MEETING ANNOUNCEMENT

Date: Monday, January 9, 2017
Time: 7:00 P.M.
Place: St. Luke’s United Methodist Church, 3471 Westheimer at Edloe (between Buffalo Speedway and Weslayan), Youth Chapel, 2nd floor. **There is no charge. Spouses are encouraged to attend**. (Refreshments will be served).

**Topic:** "A Roadmap to Therapy Development in Prostate Cancer"

**Speaker:** Eleni Efstatthiou, MD, PhD

**Agenda:** The speaker's presentation will be followed by an informal meeting with chapter members, to discuss personal prostate cancer questions and issues.

**Getting There:** The Church’s construction and parking project is now complete. Park behind the church and enter through the brick portico to the Fellowship Walk and proceed beyond the Children’s Courtyard to the Parlor (EN103/B145), straight ahead.

Tex US TOO is a prostate cancer support group for the purpose of sharing information, education, experiences and mutual support. WE DO NOT DISPENSE MEDICAL ADVICE.

**Dr. Eleni Efstatthiou** is an Associate Professor, Dept. of Genitourinary Medical Oncology at the University of Texas MD Anderson Cancer Center and at the University of Athens School of Medicine. She is a physician scientist focused on tissue-based translational research in prostate cancer. Her main research has been novel androgen signaling inhibition treatment as a tool to guide marker-driven treatment strategies in prostate cancer, and has also developed the Stanford Alexander tissue and derivatives laboratory highly specialized in tissue processing and molecular interrogation. In the past seven years she developed two major clinical trial platforms, in the bone metastatic setting and locally advanced disease setting respectively and has been performing “companion” studies exploring the impact of novel therapeutic agents on the tumor microenvironment. In the course of the past 7 years she developed clinical trial platforms, in the bone metastatic-setting and locally advanced disease setting respectively and has been performing “companion” studies exploring the impact of novel therapeutic agents on the tumor microenvironment and associating with pretreatment molecular characteristics. She is currently testing and validating proposed predictive signatures prospectively and is the biomarker Primary Investigator for a large Phase III trial, testing the advantage of combinational androgen signaling inhibition in advanced prostate carcinoma. The two laboratories that she leads are providing support for tissue-based research for multiple research projects, including the Prostate Spore and Moon Shot Programs. Dr.Efstatthiou is the recipient of a Young Investigator Award and a Career Development Award by the Prostate Cancer Foundation and a Co-Principal Investigator on a PCF Challenge Award. Has currently published more than 100 manuscripts in peer-reviewed journals and served as the Chair of the Genitourinary Scientific Committee for the 2014 European Society of Medical Oncology Congress. **Tex US TOO is very fortunate to have a speaker of this caliber spend an evening with us.**

NOTES AND QUOTES

Tex Us TOO Information Sharing:

- **THERE WILL NOT BE A CHAPTER NEWSLETTER NEXT MONTH (FEBRUARY). THE EDITOR WILL BE OUT OF THE COUNTRY AND WILL BE SENDING AN E-MAIL TO THE MEMBERSHIP NOTIFYING FEBRUARY’S MEETING DATE, TIME, SPEAKER AND TOPIC.**
Tex Us TOO Chapter Receives a 2016 Award: Houston, December 8, 2016 (for immediate release HPress)—The Tex-Us-TOO Prostate Cancer Support Group Chapter has been selected for the 2016 Houston Award in the Health & Welfare Clinics category by the Houston Award Program. Various sources of information were gathered and analyzed to choose the winners in each category. The 2016 Houston Award Program focuses on quality, not quantity. Winners are determined based on the information gathered both internally by the Houston Award Program and data provided by third parties.

The Most Notable Medical Findings of 2016 (Excerpts): The New Yorker, 12/29/2016. (Suggested for publication by chapter member John Gealy). Rethinking Prostate Cancer: For many years, American physicians have screened their older male patients for prostate cancer by looking at the level of a particular protein in the blood. The protein, called prostate-specific antigen (P.S.A.), can indicate the presence of a tumor long before any symptoms materialize. Recently, though, there has been a movement within the medical community against P.S.A. testing; since prostate cancers typically grow very slowly and rarely cause discomfort, the thinking goes, early screening may not be all that useful. The U.S. Preventive Services Task Force, based on data from two large clinical trials, currently recommends against routine screening, but other expert groups (using the same evidence) have countered that men should be allowed to choose for themselves. Now the dispute has become even more fraught. In October, The New England Journal of Medicine published a study by a group of British researchers that examined three classes of prostate-cancer patients: those who had received surgery, those who had received radiation therapy, and those whose disease had been carefully monitored without intervention. After ten years, there was no difference in survival rates among the three groups. Active treatment does not change the over-all risk of death, and this was the headline in most news reports. But largely overlooked in the press was that metastases, meaning spread of the cancer beyond the prostate gland to tissues in the pelvis and to bone, occurred three times more frequently in those being monitored than in those who received surgery or radiation. Not surprisingly, the cancer also progressed more quickly in these men. In an editorial that accompanied the study, Anthony D’Amico, a radiation oncologist at Boston’s Dana-Farber Cancer Institute, argued that men should be informed of the risk of metastasis and of its consequences, particularly pelvic tumors and bone pain and fracture. D’Amico advises that men who wish to avoid metastases should consider monitoring, rather than surgery or radiation, only if their life expectancy is less than a decade. Having cared for many men with prostate cancer that metastasized—an incurable situation often marked by severe suffering—I astr昂ly concur. http://www.newyorker.com/tech/elements/the-most-notable-medical-findings-of-2016

From the Prostate Cancer Foundation (PCF). In the darkest time of the year in the Northern Hemisphere, we celebrate lights and stories of miracles in many faiths. Here at the Prostate Cancer Foundation (PCF) we reflect on a year that has seen enormous new light, unprecedented hope, and maybe even some desperately needed miracles. Miracles? A miracle is defined as “a surprising and welcome event that is not explicable by nature or scientific laws and therefore considered to be the work of a divine agency.” Ask some of the patients in five clinical trials, men who have defied enormous odds, how to explain what has happened to them: you’ll hear the word “miracle” again and again. For now, because this has never happened before – and we don’t know how else to describe it – we are calling them “exceptional responders.” These are men whose prostate cancer was well on its way to becoming lethal, men whose PSA numbers – some skyrocketing as high as the thousands – are now undetectable; men whose tumors have melted away. Men whose metastases – in the liver, the brain, the lungs – have vanished. We have never seen responses like these. How can we explain it? Work that we have funded for years has finally reached critical momentum. Our focus on precision medicine is paying off. In 2016, in a handful of clinical trials, a few men have had rapid, long-lasting responses to immune checkpoint inhibitors. These exceptional responses give us enormous light and hope that finally – through a variety of new approaches that our
funding and our PCF investigators have brought from the lab into the clinic – we have turned the immune system from an enemy into a friend for men with prostate cancer. Not all men have responded, and now we need to understand why, so that we can help them, too. Their cures are going to come when we understand the genes involved in their particular cancer, and how to custom-tailor treatment to their specific genes. These are men whose prostate cancer was well on its way to becoming lethal, men whose PSA numbers – some skyrocketing as high as the thousands – are now undetectable; men whose tumors have melted away. Men whose metastases – in the liver, the brain, the lungs – have vanished. We have never seen responses like these. How can we explain it?

Work that we have funded for years has finally reached critical momentum. Our focus on precision medicine is paying off. In 2016, in a handful of clinical trials, a few men have had rapid, long-lasting responses to immune checkpoint inhibitors. These exceptional responses give us enormous light and hope that finally – through a variety of new approaches that our funding and our PCF investigators have brought from the lab into the clinic – we have turned the immune system from an enemy into a friend for men with prostate cancer. Not all men have responded, and now we need to understand why, so that we can help them, too. Their cures are going to come when we understand the genes involved in their particular cancer, and how to custom-tailor treatment to their specific genes. There are other miracles. In Heidelberg, Germany, thanks to 15 years of painstaking research, novel radiochemistry and PCF-funded medicinal chemistry that targets a gene called PSMA, we are seeing metastatic lesions disappear completely on CT scans. We may see in the darkness another bright light: the end of chemotherapy for many patients. Traditional treatments – hormonal therapy, chemotherapy, and radiation – have held cancer at bay, but they have never eradicated it. This is uncharted territory: the sheer amount of cancer obliteration, and the duration of the remissions. It seems like a miracle, even to the most hardened, scientific and cool minds. We have far to go, and despite the bright lights, there is still suffering from advanced prostate cancer. There is still a great need for better tests for early detection, and we have unfinished work to do to make sure that every man receives early screening for prostate cancer. As we look forward to the New Year, we look forward to accelerating these new precision medicines, to seeing more men who are exceptional responders, to improving quality of life and saving lives from prostate cancer – to more lights and miracles.

Sincerely,

Jonathan W. Simons, MD
President and CEO

We welcome suggestions, criticisms and contributions to this publication. This is your newsletter. Please contact Manny Vazquez at (936) 597-6646, or by e-mail at manny@consolidated.net