PASS Periodicals

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Welcome to the Prostate Active Surveillance Study (PASS) Participant Newsletter

Welcome to a new edition of PASS Periodicals. The study is continuing to grow and to follow-up on men enrolled in the study. Today, over 2,000 men have enrolled in Canary PASS. The men enrolled have been followed for a median of 5.5 years. The study has collected a wealth of biospecimens and health data that are used for important research about how to improve healthcare for prostate cancer patients. We thank all our Canary PASS study participants. Your continued participation will allow even more questions to be answered.

Canary PASS Team Meeting: Sharing Our Science

The Canary PASS Team, pictured below, held their annual meeting at Stanford University in September 2019. This meeting was the most exciting yet! There were many active research projects discussed that are using the Canary PASS data and specimens. Some examples of projects underway: evaluating biomarkers for active surveillance, improving risk prediction in men using active surveillance, and identifying pathology features that will improve prediction of prostate cancer outcomes.

Team members came from across North America to contribute a wide range of expertise to the Canary PASS research effort. Attendees included urologists, pathologists, statisticians, epidemiologists, molecular biologists, and research coordinators. In addition, we were joined by Don Listwin, founder of the Canary Foundation – source of our initial funding.

New Funding and a New PASS Collaboration

We are excited to announce that we have been awarded a grant from the National Cancer Institute to support Canary PASS. With this additional funding, we will continue to collect follow-up data on men who have enrolled in Canary PASS and new patients will continue to be enrolled. The grant provides support to maintain the high quality of the database and biospecimen repository so that your data and specimens can be used to uncover new insights about prostate cancer and active surveillance. One important change with the new funding will be the addition of data from the Center for Prostate Disease Research, or CPDR. CPDR is based at Walter Reed Hospital and serves men in the military. They have hundreds of men on active surveillance and will now contribute their data and specimens to Canary PASS research projects. Importantly, the addition of CPDR will increase diversity in our study to give us a better representation of the men in the general population.

Active Surveillance for African American Men

Results of a study from Canary PASS suggest that active surveillance is an appropriate management strategy for black men with favorable-risk prostate cancer who obtain regular PSA tests and biopsies.

This study was important because it has been unclear whether active surveillance is appropriate for black men. Black men are more likely to be diagnosed with prostate cancer and more likely to die from the disease. However, scientists are still trying to determine why this is and doctors have been debating if active surveillance is safe for black men.

There were 1,315 men from Canary PASS included in this study, 89 (7%) were black and 1,226 (93%) were white. The patients included in this analysis were on average 63 years old and had prostate cancer for a median of 3.9 years. The study looked at whether black patients and white patients had different rates of disease reclassification. Reclassification is a measure of whether the prostate cancer got worse. In this study, 'reclassified' means that a man's Gleason grade increased on a follow-up biopsy.

Overall, the study found no difference in rates of reclassification between black and white men. Black race was not significantly associated with reclassification risk after adjusting for clinical factors.

The findings should be interpreted cautiously because, although the number of black men in this study is the largest to date, it is still small. Also, the follow-up time is still relatively short. However, the results are encouraging for black men to safely use active surveillance.

PASS Publications are available at our website: www.canarypass.org

Oncotype DX Genomic Prostate Score

The 17-gene Oncotype DX Genomic Prostate Score® (GPS™) test has been shown to predict poorer surgical pathology results in men diagnosed with low-risk prostate cancer. It has been used as a tool to help newly-diagnosed men decide on immediate treatment versus active surveillance. However, most studies of the GPS test have been done in men who had immediate surgery and it has not been well-studied in men using active surveillance.

We evaluated how the GPS test performs in active surveillance within Canary PASS. We examined the association of GPS results with pathology outcomes in men who had surgery after first managing their cancer with active surveillance. We also evaluated if GPS results were associated with an increase in Gleason Grade at biopsies during surveillance. Gleason Grade is based on the prostate tissue removed at biopsy or surgery and measures how normal or abnormal the cells look under a microscope. Importantly, we evaluated how the GPS test performs when used along with other known health information, like PSA or Gleason Grade.

We found that GPS was significantly associated with adverse pathology when used with Gleason Grade, but not when used with Gleason Grade and PSA density. Adding GPS results to a model containing PSA density and Gleason Grade did not significantly improve prediction of poor surgical pathology compared to PSA density and Gleason Grade alone. GPS did not predict an increase in Gleason Grade in biopsies during active surveillance.

Our results suggest that the GPS assay adds very little to predicting risk of adverse cancer beyond what PSA density and Gleason Grade can do.

To all Canary PASS participants,
our research team appreciates YOU for taking part in this important study!
Your continued participation is invaluable.
We thank you for your support!

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