtreatment for some patients.

The researchers recommend PSA levels be assessed for at least 3 months after radical prostatectomy to minimize unnecessary treatments.

Other Important Findings

The study also found that:

· An increasing persistent PSA level was associated with a worse prognosis, with higher risk of both all-cause mortality and prostate cancer-specific mortality.

· Research from other centers has shown that persistent PSA after radical prostatectomy affects approximately 5-24% of patients, depending on the study.

· Some studies have found PSA persistence in up to 30% of cases, depending on prostate cancer risk factors.

What This Means for Patients

For men who have undergone radical prostatectomy, these findings suggest:

1. If you have a detectable PSA after surgery, especially with pre-surgery PSA greater than 20 ng/mL, discuss with your doctor about potentially waiting at least 3 months before considering additional treatments.
2. Higher persistent PSA levels do indicate worse prognosis, so ongoing monitoring remains essential.
3. Any measurable amount of PSA after prostate removal is abnormal and requires evaluation, but the timing of intervention should be carefully considered.

This research represents an important step toward more personalized post-surgery care for prostate cancer patients and may help many men avoid unnecessary treatments while still identifying those who need prompt intervention.

Revolutionary Saliva Test Shows Promise for Improved Prostate Cancer Detection

A groundbreaking at-home saliva test for prostate cancer could transform early detection and significantly reduce unnecessary treatments, according to recent clinical research. The test, which analyzes genetic variants in DNA through a process called polygenic risk scoring (PRS), has shown superior performance compared to the traditional prostate-specific antigen (PSA) blood test for men with high genetic risk.

How the New Test Works

The test calculates a polygenic risk score based on 130 genetic variations in a man's DNA code that are linked to prostate cancer risk. Unlike the PSA blood test that measures protein levels that can be elevated for various reasons, this saliva test specifically identifies men who carry genetic markers associated with increased prostate cancer risk.

Collection is simple - a man provides a saliva sample that can be collected at home and then sent to a lab for analysis.

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Recent Clinical Research Results

The BARCODE 1 study, conducted by researchers at The Institute of Cancer Research, London, and The Royal Marsden NHS Foundation Trust, recently presented findings at the American Society of Clinical Oncology (ASCO) annual meeting that demonstrate significant advantages of the saliva test:

Following MRI and prostate biopsy, 40% of men with a high polygenic risk score were diagnosed with prostate cancer, compared to only 25% of men with elevated PSA levels in standard testing.

More importantly, the PRS saliva test identified a higher proportion of aggressive cancers - fast growing and likely to spread - than the PSA test. Of cancers detected using the saliva test, 55.1% were aggressive cancers compared with just 35.5% identified by PSA testing in a recent study.

Advantages Over Current Methods

The saliva test offers several key benefits compared to PSA testing:

1. **Fewer false positives**: The PSA test can falsely indicate cancer in men three out of four times, leading to unnecessary procedures. The saliva test significantly reduces this problem.
2. **Detection of aggressive cancers**: The test is more successful at identifying dangerous, fast-growing cancers that require immediate treatment.
3. **Finding cancer when PSA is "normal"**: Of the 187 cancer cases detected in the study, 147 (77.8%) had PSA levels below 3.0ug/L, which is considered 'normal' and would typically indicate no further screening was needed.
4. **Complementing MRI**: The test also accurately identified men with prostate cancer that was missed by an MRI scan.

US Research and Availability

While much of the foundational research has been conducted in Europe, several US institutions are also advancing similar research. Dr. Christopher Haiman at the University of Southern California is leading research on polygenic risk testing for prostate cancer in the United States.

The Prostate Cancer Foundation has been supporting research into the use of polygenic risk scoring technology. The test is not yet widely available in clinical settings but may become accessible through research programs and clinical trials.

According to the PCF, such genetic risk information would be particularly important for African American men, who are about 70% more likely to be diagnosed with prostate cancer and more than twice as likely to die from the disease compared to Caucasian men.

Real-Life Impact

The human face of this technology's impact was demonstrated by brothers Dheeresh and Joel Turnbull. After participating in the trial, Dheeresh discovered he had an aggressive tumor despite showing no symptoms. "Because the saliva test revealed that I had a high genetic risk of developing the disease, my younger brother...signed up and discovered that he also had an aggressive tumour in the prostate. It's incredible to think that because of this study two lives have now been saved in my family."

Looking Ahead

While not yet approved for widespread clinical use, the technology shows tremendous promise as researchers work to refine and validate the approach. An international research team has identified more genetic variants associated with prostate cancer risk in men of Asian and African ancestry, and researchers intend to trial a saliva test for these populations to ensure polygenic risk scoring can benefit all men.

The TRANSFORM trial, funded by the UK government and Prostate Cancer UK, is currently comparing the saliva test to other screening options to assess the most cost-effective and accurate way to screen men for prostate cancer.

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A Patient's Toolkit

Here are some tips to help you prepare for and actively participate in treatment discussions with your healthcare providers.

Before Your Appointment

1. Gather Your Medical Information

Being informed about your specific diagnosis helps you ask targeted questions and better understand treatment recommendations. Bring copies of:

- Your pathology report (Gleason score/Grade Group)
- PSA history and trend
- Results of any imaging studies (MRI, CT, bone scan)
- List of all current medications and supplements

Pro Tip: Create a dedicated folder (physical or digital) for organizing all your prostate cancer-related documents to reference during medical discussions.

2. Research Your Condition

Understanding the basics of your diagnosis provides a foundation for meaningful conversations:

- Learn about your risk category (low, intermediate, high)
- Familiarize yourself with common treatment options for your specific situation
- Research potential side effects of different treatments

Pro Tip: "Research and read up on prostate cancer from trusted resources" before your appointment to feel more confident during your visit. Reliable sources include the American Cancer Society, National Comprehensive Cancer Network (NCCN), and Prostate Cancer Foundation.

3. Prepare Your Questions

Create a prioritized list of questions tailored to your situation. Some essential questions include:

- What is my risk category, and what does it mean for my prognosis?
- What treatment options are appropriate for my specific situation?
- What are the side effects of each treatment, and how likely am I to experience them?
- How might each treatment impact my quality of life?
- Are there clinical trials I should consider?
- What happens if we delay treatment?

Pro Tip: "You should feel free to ask any question, no matter how small it might seem". Write questions down in advance and bring the list to your appointment.

4. Consider Using a Decision Aid

Decision aids are tools designed to help patients understand their options and clarify their personal values related to treatment choices:

- Ask your doctor if they use prostate cancer decision aids in their practice
- Explore online decision aids from reputable organizations
- Consider apps specifically designed for prostate cancer decision-making

Pro Tip: Some newer decision aids are "uniquely designed to allow patients with prostate cancer to evaluate different treatment modalities, outcomes and side effects based on their personal preferences and pre-treatment health state".

5. Bring a Support Person

Consider bringing a trusted friend or family member to your appointment who can:

- Take notes while you focus on the conversation
- Help you remember questions you wanted to ask
- Provide emotional support
- Offer a second perspective on what was discussed

Pro Tip: Brief your support person on your concerns and questions beforehand, so they can help ensure all your points are addressed.

During Your Appointment

1. Use the Ask-Tell-Ask Approach

This communication strategy helps ensure you get the information you need:

Ask: Start by asking the doctor what they think about your situation
Tell: Share your research, concerns, and preferences
Ask: Follow up with specific questions about options and recommendations

Pro Tip: This approach "emphasizes the provider's role as an interactive guide rather than a one-way supplier of information" and helps create a more balanced conversation.

2. Request Visual Aids

Visual information can help clarify complex concepts:

Ask for diagrams of treatment approaches
Request risk statistics presented visually
Ask to see before/after images of procedures when appropriate

Pro Tip: Research shows effective risk communication often uses "icon arrays, numbers and verbal explanation" to communicate general and personalized risks of side effects.

3. Clarify Medical Terms

Don't hesitate to ask for explanation of any terms you don't understand:

"Could you explain what that term means?"
"I'm not familiar with that procedure. Can you describe it in simpler terms?"
"Would you mind writing down that term so I can research it later?"

Pro Tip: "If you don't understand something your doctor has said, you can always ask them to clarify what they mean".

4. Discuss Your Values and Priorities

Treatment decisions should reflect what matters most to you:

Share your priorities regarding quality of life versus length of life
Discuss specific activities or functions you're most concerned about preserving
Be honest about your concerns regarding specific side effects

Pro Tip: Different patients value outcomes differently. For example, "if patient A already has erectile dysfunction, they likely will not be concerned about further risk of ED... whereas patient B may have perfect erectile function and place more value on preservation of sexual function".

5. Evaluate Treatment Information in Context of YOUR Life

Remember that statistics apply to groups, not individuals:

Ask how your age, health status, and other medical conditions might affect outcomes
Discuss how your daily activities and lifestyle might be impacted by different treatments
Consider how your support system may influence your ability to manage side effects

Pro Tip: Ask your doctor: "If I was your brother... what advice would you give? What do you think I should do?" This can sometimes help physicians offer more personalized guidance.

After Your Appointment

1. Review and Organize Information

As soon as possible after your appointment:

Review any notes taken during the visit
Organize new information with your existing medical records
List any follow-up items or additional questions that arose

Pro Tip: If you find you have additional questions after your appointment, don't hesitate to contact your healthcare team.

2. Research Additional Information

Based on what you learned:

Look up any new terms or concepts
Research specific treatment options discussed in more depth
Explore patient experiences with recommended treatments

Pro Tip: Consider joining the IPCSG or other support groups to learn from others who have faced similar decisions.

3. Consider a Second Opinion

Second opinions are standard practice for major medical decisions:

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 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 MEETINGS

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.