

Dr. Martin Schoen discusses his recent research showing improved survival in patients with metastatic prostate cancer.

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Hello, my name is Becky Campbell and I'm the Senior Manager of Medical Content here at PCF.

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Today I'm speaking with Dr. Martin Schoen about some very interesting and encouraging research in patients with newly diagnosed metastatic prostate cancer.

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His research letter was recently published in the journal JAMA Network Open.

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This research was funded in part by a PCF Young Investigator Award.

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So Dr. Schoen, thank you so much for joining me and congratulations on this publication.

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Well, thank you Becky for inviting me.

It's been great to be supported by this work and you know, wanting to show how things are changing with metastatic prostate cancer in regards to survival.

So appreciate the opportunity.

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Fantastic.

So I just wanted to introduce you to our listeners and then we'll just get started with a few questions about your paper.

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So Dr. Martin Schoen is a hematologist, oncologist and a hospitalist at Saint Louis Veteran Affairs Medical Center and he's Assistant Professor of Medicine at Saint Louis University.

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He conducts research in prostate cancer using National Veterans Affairs data to personalize cancer treatment based on both features of the cancer and characteristics of the patient.

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Dr. Schoen is also a veteran having served in the Navy and was deployed with a Marine Corps helicopter squadron.

He's a PCF Young investigator and has also received grants from the Department of Defense and the Veterans Health Affairs to support his research.

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So Dr. Schoen as our listeners may know, prostate cancer comes in many different forms.

And to set the stage, I'm wondering if you can please define the type of prostate cancer that you explored in this study.

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So specifically what is de novo metastatic hormone sensitive prostate cancer.

Yes that's important to know what situation the patients are that are in this study.

So de Novo metastatic prostate cancer is prostate cancer that is found at the time diagnosis to have spread beyond the prostate that it is located in organs such as the bone or liver or lungs when we first learn about the prostate cancer. Patients with this situation have sort of maybe missed the opportunity to get local therapy such as a prostatectomy or radiation.

And at this point the prostate cancer has already spread to multiple locations.

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And so it just in general how would how would these patients be treated ordinarily.

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Typically patients are treated with a combination of androgen deprivation therapy which could be in injections to reduce testosterone.

And then as well there are additional therapies such as the androgen receptor pathway inhibitors such as abiraterone or enzalutamide or chemotherapy such as docetaxel that can be used to control and treat the prostate cancer wherever it is in the body.

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Wonderful that that's very helpful to to understand that as well.

So what was unknown about this topic that inspired you to carry out this research project?

Perfect point ..that we didn't really know if all of the new treatments, some of the new medicines that had been created in the last, you know, 10 to 20 years had made an improvement in sort of the average patient.

We were aware that the new medicines had prolonged survival in clinical trials, but we wanted to see is the average patient in the US both in the general population and in the Veterans Affairs having a longer survival in the last 10 years.

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And so in the figure that that we are published in the network open paper, we show this over time and by each age group

wonderful

So maybe you could just walk us through how you did the study, what type of patients you were, where you know, where, where was the data sources etcetera and then we can look at that figure to examine the results.

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Perfect. So we used two data sources.

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The first was from the Department of Veterans Affairs.

We took we identified patients across the entire nation who were diagnosed with de Novo metastatic

prostate cancer and then as well we use a open data set called SEER which is collected by our country to know about how cancer happens across the entire country.

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And so we wanted to use both representatives from the entire nation, both men in the VA as well as outside the VA

Perfect.

And I'll I'll go ahead and show that figure and we can you can help us understand your findings.

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Yes.

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So this is a figure demonstrates the the most important outcome which would be the their survival of men by each time period by as well as by each age group and by the SEER and the VA.

So in the top left corner we have men who are age 50 to 59 and we started tracking the survival in the year 2000 to 2004.

And we compared the data from SEER which is in the dark blue dots to the VA which is the light blue.

And we looked at as time progressed from 2000 on the left all the way to 2015 to 2019 on the right.

We can see that the survival is increasing and going up.

That in the very first portion the survival was approximately 30 months in SEER and 35 months in the VA.

As we get to 2015 and 2019, survival had improved to over 40 months in SEER and almost 50 months in the VA.

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In addition, we looked at other age groups such as age 60 through 69, showing that survival was approximately in the 30 to 35 months in the 2000s and increasing to 40 and over 40 months from 2015 to 2019.

Also the same type of data is shown in the panel C and D, which the age group is 70 to 79 as well as age greater than 80.

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As you notice that a majority of the improvement in survival was observed in the younger patients, patients that were in the 50 all the way up to 69.

There was some improvement in men that are 70 and over 80, but it was not quite as much.

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The other key thing to notice from this figure is that at almost every time point in every age group patients that are in the VA system had a a longer or similar survival to men that were in SEER, showing that the VA is providing equivalent or possibly even better care than than is provided in the general population.

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Well, thank you for walking us through this through this graph and and really breaking it down by the age groups and data sources.

And it is so encouraging to to hear that that are those who served our country are getting excellent

care in the VA system.

So thank you to all those you know who are serving our veterans as as healthcare providers.

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It is our honor to sort of get back and to continue to, you know, to to provide you know the necessary services.

It's it's, it's really great to be able to, you know, practice in this environment.

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Wonderful.

And So what does your team hypothesize might be contributing to this improvement in survival across these age groups?

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Yeah, we feel that that the, the biggest effect is from the development of new drugs and new therapeutics that there are several new medicines that have been developed over the last several years such as abiraterone or enzalutamide and darolutamide and apalutamide that are able to be given to across many ages and have been shown to prolong survival and clinical trials.

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There are also new chemotherapies that have been effective and that with those chemotherapies are also able to treat the prostate cancer and minimize its side effects.

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There is one other thing that has probably also improved survival is that our imaging, the pictures that we've been taking whether it's with CT scan or a PSMA PET scan or other more advanced techniques have been able to find prostate cancer when it has a smaller amount and find it earlier And therefore because we're finding it earlier for improving the the the survival after diagnosis.

Understood. And the other thing I would wanted to ask you is about the the older patients.

So we saw these very encouraging results across many of age groups but those of over 80 did not see as much of an improvement.

Why might this be and and what can be done to address that?

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Definitely now that is something that we tend to see especially in older patients that older patients might have multiple different medical problems, not just prostate cancer.

The older you get, the more likely you are to have things like heart disease or diabetes, which in you know these types of terms we can consider them to be competing risks, is that prostate cancer is a risk, but other diseases can be a risk.

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And that's why it's actually incredibly important for people to maintain their health and take care of themselves.

So that if something like prostate cancer does show up that you're able to manage, you know, the different treatments and get the benefit of these therapies that are coming out.

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Understood that that completely makes sense.

And So what is being done to continue to improve outcomes?

We saw in your research a positive trend. Patients are living longer. How can we continue that that upward trajectory of survival?

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Definitely that that is definitely the mission that I'm involved in and the mission of Prostate Cancer Foundation is that there are going to be new treatments.

There's actually hopefully going to be you know many more that are available in the next several years.

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But I think that the steps that we need to do is to be able to personalize medicine that we need to be able to match treatments to the specific patient and look at unique vulnerabilities whether it's a genetic vulnerability that we can treat effectively or immune therapies, some combinations that are able to get at the key sort of you know deficiency in the in in the cancer to improve survival.

I think that's where we're going is to hopefully do personalized and precision medicine to be able to treat patients with this deadly disorder.

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Absolutely.

And as you know, as you well know and and maybe our listeners as well, that's PCF's core mission is to continue to fund that research with amazing investigators like yourself within the VA at other you know centers around the country and around the world.

So I'm glad we can all share in this this challenging task and and ultimately see those curves continue to to tick upward.

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So thinking about all this for the for our listeners what is the take home message for patients and families who might be watching our video today.

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I think that that the main thing we wanted to communicate is that there are definitely improvements that are happening. Survival is prolonging that people shouldn't think of this as something that they that we can't do anything about that there's no treatments that there is not only there's hope and and there also you know possibly are cures out there.

That it is incredibly important to, you know, see your provider you know have an appropriate evaluation because things are getting better and every day we have new options available.

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So I think that we should actually take from this that there's and we remain hopeful and that things are going to continue to improve absolutely.

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And if you could just list those medicines again that patients with metastatic prostate cancer might want to consider when talking to their doctor.

Definitely. So the major therapy is the androgen deprivation therapy that lowers testosterone.

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The pill therapies that are very common are things like abiraterone, enzalutamide, darolutamide and apalutamide.

They've been shown to prolong survival.

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Additionally, there are chemotherapies such as docetaxel and cabazitaxel that are standard.

And then there's even new targeted therapies that go after certain genetic things such as PARP inhibitors, which is olaparib and talazoparib and as well as rucaparib.

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And then other medicines that target using radioligands or radiation such as Radium-223 or there's something called PSMA lutetium which is a radiation molecule linked to a another molecule called PSMA that targets the the prostate cancer.

These are wonderful new therapies that are available.

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In addition, there is multiple types of radiation therapy for certain spots of disease that can be helpful and using these things in combination, which we have such experts in prostate cancer have is likely what has been you know involved or the reasons why survival is getting longer.

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Wonderful and thank you for listing out those very specific specific therapies that patients can can take to their doctor.

If they're not sure what are, what are their next options? What are the next steps?

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So I just wanted to close by learning a little bit more about you and your journey as a veteran who went to medical school and is now and you know, fellowship, extensive training and is now actually caring for veterans with prostate and other cancers.

What what's kind of motivated you to give back in a different way to the country?

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Well, I, you know, I didn't come from a military family, but I had many friends and there was a military base in my town.

And so I learned about some of the advantages as well as, you know, responsibilities of people in our country to to serve.

And September 11th, you know, happened my senior year of college and it made a profound impact on me.

I always thought about serving in the military and after September 11th I enrolled in into the Health Profession Scholarship Program where I I was able to receive funding to go to medical school as and then be able to serve in the the Navy afterwards.

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And it was a rewarding experience, being able to be a part of a Marine Corps squadron and deploying to Djibouti, Africa as part of Operation Enduring Freedom.

And then I was able to continue to benefit by going to Graduate School and earning a master's in public health from UNC.

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And so at that time, I decided that this is what I wanted to do is to be able to use data and public health techniques to improve the lives of veterans and men across the the country and you know, sort of learn from the experiences that I've had but then be able to apply that in in the care environments. So it's it's been a great opportunity to sort of continue to serve, but in a different way.

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Well, that's wonderful.

Thank you so much for sharing your story and for your service to the country and to the veterans under your care today. And and thank you as well for sharing this exciting research with our viewers. And we wish you continued success in your research and partnership with PCF.

16:06

Yes. Well, thank you very much, Becky.

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It's great to chat with you.

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Thanks again.

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Bye, bye.