A Patient's Perspective

Oliver Sartor, MD [00:00:00] We have Mr. Mike Morris from Louisiana, and he actually has a very remarkable story. He was dealing with metastatic disease. Mike, I wonder if you might go through a little bit of your journey. I think a lot of patients may relate to that journey. They probably have experiences very similar to yours, and then we can go into the clinical trial. But why don't we start out with your initial journey and how things kind of developed for you over time.

Mr. Mike Morris [00:00:27] At the beginning of April in 2019, I had a change in my insurance, and I called my primary care doctor and asked, you know, gave them the information. And they said that I had a free medical exam. So, I went and took it. It comes back that I had PSA of 41 and they called the proctologist for me who took biopsies and determined that I had stage four and five advanced metastatic prostate cancer. And about two weeks later, I got to see my Oncologist for the first time, Dr. J. Saux, and he started me on Eligard and Casodex. I got that May 1st of 2019, and then on May 15th, I got Zytiga, Prednisone and Xgeva. Those therapies worked for me for about two years. And then they didn't. And my PSA started to slowly rise. And so, we did six rounds of Taxotere chemotherapy. And it didn't help me at all. In fact, the withdrawals, if you go through chemotherapy and it doesn't do anything for you, the withdraws are unbelievably horrible. It's really something. So, anyway, by the time I ended up with chemotherapy, I had a PSA of 414. The cancer, by the way, when they first discovered it had, in bone scans, had covered most of my bones in my body, except a little bit on my skull. And after, of course, after time, it covered the entire skeleton of my body. I am not a doctor, so I don't talk as smooth as they do. So, after six rounds of Taxotere, my oncologist was trying to decide what to do, and he'd heard about this clinical trial. And so, he called Dr. Pedro Barata over at Tulane, at the time, and asked if I could get in. And he said, no, that the trial was full. He only had two spots. Oh, wait a second. I got another phone call and let me put you on hold. And then when he came back, he said that the other person had two types of cancer, so he was out, what's your guy's name? And that's how I got into the clinical trial. And in the clinical trials I did three doses. I did the first dose at the beginning of... I'm looking for my notes here, I did in the middle of 2021. The last dose was at the end of 2022. End of 2021, in March of 2022 was the last dose. I did 3 doses, and I got 450 units. The lifetime amount that you can take is 500. They determined from the trial I have been cancer free, not free. My cancer is low to dormant, almost dormant. And five months ago, I had my PSA taken and it was 0.85. I had it taken in preparation for this meeting and it's still at 0.85.

Oliver Sartor, MD [00:04:30] You know, the rather remarkable thing, Mike, is that, you know, you've been through appropriate therapy. You received the ADT, received the abiraterone, that's the ARPI we've been talking about, you've progressed, you went onto the chemotherapy, docetaxel, did not work for you, and you were looking around, and your doctor was smart enough to be able to call our cancer center at Tulane, and there was a trial. And you took a chance. I'd like to hear a little bit about your reasoning. About why take that chance? I mean, obviously, what has not been explained actually, let me give a little bit of context here. It was actually a phase one clinical trial. A phase one trial is where you don't even know the proper dose to give. It's a very early phase. And it was an Actinium-225 antibody, not to PSMA, but rather to another cell surface target called KLK2. And this KLK2 antibody armed with the Actinium-225 warhead in three doses, took your PSA from more than 400, four years ago, to less than one, today, with no additional therapies that have been administered except for the hormonal therapies, the Eligard, which had already failed. So gosh, Mike, what urged you to take that kind of risk? What

urged you say, I want to take a flyer on this clinical trial, even though we all knew at that particular time very little about the therapy.

Mr. Mike Morris [00:06:00] My life has been full of ups and downs. I had a relatively large business that was doing really well in 1995, and somebody left the flood gates open, and I lost everything and went into about a half a million dollars debt overnight. And I was deeply depressed, and I had to find a way out then. And so, I came up with the five most powerful words in the universe. And they are: good things are gonna happen. And anytime a negative thought enters my mind, I say, good things are going to happen. And if I think about somebody that did me wrong, I wish him the best. And so, when I approach the clinical trial, it wasn't even a thing with me. I was in that mindset, good things are gonna happen. I once went to a neurologist to see if my brain had shrunk. And she said, people either get bitter or they go to God. And she said, obviously you've gone to God, I don't know so much about God, but I know this, that I believe that there is an unseen choreography that guides life. And so, for me to go into this trial was just a natural thing, good things are gonna happen.

Oliver Sartor, MD [00:07:30] Pretty remarkable story, Mike. And the fact that you've been in remission for so long is really a remarkable finding, not one that'll be recapitulated very often, but your story to me is so compelling because somebody is willing to take a risk on a trial. And I like what Russ Szmulewitz said a little bit earlier. You know, the idea is to have as many shots on goal as you can have. And sometimes this might involve a clinical trial. Sometimes the clinical trials are not necessarily well established. In fact, because many of them are not. But working with a good doctor, taking the chance, working with the physicians who are trying to do the best they can to advance the therapies we use in prostate cancer is often a good strategy. And I'm so glad it worked out well for you.

Mr. Mike Morris [00:08:18] I was, I don't think I was a one-off though. I got a call a few months back from Dr. Pedro Barata, who I first went into the trial with. And then when he moved down to the Cleveland clinic, I went to Dr. Sartor, and he told me that some people that he's doing additional trials with are living as long as two years. And not my length, but two years. In two years, I've met two grandkids that I would have never met. Two years is a lot of time. If you use it wisely.

Oliver Sartor, MD [00:09:04] It sure is, Mike, and that's an inspiring story for myself, quite frankly, and I hope for other patients as well.