

Medical Advisors

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Thanks!

Thought of The Day

“Incredible change happens in your life when you decide to take control of what you do have power over instead of craving control over what you don’t.”

- Steve Maraboli,
Life, the Truth, and Being Free

Public meetings cancelled until further notice

Covid-19 Update August 2021

The wait goes on. On the positive side the vaccinations are effective and case numbers are low and getting lower. However the arrival of different variants of covid , including delta and others, has injected a new element of uncertainty into the public health considerations as to what restrictions need to be kept in place, and for how long. On this issue the decisions of the public health professionals will continue to guide our own actions. We'll just have to wait and see.

Stay tuned, and in the meantime stay safe and enjoy the rays of summer sunshine!

The Board.

New Treatment for Advanced Prostate Cancer Improves Survival in Phase 3 Clinical Trial

Radiation therapy is getting more precise, enabled by technologies that make it easier to kill tumors while sparing their surrounding tissues. Some newer therapies are even given intravenously instead of by machines, and they deliver radiation particles directly to the cancer cell itself. One of these new therapies — a sort of smart bomb targeted at malignant cells — is now generating promising data for men with the most aggressive prostate cancer.

In early June, investigators

reported results from a phase 3 clinical trial showing that among men who received the experimental treatment, there was nearly a 40% reduction in deaths over the course of the study, compared to men who did not.

The treatment is called lutetium-177-PSMA-617, or LuPSMA, and it has two components: a compound that targets a cancer cell protein called prostate-specific membrane antigen, or PSMA, and a radioactive particle that destroys the cells. Healthy prostate cells

don't contain PSMA, or do at very low levels. And some men with prostate cancer have more of the protein than others. Doctors can detect the protein using a specialized imaging scan.

To qualify for enrollment in the study, called the VISION trial, men had to be PSMA-positive. In all, 831 men were split into two groups: one group got the experimental treatment plus standard of care, while men in the control group got standard of care only. All the

(Continued on page 2)



The Manitoba Prostate Cancer Support Group offers support to prostate cancer patients but does not recommend any particular treatment modalities, medications or physicians ; such decisions should be made in consultation with your doctor.

MPCSG – active since 1992.

(Continued from page 1)

men had metastatic castration-resistant prostate cancer, meaning that the disease was spreading in the body and no longer responding to drugs that suppress testosterone (which fuels growing tumors).

Results after 21 months showed that cancer progression was delayed for longer among the LuPSMA-treated men: 8.7 months on average versus 3.4 months among the controls. The treatment was also associated with better overall survival: 15.3 months versus 11.3 months.

The VISION study comes on the heels of an earlier phase 2 study (known as TheraP) that compared LuPSMA to chemotherapy in a population of 200 men. During that study, investigators monitored how the treatment affected prostate-specific antigen (PSA) levels, which usually increase if the cancer starts growing. In two-thirds of the LuPSMA-treated men, PSA levels fell by 50% or more. And as in the VISION trial, the experimental treatment was better at delaying cancer progression, which was confirmed with traditional imaging tests.

Dr. Thomas Hope, a radiologist and

associate professor at the University of California, San Francisco, has been closely following this research. He says that TheraP is arguably the better study, since investigators in that case compared LuPSMA to chemotherapy, whereas standard of care in the VISION study excluded chemotherapy, immunotherapy, and other agents that doctors would otherwise try. In other words, Hope says, the VISION study compared LuPSMA to "nothing," which would ordinarily never happen. "So, the VISION trial doesn't really help you as much in terms of deciding which treatment to choose," he says.



LuPSMA was generally well-tolerated, but it also had side effects including fatigue, nausea, kidney problems, and bone marrow suppression. Dr. Hope says more research is needed to determine how and when to use the drug, "since if you have an eight-to-10-year expected lifespan, these side effects can be problematic."

If it's approved by the FDA, LuPSMA

will be the first PSMA-targeted drug for prostate cancer to reach the market. Comment from Marc Garnick, MD, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, editor of the Harvard Medical School Annual Report on Prostate Diseases, and editor in chief of HarvardProstateKnowledge.org: "The addition of both diagnostic and treatment advances represents true milestones in improving the outcomes of men with resistant prostate cancer. The current studies are particularly important, as the criteria for using the new therapeutic radioactive substance is provided only to men who show that their cancers express the target of the new treatment. This is increasing our precision in both selecting treatments and administering them to patients who have the greatest likelihood of deriving benefit. Physicians who treat prostate cancer patients are excited by these advances, and look forward to the wider availability of both novel diagnostic and targeted treatment modalities."

By: Charlie Schmidt, Editor,
Harvard Medical School Annual Report on Prostate Diseases
July 12, 2021

Source: www.health.harvard.edu/blog/a-new-treatment-for-advanced-prostate-cancer-improves-survival-in-phase-3-clinical-trial-202107122543

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Risks of Magnetic Resonance Imaging (MRI)

Because radiation is not used, there is no risk of exposure to radiation during an MRI procedure. However, due to the use of the strong magnet, MRI cannot be performed on patients with:

- Implanted pacemakers
- Intracranial aneurysm clips
- Cochlear implants
- Certain prosthetic devices
- Implanted drug infusion pumps
- Neurostimulators
- Bone-growth stimulators
- Certain intrauterine contraceptive devices; or
- Any other type of iron-based metal implants.

MRI is also contraindicated in the presence of internal metallic objects such as bullets or shrapnel, as well as surgical clips, pins, plates, screws, metal sutures, or wire mesh.

If you are pregnant or suspect that you may be pregnant, you should notify your physician. Due to the potential for a harmful increase in the temperature of the amniotic fluid, MRI is not advised for pregnant patients.

If contrast dye is used, there is a risk for allergic reaction to the dye. Patients who are allergic to or sensitive to medications, contrast dye, iodine, or

shellfish should notify the radiologist or technologist. MRI contrast may also have an effect on other conditions such as allergies, asthma, anemia, hypotension (low blood pressure), and sickle cell disease.

There may be other risks depending upon your specific medical condition. Be sure to discuss any concerns with your physician prior to the procedure.

Source: <https://stanfordhealthcare.org/medical-tests/m/mri/risk-factors.html>

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Obesity Linked to Improved Survival in Advanced Prostate Cancer

The so-called “obesity paradox”—improved survival in patients with a high body mass index (BMI)—reported in other genitourinary malignancies has now also been observed in patients with metastatic castration-resistant prostate cancer (mCRPC), according to retrospective findings presented during the 36th Annual European Association of Urology (EAU) Congress.^{1,2}

In an analysis of nearly 1600 patients enrolled across three phase 3 trials, the overall survival (OS) rate at 36 months was about 30% in obese patients (BMI >30) compared with 20% in overweight (25 < BMI < 30) and normal weight (20 < BMI < 25) patients. Statistical modeling showed that the overall risk of death was 4% (HR, 0.96; P = .015) lower in obese patients when evaluating BMI as a continuous variable, and 29% lower (HR, 0.71; P = .027) with BMI as a categorical variable.

The investigators also determined that the OS benefit was not caused by the higher chemotherapy dose received by patients with a higher BMI. They found no interaction between BMI subgroups and the dose of chemotherapy (P > .05 for all 3 BMI categories).

“Looking at patients with metastasis of prostate cancer, we found that obese patients are living longer. This means that BMI could be used to predict survival in these patients,” study investigator Nicola Fossati, MD, a urologist at San Raffaele University stated in a press release.

“This obesity paradox has been seen in some other cancers, possibly due to the relationship between tissue fat and

cancer genomes, and more research is needed in this area. It's also possible that improved survival may be due to the interaction of chemotherapy with other drugs. Obese patients in this older age group tend to be taking medication for other conditions and we do not fully understand how these medicines interconnect,” added Fossati.

“Nevertheless, we would not recommend weight gain to anyone with this or another disease. Obesity is a risk factor for many cancers and other diseases and patients should always aim for a healthy BMI of 18 to 24.”



The study enrolled 1577 patients with mCRPC enrolled across 3 phase 3 randomized control trials: ASCENT2, MAINSAL and VENICE. The median patient age was 69 years (IQR, 63-74) and the median BMI was 28 mg/m² (IQR, 25-31). The median follow-up for survivors was 12 months.

Beyond overall survival, the “obesity effect” was also observed with cancer-specific survival. Statistical modeling showed that the risk of cancer-related death was 6% (HR, 0.94; P = .002) lower in obese patients when evaluating BMI as a continuous

variable, and 35% lower (HR, 0.65, P = .018) with BMI as a categorical variable.

“There are many possible explanations for the association of body weight with positive outcome in metastatic cancers. It might be that patients with higher BMI are able to tolerate the toxicity of the treatments and their side effects better; in prostate cancer it might be due to the protective impact of hormones found in tissue fat; and it is known that healthy men with slightly higher BMI have a higher overall life expectancy compared to very slim ones,” Peter Albers, MD, Düsseldorf University, who chairs the EAU Scientific Congress Office, stated in the press release.

“However, at the moment, these are just hypotheses. Further research is needed to identify the biological mechanism behind these different outcomes. Until that mechanism is proven, we can't recommend any change to treatment for patients

with advanced prostate cancer,” added Albers.

References

1. Cirulli GO, Martini A, Sfakianos JP, et al. The obesity paradox in metastatic castration resistant prostate cancer. Presented at 36th Annual EAU Congress (virtual). July 8-12, 2021. P0855.
2. Obesity increases survival in advanced prostate cancer. Published online July 10, 2021. Accessed July 11, 2021. <https://bit.ly/3kbHO7h>.

July 12, 2021 Jason M. Broderick
Conference | EAU Annual Congress

Source: www.urologytimes.com/view/obesity-linked-to-improved-survival-in-advanced-prostate-cancer

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Decipher Biopsy Test May Help Guide Use of Active Surveillance in Prostate Cancer

Real-world data suggest Decipher test's risk scores are independently associated with conversion to definitive treatment and with treatment failure

Veracyte, Inc. (Nasdaq: VCYT) today announced new data suggesting the Decipher® Prostate Biopsy genomic classifier (GC) may help guide treatment decisions for prostate cancer patients who are candidates for active surveillance (AS). The findings, from a retrospective analysis of data from the MUSIC registry, appear online in the journal *Prostate Cancer and Prostatic Diseases* (PCAN). They provide the first evidence that Decipher scores predict time to definitive treatment and time to treatment failure among men with early-stage prostate cancer.

"We believe this real-world study and the resulting findings fill a critical gap in prostate cancer treatment, which is the need for an objective tool that can help physicians identify those early-stage patients who are good candidates for active surveillance as well as those who should move directly to definitive treatment with surgery or radiotherapy," said Elai Davicioni, Ph.D., Veracyte's senior vice president, Scientific and Clinical Operations, Urologic Cancers.

MUSIC (Michigan Urological Surgery Improvement Collaborative) is a large, prospective, observational, statewide registry created to optimize urologic care across the state of Michigan. Between February 2015 and October 2019, 855 MUSIC registry participants with newly diagnosed prostate cancer underwent testing with the Decipher Prostate Biopsy test.

For the analysis published today, researchers retroactively reviewed the Decipher risk scores from these 855 men to evaluate the independent association of Decipher high scores with the time to conversion from AS to radical therapy (TTT) and the time to

treatment failure (TTF; biochemical failure or receipt of salvage therapy).

Of the 241 evaluable patients who elected to undergo active surveillance, a high-risk Decipher score was independently associated with shorter TTT (HR 2.51, 95% CI 1.52-4.13, $p < 0.001$). Men with high-risk scores spent significantly less time on AS than men with Decipher low/intermediate risk scores (13.6 months vs. 33 months; $p < 0.001$). Similarly, among the 479 evaluable patients who underwent definitive treatment either initially or after a period of AS, those with a Decipher high-risk score had a significantly shorter TTF as compared to those with lower scores ($p = 0.007$).

"We have long needed better risk stratification tools for early-stage prostate cancer patients to reduce the uncertainty that is often part of initial treatment decisions," said Randy Vince Jr., M.D., MS Society of Urologic Oncology (NCI T32) Fellow, University of Michigan, and the paper's lead author. "The findings from our analysis, which show that men with high Decipher scores are more likely to transition off of active surveillance and are over two-fold times more likely to experience treatment failure after initial therapy, provide evidence that molecular testing could have significant utility in this setting."

The Decipher Prostate genomic classifier is currently being investigated in seven National Cancer Institute-sponsored, Phase 3, prospective, randomized controlled clinical trials; 13 Phase 2/3 prospective trials; and more than 20 retrospective studies of Phase 3 randomized controlled trials. Many of these trials require Decipher Prostate testing for study inclusion.

Veracyte did not sponsor the MUSIC study nor play a role in the risk analysis.

About Decipher Prostate

Decipher Prostate (Decipher Prostate Biopsy and Decipher Prostate RP) is a 22-gene, whole-transcriptome-developed genomic test intended to help inform treatment decisions for men with localized prostate cancer at initial diagnosis and after surgical removal of the prostate. The test reports the Decipher Score, which prognosticates a patient's risk of metastasis within five years and provides risk estimates of prostate cancer-specific outcomes. Decipher Prostate can help guide physicians to better select the appropriate therapy for a specific patient, which in turn can result in improved patient outcomes.

About Veracyte

Veracyte (Nasdaq: VCYT) is a global genomic diagnostics company that improves patient care by providing answers to clinical questions, informing diagnosis and treatment decisions throughout the patient journey in cancer and other diseases. The company's growing menu of genomic tests leverage advances in genomic science and technology, enabling patients to avoid risky, costly diagnostic procedures and quicken time to appropriate treatment. The company's tests in lung cancer, prostate cancer, breast cancer, thyroid cancer, bladder cancer and idiopathic pulmonary fibrosis are available to patients and its lymphoma subtyping and renal cancer tests are in development. With Veracyte's exclusive global license to a best-in-class diagnostics instrument platform, the company is positioned to deliver its tests to patients worldwide. Veracyte is based in South San Francisco, California. For more information, please visit www.veracyte.com and follow the company on Twitter (@veracyte).

Cautionary Note Regarding Forward-Looking Statements

This press release contains forward-looking statements, including, but not limited to, our statements related to our plans, objectives or expectations (financial and otherwise) regarding the Decipher Prostate Biopsy genomic classifier's ability to provide prognostic information that can help guide treatment decisions for prostate cancer patients who are candidates for active

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surveillance. Forward-looking statements can be identified by words such as: "anticipate," "intend," "plan," "expect," "believe," "should," "suggest," "may," "will" and similar references to future periods. Actual results may differ materially from those projected or suggested in any forward-looking statements. These statements involve risks and uncertainties, which could cause actual results to differ materially from our predictions, and include, but are not limited to: Veracyte's ability to achieve and maintain Medicare coverage for its tests; the benefits of Veracyte's tests and the applicability of clinical results to actual outcomes. Additional factors that may impact these forward-looking statements can be found under the caption "Risk Factors" in our Annual Report on Form 10-K

filed with the SEC on February 22, 2021, and our subsequent quarterly reports on Form 10-Q. A copy of these documents can be found at the Investors section of our website at www.veracyte.com. These forward-looking statements speak only as of the date hereof and, except as required by law, Veracyte specifically disclaims any obligation to update these forward-looking statements or reasons why actual results might differ, whether as a result of new information, future events or otherwise.

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Source: Veracyte, Inc.

investor.veracyte.com/news-releases/news-release-details/new-study-suggests-decipher-prostate-biopsy-test-may-help-guide

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Prostate Cancer Screening Using MRI May Reduce Overdiagnosis, Study Finds

Using MRI to screen for prostate cancer can reduce unnecessary tests and treatments, a new study has found.

Screening for prostate cancer using magnetic resonance imaging and targeted biopsies may reduce misdiagnoses of the disease by up to 50%, a study published Friday by the New England Journal of Medicine found.

MRI scans of the prostate would be used to spot possible tumors on the gland, which plays a role in urinary and sexual function. Men with unusual findings on their MRIs that suggest possible tumors would undergo surgery to collect sample tissue for biopsy, researchers said.

A biopsy can determine whether the tissue is cancerous.

"Refined screening methods are required to reduce overdiagnosis and overtreatment of low-risk tumors," study co-author Martin Eklund said in a press release.

Using MRI can "prevent unnecessary biopsies and biopsy-related side effects," said Eklund, an associate professor of medical epidemiology and biostatistics at the Karolinska Institute in Stockholm.

Prostate cancer is the second most-common cancer - after skin cancer - in the United States, with roughly 250,000 men in the United States diagnosed annually, according to the American Cancer Society.

Screening for the disease typically entails a digital rectal exam, in which a doctor inserts a gloved, lubricated finger into the rectum to examine the prostate, which is next to the rectum.

However, these methods may not always be accurate or may detect low-risk or non-cancerous tumors, according to Eklund and his colleagues.

As a result, many men begin treatment for prostate cancer even if they do not need it, including unnecessary biopsies and other surgeries, research suggests.

For this study, the researchers screened 12,750 men in Sweden for prostate cancer between 2018 and 2021.

All participants submitted a blood sample for PSA analysis, and those whose tests showed elevated levels were then randomly selected for traditional biopsies or MRI.

In the MRI group, biopsies were conducted strictly on suspected tumors

identified through the scans.

With that approach, the number of unnecessary biopsies and the identification of minor low-risk tumors is reduced, without compromising detection of clinically significant tumors, according to the researchers.

The approach reduced by half the number of unnecessary biopsies performed on samples collected from men in the study, they said.

"Nationwide screening for breast and cervical cancer among women has been available in the Western world for some time," study co-author Tobias Nordström said in a press release.

"We are finally able to show that men can also reduce their risk of malignant cancer through nationwide prostate-cancer screening that utilizes modern methods," said Nordström, an associate professor of urology at Karolinska.

By Brian P. Dunleavy July 9 (UPI)

Source: www.upi.com/Health_News/2021/07/09/prostate-cancer-misdiagnosis-mri-study/6091625838878/

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6 Pain Relief Tips for Men With Advanced Prostate Cancer

Advanced prostate cancer can spread to your bones, causing pain — but there are steps you can take to find relief.

Not all men with advanced prostate cancer experience pain, but many will, particularly if the cancer has spread to their bones.

While oncologists focus on medical treatments for advanced prostate cancer, they are also increasingly concerned with treating this pain.

“The good news is, I really think we’re doing much, much better preventing and controlling pain in prostate cancer,” says Timothy Gilligan, MD, an oncologist at the Cleveland Clinic. “When I trained in medical school, and finished in 2001, we used to say people with prostate cancer had a good life until the last six months.”

The reason? At that time, doctors had fewer treatments for prostate cancer and the pain it can cause.

“Intractable pain used to be expected for a significant proportion of men,” Dr. Gilligan says. “Now we have better treatments for the cancer and for the pain, so intractable pain is much less common.”

When Prostate Cancer Spreads to the Bones

When prostate cancer metastasizes, it most often spreads to the bones, such as the spine, hips, and pelvis, according to the American Cancer Society (ACS).

Bone metastases can cause pain in these areas and weaken the bones, leaving men vulnerable to fractures from a fall or other accident. These fractures can cause pain directly, but metastatic cancer can also put pressure on nerves, particularly if it spreads to the spine, which in turn can cause more pain, according to Prostate Cancer UK. If the tumor compresses the nerves in the spine, it can cause symptoms like numbness, tingling, and pain in your arms, legs or back,

Prostate Cancer UK says.

Strategies to Relieve Pain

Pain from advanced prostate cancer can be chronic and may interfere with your ability to do the things you want or need to do. But there are steps you can take to control or relieve pain. Try these tips:



1. Follow your treatment plan.

Standard treatments used to prevent or slow the growth of prostate cancer may also help relieve symptoms such as pain. These include hormonal therapy (blocking testosterone, which can fuel tumor growth); chemotherapy, which directly attacks the tumor; and surgery, according to ACS.

Additionally, there are treatments that can target bone metastases more specifically; options include drugs called bisphosphonates, which help strengthen bones and prevent fractures; external radiation therapy; ablation techniques; corticosteroids; and pain medications.

Men with advanced prostate cancer should stick closely to their treatment protocol, says Gilligan, because “we have abundant evidence that [the treatments] reduce pain.”

2. Take steps to reduce stress.

“How we experience pain is strongly influenced by our mental state,” says Gilligan. Work with family members and your spouse or partner to reduce stress — less stress may help reduce pain. While you can’t avoid stress completely, getting plenty of sleep, eating well, staying active, and practicing relaxation techniques like deep breathing and

meditation can help keep your stress level in check, according to the National Institutes of Health (NIH).

3. Stay active.

Another proven way to manage stress and pain is through exercise, according to the NIH. The agency recommends at least 30 minutes a day to boost your mood and reduce stress. What’s more, regular exercise can also help strengthen bones, reducing the risk of fracture, according to the American Academy of Orthopedic Surgeons.

A review published in June 2020 by the journal *Cancers* found that regular exercise in men with advanced prostate cancer improves bone density — a measure of bone strength — in the spine and hips and reduces their risk for pain-causing fractures.

If you’re already active, be sure to talk to your doctor about any exercise modifications you should make to avoid irritating areas where the cancer has metastasized — your doctor may recommend avoiding activities like lifting heavy weights, bending and twisting, and high-impact exercises, Gilligan advises.

Men with advanced prostate cancer should get medical clearance from their doctor before embarking on an exercise program. Start slowly — go for a short daily walk, for example, and gradually build from there, gradually incorporating other types of exercises, according to the ACS. You can work with a personal trainer or physical therapist to develop an exercise plan that’s safe for you.

4. Get a massage.

Massage may help relieve stress and pain in people with cancer, according to the ACS. Just be sure to tell your massage therapist that you have prostate cancer, says Gilligan, because your bones might be weak. If you have a lot of cancer in your bones, the massage therapist should

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know, so they can adjust the strength of the massage technique accordingly. You may also want to get a doctor's letter to assure your therapist that massage is safe for you.

5. Pay attention to aches and pains — especially in the bones.

When cancer weakens bones, they can become painful and it can hurt to stand up. If you experience such pain and difficulty, it's important to report these symptoms to your doctor, according to the ACS. If some part of a bone has been damaged by tumors, a surgeon may be able to affix a rod to help strengthen it.

6. Work with a palliative care

specialist to manage symptoms.

While your oncologist works with you to treat the cancer directly, palliative care specialists are doctors, nurses, and other healthcare professionals who are trained to help you find ways to improve the symptoms you're experiencing and improve your quality of life, according to CancerCare, Inc., a nonprofit advocacy organization. These specialists focus on relieving pain, as well as helping you manage symptoms and stress.

"You want aggressive [cancer] treatments," says Gilligan, "but you don't want side effects from those treatments. Studies have shown that people who receive palliative care have less severe symptoms, experience less pain, and have

better overall quality of life than those who don't. Palliative care specialists "work in conjunction with us," says Gilligan, "but oncologists are slow to get them involved sometimes." Be your own advocate and ask your doctor for a referral to a palliative care specialist.

It's also important to be aware that palliative care is not the same as hospice, or "end of life," care. You can receive palliative care at any time after your cancer diagnosis to help get your symptoms under control and feel better.

By Paul Raeburn July 6, 2021

Medically Reviewed by Thomas Urban Marron, MD, PhD

Source: www.everydayhealth.com/hs/living-with-prostate-cancer/pain-relief/

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Medical Cannabis Formulation Kills Prostate Cancer in Laboratory Tests

Apollon Formulations have announced its medical cannabis formulations were shown to be effective in killing both hormone-resistant and hormone-sensitive prostate cancer cells in 3D cell cultures in third party independent laboratory testing.

The testing was performed by BIOENSIS, an independent, pre-clinical predictive pharmaceutical testing laboratory. The testing results showed that Apollon Jamaica's medical cannabis formulations were effective in killing living hormone-sensitive and hormone-resistant prostate cancer cells directly (direct cytotoxicity). The formulations killed nearly 100% of the prostate cancer cells in 3D cell cultures.

The testing occurred as a part of a Joint Testing Agreement between the parties and was authorized in accordance with Apollon Jamaica's Research & Development licence issued by the Jamaican government's Cannabis Licensing Authority.

Stephen D Barnhill, CEO of Apollon, said: "Cannabinoids have been seen to exert 'antitumour' effects by a number of different means, including killing cancer cells directly as well as inhibiting transformed cell growth and tumour metastasis.

"Apollon Jamaica, using results from its proprietary artificial intelligence-based analysis on strain genetics, has cultivated and processed certain of its proprietary medical cannabis products with cancer treatment expressly in mind. We are extremely excited that our proprietary medical cannabis formulations have been validated via independent laboratory testing to kill both hormone-sensitive and hormone-resistant prostate cancer cells in 3D cell cultures via direct cytotoxicity.

"This is in addition to our Apollon medical cannabis formulations killing HER2+ breast cancer cells and Triple Negative Breast Cancer cells in 3D cell culture as recently announced."

Prostate cancer is the second most frequent malignancy, after lung cancer, in men worldwide, counting 1,276,106 new cases and causing 358,989 deaths, which equates to 3.8% of all deaths caused by cancer in men, in 2018. The incidence and mortality of prostate cancer worldwide correlate with increasing age, with the average age at the time of diagnosis being 66 years.

Dr Herbert Fritsche, Chief Science Officer of Apollon and former Professor and Director of Clinical Chemistry at the

University of Texas, said: "These remarkable results demonstrating the ability of the Apollon formulations to directly kill nearly 100% of prostate cancer cells in 3D cell culture provide us independent scientific evidence of the success of these products in pre-clinical testing.

"Pursuant to the Research & Development and the Retail-Therapeutic medical cannabis licences issued to Apollon Jamaica by the Jamaican Cannabis Licensing Authority, we intend to make these formulations immediately available to licensed Jamaican physicians experienced in prescribing Apollon products, allowing them to begin immediately treating patients who have prostate cancer in Jamaica where the companies' formulations are currently available by physician prescription. This will allow us to supplement these impressive laboratory results with clinical data from the treatment of human patients."

July 19, 2021 Kat Jenkins

Source: www.globalpharmatimes.com/medical-cannabis-formulation-kills-prostate-cancer-in-laboratory-tests/

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FUTURE MEETINGS 2021

Our public meetings will not
 resume until the covid-19
 restrictions are lifted.

Watch this space
 for information
 on the latest status.

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