Prostate Health Education Network (PHEN) Summit

Marijo Bilusic, MD, PhD
Prostate cancer in the US

2016 US estimates: Cancer statistics in men

**Estimated new cases**
- Prostate: 180,890 (21%)
- Lung & bronchus: 117,920 (14%)
- Colon & rectum: 70,820 (8%)
- Urinary bladder: 58,950 (7%)
- Melanoma of the skin: 46,870 (6%)
- Non-Hodgkin lymphoma: 40,170 (5%)
- Kidney & renal pelvis: 39,650 (5%)
- Oral cavity & pharynx: 34,780 (4%)
- Leukemia: 34,090 (4%)
- Liver & intrahepatic bile duct: 28,410 (3%)
- All sites: 841,390 (100%)

**Estimated deaths**
- Lung & bronchus: 85,920 (27%)
- Prostate: 26,120 (8%)
- Colon & rectum: 26,020 (8%)
- Pancreas: 21,450 (7%)
- Liver & intrahepatic bile duct: 18,280 (6%)
- Leukemia: 14,130 (4%)
- Esophagus: 12,720 (4%)
- Urinary bladder: 11,820 (4%)
- Non-Hodgkin lymphoma: 11,520 (4%)
- Brain & other nervous system: 9,440 (3%)
- All sites: 314,290 (100%)

1 in 7 lifetime risk of incident prostate cancer

1 in 38 lifetime risk of death from prostate cancer

Siegel 2016, CA Cancer J Clin.
Prostate cancer trends in the US

Rate per 100,000 Person Years

Incidence

Mortality

33% decrease

Prostate cancer in African Americans

- Death rate for all cancers combined is 24% higher in African American men and 14% higher in African American women
- From 2008 – 2012 annual prostate cancer incidence rate was 208.7 cases per 100,000 men, 70% higher than in white men
- Lifetime probability of developing prostate cancer
  - 18% (1 in 6) vs. 13.3% (1 in 8)
- Lifetime probability of dying from prostate cancer
  - 4.4 % (1 in 23) vs. 2.4% (1 in 42)

American Cancer Society
Cancer Facts & Figures for African American 2016-2018
Clinical trials are important

- Clinical trials are designed to answer specific questions about biomedical or behavioral interventions, including new treatments
- Generate data on safety and efficacy data
- Necessary for the FDA approval of new treatments
- 2/3rd of Americans are willing to participate in clinical trials
- Only 3% of adult cancer patients participate in clinical trials
- Up to 40% of oncology trials are not completed due to poor accrual
Challenges

- Oncology trials are very competitive with many ongoing trials in oncology => 135 trials in oncology/100,000 patients (9/100,000 in respiratory diseases or 4/100,000 in cardiology)
- Trials are getting more complicated (increase in trial cost, duration and complexity)
  - Average phase I – phase III development takes on average 8 years
  - Typical oncology protocol has average 167 procedures, 11 visits, duration of 6 months
- Time commitment (travel)
Challenges

- Randomization
- Placebo
  - Standard of care is typically the placebo in oncology trials
  - Especially problematic with newly diagnosed patients
- Time required to explain the trial, recruit the patient and provide informed consent
- Fear that their patients will be stolen
- Belief that investigator is more interested in the research than in patient well-being
- Patients are more comfortable with their own physicians (75 % learn of a trial from their own oncologists)
  - Lack of clinical trial awareness
- Education on the clinical trial is not thorough enough
Barriers to minority recruitment and participation in clinical trials

- Time and effort to participate
- Distrust of academic medicine
- Fear of being treated like a guinea pig
- Small percentage of physicians who are minorities
- Lack of access to healthcare
- Lack of clinical trial awareness
What can we do?

- Better trials
  - Adaptive design
- Less procedures and fewer visits
- Education for patients, family and caregivers
- Public education
- Community networks of physicians, clinics and hospitals
- Education of nurses and physicians
NCI

- **NCI MISSION:**
  - *To improve the lives of cancer patients by solving important, challenging and neglected problems in cancer research and patient care*

- Prostate cancer research at NCI
  - Immunotherapy
  - Molecular imaging
  - Multidisciplinary approach

- Education
  - Clinical training (hem/oncology fellowship)
  - Collaboration with local GU oncologists/Radiation oncologists and urologist (Tumor Boards, meetings, etc)
### NCI CCR Active Interventional Studies (#158)

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Prostate Cancer—Patient Version

OVERVIEW

The prostate gland makes fluid that forms part of semen. The prostate lies just below the bladder in front of the rectum. It surrounds the urethra (the tube that carries urine and semen through the penis and out of the body).

Prostate cancer is the most common cancer in men in the United States, after skin cancer. It is the second leading cause of death from cancer in men. Prostate cancer occurs more often in African-American men than in white men. African-American men with prostate cancer are more likely to die from the disease than white men with prostate cancer.

Almost all prostate cancers are adenocarcinomas (cancers that begin in cells that make and release mucus and other fluids). Prostate cancer often has no early symptoms. Advanced prostate cancer can cause men to urinate more often or have a weaker flow of urine, but these symptoms can also be caused by benign prostate conditions.

Prostate cancer usually grows very slowly. Most men with prostate cancer are older than 65 years and do not die from the disease. Finding and treating prostate cancer before symptoms occur may not improve health or help you live longer. Talk to your doctor about your risk of prostate cancer and whether you need screening tests.

TREATMENT

PDQ Treatment Information for Patients

- Prostate Cancer Treatment

More Information

- Treatment Choices for Men With Early-Stage Prostate Cancer
- Cancer Vaccines
- Cryosurgery in Cancer Treatment
- Hormone Therapy for Prostate Cancer
- Drugs Approved for Prostate Cancer
- Clinical Trials to Treat Prostate Cancer

RESEARCH

- Ablatherone Improves Survival for Men with Hormone-Sensitive Prostate Cancer
- Test Could Reduce Unnecessary Prostate Biopsies
- Androgen Deprivation Therapy for Recurrent Prostate Cancer
- Effects of Presurgical Treatment for Prostate Cancer

View more research
Find NCI-Supported Clinical Trials

NCI-supported clinical trials are those sponsored or otherwise financially supported by NCI. See our guide, Steps to Find a Clinical Trial, to learn about options for finding trials not included in NCI's collection.

**Search Tip:** For more search options, use our advanced search.

**Cancer Type/Keyword**

Start typing to select a cancer type

**Age**

Your age helps determine which trials are right for you.

**U.S. ZIP Code**

Show trials near this U.S. ZIP code.

**Search**

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**The Clinical Trials API: Use our data to power your own clinical trial search**

An application programming interface (API) helps translate large amounts of data in meaningful ways. NCI's clinical trials search data is now powered by an API, allowing programmers to build applications using this open data.
The Future of Prostate Cancer Research and Treatment

YouTube Live
Thursday, January 12, 2017

On January 12, 2017, prostate cancer experts Dr. William Dahut of the National Cancer Institute and Dr. Heather Cheng of the University of Washington had a vibrant discussion about current and future research areas and treatment options for prostate cancer.

The panel was moderated by Ana Fadich, MPH, CHES, Vice President at Men’s Health Network.
NCI Center to Reduce Cancer Health Disparities (CRCHD)

The Center to Reduce Cancer Health Disparities (CRCHD) is central to NCI’s efforts to reduce the unequal burden of cancer in our society via basic and community research, as well as networks, and to train the next generation of competitive researchers from diverse populations in cancer and cancer health disparities research. Learn more.

CRCHD Cares

CRCHD sends our sincerest thoughts to everyone who is affected by Hurricanes Harvey and Irma. We hope that the following information will assist you as you are recovering from these storms.

If you are a grantee or applicant, please see the following information:

- Notice of Assistance Available to Institutions Impacted by Hurricane Harvey (NOT-OD-17-111)
- Reminder: NIH Natural Disaster Policy - Hurricane Harvey (NOT-OD-17-106)
- NIH Extramural Response to Natural Disasters and Other Emergencies

If you are a cancer patient, health care provider, or grantee and have been affected by these storms, please visit Emergency Resources for the Cancer Community.
New clinical trial opens to determine safety and efficacy of PROSTVAC, nivolumab and ipilimumab in men with localized prostate cancer

Prostate cancer is a slow-growing malignancy of a gland in the male reproductive system. A new study is now open to evaluate the safety and effectiveness of a treatment regimen that combines PROSTVAC with ipilimumab and/or nivolumab in men with localized prostate cancer who have elected to undergo surgical resection (prostatectomy). PROSTVAC, developed within the NCI’s Center for Cancer Research, is a cancer vaccine that helps the immune system recognize and attack cancer cells, while ipilimumab and nivolumab block certain mechanisms and signals within the body that prevent the immune system from attacking tumor cells.

James L. Gulley, M.D., Ph.D., Chief of the Genitourinary Malignancies Branch, wants to determine if this combination of drugs is safe for patients and if it will boost immune cells’ ability to infiltrate the tumor. An initial group of men with advanced disease progressing on hormonal therapy will be tested with the combination first to determine safety. “This is one of the first trials to combine strategies to initiate an immune response (PROSTVAC and ipilimumab) with strategies to allow those immune cells to work better at the site of the tumor (nivolumab and ipilimumab),” says Dr. Gulley. Click here for more information on this clinical trial.

Summary Posted: 04/2017

A new imaging technique to detect recurrent prostate cancer is tested in new clinical trial

A new imaging study for men who have already had either surgery or radiation for prostate cancer and have rising levels of prostate-specific antigen (PSA) is now open at the NIH Clinical Center. Rising PSA strongly indicates that prostate cancer has recurred and may have spread to other parts of the body. However, standard imaging techniques, including x-ray, ultrasound, MRI, CT and PET scan, cannot accurately locate sites of metastasis. 18F-DCPyL PET/CT, a second-generation PET agent, uses radio-labeled small molecules that bind to specific receptors on cancer cells. The radioactive portion of these molecules acts like a beacon that can be detected by a positron emission tomography (PET) camera. The study, led by Peter Choyke, M.D., F.A.C.R., of the Molecular Imaging Program, aims to see if 18F-DCPyL PET/CT will improve doctors’ ability to assess high-risk primary tumors, detect sites of recurrent prostate cancer and target therapies to specific sites of recurrence. For more information about this study, please visit https://ccr.cancer.gov/molecular-imaging-program/peter-l-choyke.

To view all CCR clinical trials, visit: https://ccr.cancer.gov/clinical-trials.
Subscribe to the latest CCR clinical trials news.

Summary Posted: 07/2017
Social Media

- NCI CCR Twitter account: [https://twitter.com/NCIResearchCtr?lang=en](https://twitter.com/NCIResearchCtr?lang=en)

- NCI Cancer trials account: [https://twitter.com/NCICancerTrials](https://twitter.com/NCICancerTrials)
NCI approach

- Public presentations, social media
- Network of community & minority physicians
- Provide transportation and meals
- Interdisciplinary research teams
- Extensive educational materials
- Better study design (non-restrictive eligibility criteria)
Questions?