Tulane Urology

Dr. Jonathan Silberstein Joins Tulane Urology

Jonathan Silberstein earned his medical degree at SUNY Upstate Medical University in Syracuse, He completed his general surgery internship and his urology residency at the University of California in San Diego. Following his residency, Dr. Silberstein to completed a fellowship in urologic oncology at Memorial Sloan Kettering Cancer Center. He spent one year at MSK designing and performing clinical trials, including a randomized study of robotic versus open radical cystectomy. Dr. Silberstein has spent the remainder of his time at MSK on active clinical rotations.

Dr. Silberstein is the author of more than 40 peer-reviewed publications and several book chapters. He is also the winner of numerous awards from national and international meetings and is a reviewer for several prominent urologic journals.

For patient referrals, please call our Doctor's Hotline at **(504) 988-2536.**

Your patients can reach Dr Silberstein by calling our answering service at **(504) 988-5271.**

Dr. Mageed Receives New NIH/NCATS Grant Funding

Unraveling the underlying mechanisms of tumor growth and metastasis is critical to developing curative strategies against castration-resistant prostate cancer (CRPC). Unlike normal counterparts, we have recently discovered a novel role for prostate cancer (PC) patient-derived adipose stem cells in the genesis of neoplasms upon interaction with PC cells in vivo. The PC-like lesions developed by ASCs exhibit cytogenetic aberrations reminiscent of histopathological and molecular features of prostate tumors and mesenchymal-to-epithelial transition. Mechanistic studies revealed a direct role for PC cell-derived exosomes in the neoplastic transformation and prostate tumorigenic mimicry by ASCs. The cancer cell secreted exosomes (30-100 nm extracellular membrane-enclosed microvesicles) harbor in their cargo sufficient oncogenic armament (e.g. miRNAs, Ras family mRNAs, Rab proteins) to initiate neoplastic reprogramming of ASCs. Further analysis deciphered previously uncharacterized primary role for specific subset of derived onco-miRNAs in ASC transformation. As such, targeting exosome biogenesis and release by tumor cells and/or their uptake by than pASCs, rather than targeting of individual extracellular RNAs (exRNAs) would be more efficacious in abrogating their trafficking into and tumor development in pASCs. The main objective of the NIH application, in collaboration with scientists at the NIH/NCATS (National Center for Advancing Translational Sciences) is to identify new drugs that would target and suppress with high the biogenesis and release of MVs from tumor cells and/or the uptake of MVs by pASCs. This will be achieved through development of selective bioassays in conjunction with automated high throughput screening (HTS) of ~ 4,000 clinically approved compounds. The test assays, to be performed in vitro and in pre-clinical animal models, is anticipated to identify 5 to 10 exosome targeting drugs. Through "drug repositioning" and clinical trials, the newly defined set of approved human compounds is expected to move rapidly from "bench to bedside".

The proposed work is innovative because it capitalizes not only in underpinning the discovery of new functional roles for exosome-mediated oncogenic exRNAs, but also in identifying new lead therapeutic compounds to circumvent PC progression. By establishing preventive and/or therapeutic intervention strategies, the outcome of the proposed studies can potentially exert a positive impact on the clinical management of advanced PC as well as other advanced types of human cancers.

Targeting Tumor-Derived exRNA-Containing Microvesicles by High Throughput Screening

Funding Agency: NIH/NCATS
PI: Asim Abdel-Mageed
Estimated total budget: $4.2 Million; 5-year award

New Clinical Trial for Advanced Renal Cell Carcinoma

Dear Colleagues,

I am taking this opportunity to let you know that Tulane Urology is participating in an exciting International Phase 3 study for metastatic renal cell carcinoma (RCC) sponsored by Argos Therapeutics called the ADAPT (Autologous Dendritic Cell Immunotherapy (AGS-003) Plus Standard Treatment) This study will investigate the combination of an autologous dendritic cell (DC) based immunotherapy, AGS-003, plus standard treatment (Sunitinib). The primary objective in this study is to determine the median overall survival achieved by this combination compared to overall survival of standard treatment alone, in a population of adults with advanced RCC with nephrectomy indicated, and with remaining measurable metastatic disease. This study will be a randomized trial (2:1).

AGS-003 is an autologous therapy which requires autologous components for product manufacture. As an autologous treatment, AGS-003 captures all the antigens of each patient's specific disease potentially elicit the broadest immune response in that individual.

To be considered for the study, patients must be:

- 18 years of age or older
- Newly diagnosed with metastatic kidney cancer and no brain metastases
- No underlying autoimmune disorders
- Good candidates for standard surgery (nephrectomy)
- Good candidates to receive standard targeted drug therapy (initiating with Sunitinib)

Please visit the study website for more information: **adaptkidneycancer.com.**

If you believe you have patients who may be interested in participating in this trial with AGS-003, please contact my study coordinator, Sree Harsha Mandava at 504-988-9087, or myself.

I thank you for your time and hope that you will join us in being a part of bringing new therapies to this patient population.

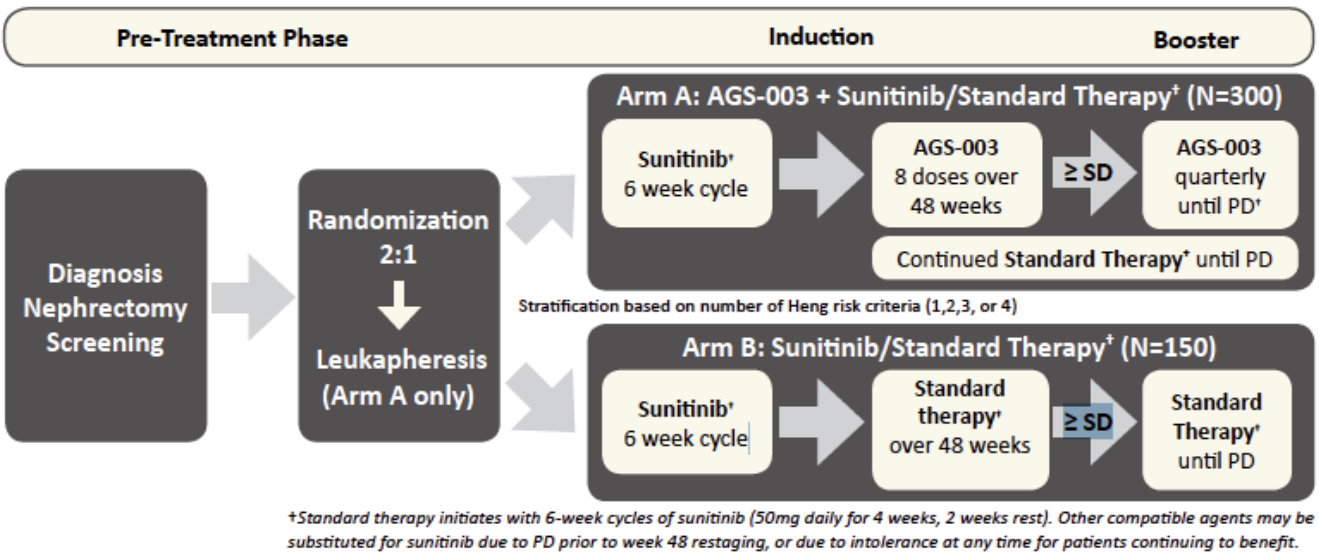
Benjamin R. Lee, MD, FACS
Professor of Urology & Oncology
Robotics, Endourology and Laparoscopic Surgery
Tulane University School of Medicine
Department of Urology

Clinic Appts: 504-988-5271
Fax: 504-988-5059
www.SaveTheKidney.net

Oliver Sartor, MD
Medical Director
Tulane Cancer Center
Tulane University School of Medicine
Department of Medicine & Urology

Clinic Appts: 504-988-7869
Fax: 504-988-1813
tulane.edu/som/cancer/

STUDY DESIGN



†Standard therapy initiates with 6-week cycles of sunitinib (50mg daily for 4 weeks, 2 weeks rest). Other compatible agents may be substituted for sunitinib due to PD prior to week 48 restaging, or due to intolerance at any time for patients continuing to benefit.