

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

Okanagan Prostate Resource Centre

To make an Appointment Call –

250-712-2002

email – oprc@telus.net

CCS Cancer Information Line – 1-888-939-3333

Publisher/Editor – Bren Witt

VOLUME 14 – ISSUE 5 – (NUMBER 161) – February 2011

Dr. *Don Sawatzky* was the guest speaker at our meeting in January. Don a member of our support group is a Psychologist who has taught at the University of Alberta in Edmonton as well as at UBC in Vancouver. Besides being involved in academic work Don has also been involved in private practice. The presentation that Don gave those present was based on depression and prostate cancer. This was a very interesting and informative presentation.

In my December newsletter I had an article on **Abiraterone** a new investigational drug that may help those men who have advanced metastatic prostate cancer. At the time I wrote the article I did not know what the plans were for this drug in Canada. In January I had a meeting with **Mr. Derek Badger** a pharmaceutical representative with Janssen-Ortho the drug company hoping to get this drug in the market in Canada. Derek gave me some information on the drug and some of the hurdles that have to take place prior to it receiving Health Canada approval. I am providing this information on the next couple of pages.

Abiraterone Acetate – A new Drug for Metastatic Advanced Prostate Cancer –

The following is an excerpt of a news release by Janssen – Ortho.

TORONTO (Ontario) – **December 23, 2010** – Janssen Inc. has filed a New Drug Submission (NDS) to Health Canada for the investigational drug Abiraterone acetate administered with prednisone for the treatment of metastatic, advanced prostate cancer in patients who have received prior chemotherapy containing a taxane [Taxotere]. Submissions for Abiraterone acetate have also been filed with health authorities in the United States and Europe.

Abiraterone acetate was developed by Ortho Biotech Oncology Research and Development, Unit of Cougar Biotechnology, Inc.

Abiraterone acetate is an investigational oral androgen biosynthesis inhibitor being developed for the treatment of metastatic advanced prostate cancer that has developed resistance to conventional hormone therapies. This is also known as castrate-resistant prostate cancer (CRPC). It is believed that Abiraterone acetate inhibits a key enzyme CYP17, needed for androgen biosynthesis in the testes, adrenals, and tumour.

The submission to Health Canada follows completion of a Phase 3, randomized, double-blind,

placebo-controlled clinical study (COU-AA-301), which evaluated overall survival and tolerability in patients with metastatic advanced prostate cancer treated with Abiraterone acetate plus prednisone compared to treatment with placebo plus Prednisone. In September 2010, the company announced that the study was unblinded on the recommendation of an Independent Data Monitoring Committee.

Data from this 1,195 patient study conducted in 147 centers in 13 countries, including 12 centres in Canada, were presented at the 35th Annual European Society of Medical Oncology (ESMO) Congress in October 2010. The study included 154 Canadian patients. Additional ongoing studies are currently underway for Abiraterone acetate.

“These submissions are important milestones for men with metastatic advanced and for our company,” said *William N. Hait, M.D., PhD.*, Global Therapeutic Head, oncology, Johnson & Johnson Pharmaceutical Research & Development, LLC. “We believe that we can develop important therapies to treat devastating diseases by focusing on the tumour microenvironment. Abiraterone acetate is a key part of this strategy, and we look forward to working with health authorities to provide a new therapeutic option for metastatic advanced prostate cancer patients.”

About Metastatic Advanced Prostate Cancer –

Prostate cancer is considered to be advanced when metastases beyond the prostate occur and when resistance emerges to conventional hormone therapies. Metastatic advanced prostate cancer is also referred to as castration-resistant prostate cancer, or CRPC, when disease progresses despite conventional hormone therapies as manifested by a continuous rise in serum prostate-specific antigen (PSA), progression of pre-existing measurable disease, or appearance of new metastases.

The pan-Canadian Oncology Drug Review –

The following is an excerpt of a letter sent out by the newly appointed Executive Director of this new organization and contains some information on this newly established evidence based drug review process. The new drug Abiraterone acetate not only has to be approved by Health Canada but this new organization will also give its recommendations.

TORONTO, Ontario October 18, 2010 - As the inaugural Executive Director of the pan-Canadian Oncology Drug Review (*pCODR*), I am pleased to be writing to you today to provide information about this newly established evidence-based cancer drug review process.

The role of the pCODR process is to assess the clinical evidence and the cost-effectiveness of new cancer drugs, and to use this information to make recommendations to the provinces and territories in guiding their drug funding

decisions. Under the pCODR process, detailed assessments will be conducted by a pan-Canadian expert review committee, with opportunities for input by patients, the pharmaceutical industry and clinician-based tumour groups. Through a pan-Canadian approach to these assessments, the pCODR is expected to reduce duplication of effort by each individual province and territory and to provide evidence-based recommendations in a timely manner.

As you may know, the pCODR evolved into a permanent process from the interim Joint Oncology Drug Review (JORD), which demonstrated that a pan-Canadian collaborative platform for assessing new cancer drugs provides significant value to cancer care decision making. The pCODR is a collaborative effort between provincial and territorial Ministries of Health and the provincial cancer agencies, with support from the *Canadian Partnership Against Cancer* and the *Canadian Agency for Drugs and Technologies in Health*.

The pCODR Steering Committee –

The implementation of the pCODR is well underway with an anticipated rollout in early 2011. Overseeing this work and providing strategic direction is the Steering Committee, which is co-chaired by *Dr. Charles Blanke*, Vice-President (A), Systemic Therapy, British Columbia Cancer Agency, and *Olaf Koester*, Director, Drug Management Policy Unit, Manitoba Health.

Co-chair Dr. Blanke is a medical oncologist specializing in a focusing his research on gastrointestinal stromal tumours (GISTs) and colorectal cancers. He is also Head of the Division of

Medical Oncology at the University of British Columbia, Chair of the U.S. National Cancer Institute-designated GIST Task Force, Chair of the South West Oncology cooperative Group GI Committee and Education Chair for the American Society of Clinical Oncology (ASCO) 2011 annual Meeting.

Co-chair *Olaf Koester* has extensive leadership experience in strategic and operations management, administrative management, public policy and program development, supply chain and drug use management and management consulting in both the public and private health care sectors. He also served as co-chair of the interim *Joint Oncology Drug Review (JODR)* and has been instrumental in advancing the pCODR from a concept to a broadly supported collaboration.

One of the first actions of the Steering Committee was to recruit an Executive Director for the pCODR, and I am honoured to have been selected for this role. I look forward to applying the expertise and experience gained in my past role at the Ontario Ministry of Health and Long-Term Care, where among other responsibilities, I led the interim JODR operations, spear-headed the development of an innovative evaluation framework for Drugs for Rare Diseases and launched Ontario's patient-evidence submission process.

The pCODR Commitment -

Our Goal and commitment to Canadians is to ensure that, with the increasing introduction of new and complex cancer drugs, the pCODR will bring consistency and clarity to the cancer drug review process, leveraging best

practice and expertise from across Canada to ensure provinces and territories have the best possible information on which to base their funding decisions.

Signed –
Mona Sabharwal
Executive Director

Editors Note: As you can see the approval process for new drugs is quite extensive, firstly the drugs have to be approved by Health Canada, and then when it comes to Cancer Drugs these drugs will be reviewed by this new committee and then it would be up to individual provinces to either cover the cost of the drug, place it on special approval or not approve funding for the drug. It could be a very complicated and long term process.

When it comes to Abiraterone acetate lets hope the process will not take an extended period of time and we see it approved sometime this year.

WITT'S WIT (ON THE LIGHTER SIDE)

Memories -

My parents never drove me to school. I had a bicycle that weighed probably 50 pounds, and only had one speed (slow).

We didn't have a television in our house until I was 17. It was of course black and white and the station went off the air at midnight, after playing the national

anthem. There was something called vertical hold that always needed adjusting, as the picture had a tendency to roll.

I didn't have a telephone in my room. The only phone was on a party line. Before you could call someone you had to make sure some people you didn't know weren't already using the line.

B. C. Tops World in Cancer Survival –

The following is a short excerpt that appeared in the Wednesday January 19, 2011 Capital News and came from the BC Cancer Agency and was submitted by Judy Hamil.

A major International study published in the British medical journal *The Lancet* confirms that we do in fact have a better chance of surviving cancer here in B.C. than anywhere else in the world.

Researchers tracked 2.4 million cancer patients in Australia, Denmark, Norway, Sweden, the UK and Canada, from 1995 to 2007.

They looked at those with breast, lung, and colorectal cancers which are relatively common, and at ovarian cancer because of its complexity.

They found that B.C. had the best one – and five-year survival rates for both ovarian cancer (77.6

per cent and 55.8 per cent) and for breast cancer (89.1 per cent).

What's more B.C. survival rates improved over the study period, by nine per cent for breast cancer.

B.C. Cancer Agency medical oncologist *Dr. Stephen Chia* said, "Even a one to two per cent gain in survival rates has a significant impact on society. A seven percent improvement is really dramatic and encouraging."

B.C. Cancer Agency president *Dr. David Levy* stated that B.C. has the lowest incidence and mortality rates for all cancers across Canada. "Now we know how well we are doing compared to the rest of the world," he said.

This study underscores the unique strength of the B.C. Cancer Agency's long term, comprehensive cancer registry and its gold-standard quality of care, which available to all British Columbians at its five treatment centres and affiliated treatment facilities.

Editor's Note: Prostate Cancer wasn't mentioned in this report but according to the Canadian Cancer Statistics book, B.C. not only has one of the lowest incidence rates for prostate cancer nationally it also has the best survival rate for this disease nationally.

The Kelowna Prostate Cancer Support and Awareness Group does not recommend treatment modalities; however, all information is fully shared and confidential. The information contained in this newsletter is not intended to replace the services of your health care professionals. You are advised to consult with your health professional regarding matters of your personal health.

UP COMING MEETING DATES-

– March 12th – April 9th – May 14 – June 11th – Note No meetings July and August

Meeting Location:

Our regular monthly meetings are held on the second Saturday of each month in the meeting rooms of the Rutland Senior Citizens Centre – 765 Dodd Road. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.

I would like to thank both AstraZeneca manufacturer of Zoladex® and Casodex® and Sanofi Aventis manufacturer of Eligard® and Taxotere® for their support in producing this newsletter.

Thank you for helping us “Win the War Against Prostate Cancer.”

The Okanagan Prostate Resource Centre operates on donations. We would like to thank the Companies, Service Clubs, Organizations and Individuals that have made donations in order to help us operate this very valuable center. If you wish to make a donation please feel free to fill out the form below. Your support is gratefully appreciated. Our official Registered Charitable Number is - 89269 1718 RR0001

NAME - _____

ADDRESS - _____

CITY - _____ PROV. _____ POSTAL CODE _____

\$25. \$50. \$100. \$250. \$500. \$ Other amount _____

Please make your cheque payable to the –

Okanagan Prostate Resource Centre Society,
c/o #105 – 1405 Guisachan Place,
Kelowna, B.C.,
V1Y 9X8

An official charitable receipt will be issued and mailed out to you.

Canada Revenue Agency: <http://www.cra.gc.ca>