Prostate Cancer Support Association of New Mexico

LIFELINE

PCSANM Quarterly **January 2015** **Volume 22, Issue 1**

Issue Highlights

Our website address
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pchelp@pcsanm.org

Meeting Place: **PCSANM is meeting at Bear Canyon Senior Center, 4645 Pitt St NE in Albuquerque. This is two blocks from Montgomery and Eubank; go north one block to Lagrima de Oro St, and east one block to Pitt, and left 50 yards to the Bear Canyon parking lot. We are in room 3, at the west end of the building. Meetings are usually the first and third Saturdays of the month; 12:30-2:45 pm.**

Map is at
http://binged.it/1baQodz

A Question About Familial Prostate Cancer

An important question: "My father had prostate cancer and so did his brother. I am 56 years old. Are there any foods that I can add to my diet to make it less likely that I will get this disease?" Here's our advice.

Given your family history of prostate cancer, you are right to be concerned about an increased risk of developing prostate cancer. The studies performed on hereditary forms of prostate cancer at Johns Hopkins and the National Cancer Institute have shown that men with one close relative, such as a father or brother, with prostate cancer have a two-fold increase in the risk of developing the disease. If two close relatives are affected, there may be as much as a five-fold increase.

Although a great deal of research has been directed toward the roles of diet and dietary supplements in prostate cancer risk, the results have been inconclusive in terms of hard data. There is a general consensus that a reduction in the consumption of red meat is associated with lower prostate cancer rates, but the reason is not known.

Cruciferous vegetables, such as broccoli, cabbage, and Brussel sprouts, and leafy greens, such as kale and collards, contain compounds that seem to reduce prostate cancer risk. A compound called lycopene, found in tomatoes and best absorbed from cooked tomatoes (as in sauce), is also thought to be helpful. For a while, selenium and vitamin E were believed to have a significant effect on the risk of developing prostate cancer, but a large multi-institutional trial failed to show any benefit.

Whether or not you make changes in your diet, your prostate health should be monitored at least once a year with a PSA and digital rectal examination. And it is not just the absolute value of the PSA that is important, but also the rate of rise from one year to the next. If your PSA goes up more than 0.5 ng/mL/year, regardless of the absolute value, there is a greater risk that prostate cancer may be developing. Under those circumstances, biopsy should be considered, assuming that there are no other special considerations related to your overall health or personal preferences.

From Johns Hopkins Prostate Disorders Medical Alerts November 12, 2014

FOUNDER Rae Shipp, established 1991

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In Memory of

Carl H. Albright
William W. Burns
Robert C. Holt
Tom E. Sanchez
Anthony Tafoya
Terry P. Warnke

With Deep Sympathy and Regret, We List These Names

Only about one/third of our members are signed up for email. If you were, you would get this newsletter sent in glorious color, and all websites listed would be hot linked so you could just click on them and go straight to the web pages. We only send about one email a week, one for meeting announcements, and the week of no meeting we send some news articles or web links. Just email the office at pchelp@pcsanm.org to get in the 21st Century.

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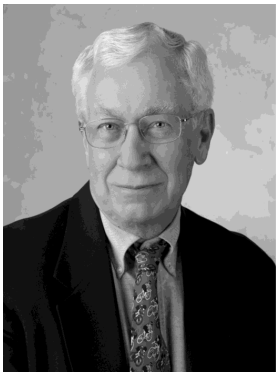
DISCLAIMER

The PCSA of New Mexico gives education, information and support, not medical advice. Please contact your physician for all your medical concerns.

Dr. Lindberg's Take



Dr. Peter Lindberg is accepting new patients. See below for new information.

Single, Double, and Triple Hormone Therapy?

"Based on animal data, it has been recognized that although only 5% of DHT comes from the adrenal glands, approximately 40% of intraprostatic DHT is derived from the conversion of the adrenal androgens within the prostate gland. Even low levels of DHT within the gland may prevent maximal tumor suppression (or tumor cell kill)." Mack Roach, Prostate Cancer Principles and Practice, p.369, published 2002.

Use of single therapy with lupron or similar drugs like Trelstar, Eligard etc. alone is the treatment recommendation of the NCCN-- National Comprehensive Cancer Network-- for the treatment of metastatic prostate cancer. These physician guidelines state that there is no benefit to adding bicalutamide to lupron as initial treatment but can be added later if the cancer worsens on lupron alone. I disagree because of the following studies, experiences of other medical prostate specialists, and my own results. A recently reported study compared lupron alone to lupron plus Abiraterone 3 months before doing a radical prostatectomy. The removed prostate in those men pre-treated with Lupron alone showed high levels of male hormones Dhea, Androstenedione and di-Hydrotestosterone.

Twenty years ago when the blocking agents flutamide and later bicalutamide were approved for use, two large studies were performed comparing medical or surgical castration alone with the same plus added flutamide. One study reported no difference in death from prostate cancer while the other showed a several month improvement in the combination treatment. In men with 5 or less bone metastasis an 8 month survival advantage was seen. Both of these clinical trials were done in men with far advanced prostate cancer, widespread bone mets and an average psa greater than 100. These men already had a lot of hormone resistant cells so benefit of hormone therapy I believe is more difficult to show. About 10 years ago at my national cancer meeting in Chicago a Japanese trial of combined (double) therapy Lupron +bicalutamide demonstrated significant improved survival after 5 years of treatment. Some of these men had far advanced cancer just in the pelvis while others had metastatic cancer. A recent analysis published in the Journal of Clinical Oncology sept 2014 found in men diagnosed with a psa of >500, double (combination) therapy had much better survival compared to men treated with single (mono therapy) alone.

I have recently questioned Dr. Nicholas Vogelzang (internationally known practitioner and clinical researcher) He told me that on the basis of the Japanese results and other studies showing at least a 5% benefit he uses combined treatment (my words-Double). Based on all of the above I use Lupron plus bicalutamide 150 mg. and add either finasteride or avodart. This is triple therapy® as originally described by Robert Leibowitz in Los Angeles and a similar program by Mark Scholz and Stephen Strum. I believe that the addition of the third agent is very low risk as recent studies have confirmed.

The opinions are Dr. Lindberg's, and not necessarily the opinions or reflect the practices of the other excellent physicians of the New Mexico Cancer Center-- My new happy medical home.

As of August 2014, I am in practice in Albuquerque, and have joined the excellent doctors and staff at New Mexico Cancer Center 4901 Lang Ave NE, Albuquerque, NM 87109 Phone 505-842-8171 http://www.nmcancercenter.org/

Ten Strategies for Preventing Prostate Cancer from drfuhrman.com

http://www.drfuhrman.com/library/prevent_prostate_cancer.aspx

1) Eat your G-BOMBS.
G-BOMBS (greens, beans, onions, mushrooms, berries and seeds) have powerful anti-cancer effects. For example, cruciferous vegetables (greens like broccoli, kale, bok choy, arugula, Brussels sprouts, cabbage, plus cauliflower, radish and more) contain phytochemicals that stimulate the body to detoxify carcinogens, and higher cruciferous vegetable intake is associated with lower prostate cancer risk. Men who consumed three or more half-cup servings of cruciferous vegetables per week were 41 percent less likely to develop prostate cancer. Also, the onion family vegetables (onions, garlic, leeks, shallots, scallions, and chives) contain organosulfur compounds with anti-cancer effects, and are associated with reduced prostate cancer risk.

2) Reduce consumption of meat, eggs and dairy.
It is widely recognized that a high consumption of animal protein has been linked to a greater risk of prostate cancer. Greater consumption of meat, poultry and fish is associated with higher blood level of IGF-1 (insulin-like growth factor-1), which is positively correlated with an increased risk of prostate cancer. Similarly, greater intake of choline (found in meat, dairy and eggs) is associated with increased prostate cancer risk. Eggs are the richest source of choline, and a large study of men found that those who ate 2.5 or more eggs per week had an 81% increase in risk of lethal prostate cancer compared to those who ate less than half an egg per week. There is substantial evidence indicating that men who avoid dairy products are at a lower risk for prostate cancer. One study that spanned 41 countries reported a strong correlation between per capita milk consumption and prostate cancer deaths. For prostate health, avoid or limit animal products to two or fewer servings per week. Plant protein, however is protective—legumes and minimally processed soy products, are associated with decreased risk of prostate cancer.

3) Eat lots of tomatoes, especially cooked.
A review of several studies revealed that those who consumed the most tomato-based foods reduced their total risk of prostate cancer by 35 percent and their risk of advanced prostate cancer by 50 percent. Lycopene, which is abundant especially in cooked tomatoes is believed to be primarily responsible for this benefit. The lycopene in cooked tomatoes is more bioavailable than in raw tomatoes. Tomatoes are extremely nutrient-dense, containing lycopene as well as a variety of variety of other protective phytochemicals, such as flavonoids and antioxidant vitamins.

4) Eat plenty of yellow and orange vegetables.
Consumption of carotenoid-rich yellow and orange vegetables including carrots, pumpkin, sweet potatoes, winter squash and corn was also found to be inversely related to prostate cancer.

5) Confirm adequate vitamin D levels with a blood test.
Accumulating research shows that insufficient Vitamin D levels are associated with an increased risk of several cancers, including prostate cancer. While sun exposure is one of the best sources of vitamin D, it is unlikely to get adequate vitamin D from sun exposure throughout life without increasing the risk of skin cancer The safest way to obtain vitamin D is through supplements. Aim for a vitamin D blood level (25(OH)D) between 30 and 45 ng/ml.

6) Do not rely on PSA screening as a method of "early detection" to prevent prostate cancer.
About 70% of men with elevated prostate-specific antigen (PSA) do not actually have cancer, and many scientists think that PSA screening does not reduce prostate cancer-related deaths. In fact, the U.S. Preventive Services Task Force, the American College of Preventive Medicine and the American Cancer Society do not recommend routine PSA screening.

7) Avoid supplemental folic acid.
Folic acid is the synthetic form of folate (one of the B vitamins), and is included in most multivitamins. Similar to breast cancer, folic acid supplementation has been associated with increased risk of prostate cancer, whereas food folate is associated with decreased risk. Get natural folate from green vegetables and beans instead of synthetic folic acid from supplements.

8) Avoid fried foods.
Potential dietary carcinogens form in foods when high heat cooking methods, such as frying or grilling, are used. Heterocyclic amines (HCAs) and polycyclic aromatic hydrocarbons (PAHs) are formed in meats, aldehydes are produced in oils and acrylamide is formed in starchy foods and coatings.
One study evaluated frequent (once a week or more) consumption of certain fried foods in relation to prostate cancer risk; French fries, fried chicken, fried fish and doughnuts were associated with increased risk.

Continued on page 5

Continued from page 4

9) Exercise at least 3 hours a week.
Exercise, particularly endurance-type exercise such as walking, running, cycling and swimming, are effective forms of disease protection. In one study, men who reported vigorous activity for at least three hours per week had a 61% lower risk of death from prostate cancer, suggesting that not only does exercise help to prevent prostate cancer, but it may also slow its progression.

10) Supplement with a conservative amount of zinc.
Zinc has been shown in scientific studies to suppress tumor growth and induce prostate cancer cell death. There is evidence that adequate levels of zinc are protective, while deficiency and excess may promote prostate cancer. Zinc may be especially important for those who follow healthful plant-based diets: in one study, zinc supplementation alone was not associated with prostate cancer risk; however, among men with a high vegetable intake, the men who supplemented with at least 15 mg/day of zinc had a 57 percent reduced risk of prostate cancer compared to those that did not take zinc. Since zinc from plant foods is not always efficiently absorbed by the body. I recommend supplementing with a multivitamin and mineral supplement with about 15 mg of zinc (that does NOT contain folic acid).

from *Money Magazine*, October 2014, page 86.

Screening for prostate cancer used to be a must. Now it's a maybe. "Intuitively, it makes sense to treat prostate cancers early," says Dr. Richard Wender, chief cancer control officer at the American Cancer Society. "But some grow so slowly that they'd probably never be life-threatening, and the treatment would be worse for quality of life than the disease itself." That said, a study published in *The New England Journal of Medicine* this past March found that men under age 65 who underwent surgery for early-stage prostate cancer (instead of watchful waiting) had better survival rates.

The latest advice: At 50, talk to your doctor about your risks (like a family history). If you decide to undergo a PSA (prostate-specific antigen) blood test and it's under 2.5 ng/mL, you can wait at least another two years to retest. If it's over that, test annually.

Guiding the Way: American Cancer Society releases prostate cancer survivorship guidelines.

By Stephen Ornes September 29, 2014

http://www.cancertodaymag.org/Fall2014/Pages/American-Cancer-Society-New-Prostate-Cancer-Survivorship-Guidelines.aspx

New treatment guidelines developed by the American Cancer Society and published in the July/August 2014 issue of CA: A Cancer Journal for Clinicians have the potential to help millions of men navigate prostate cancer survivorship. More than 2.5 million men in the U.S.—40 percent of all male cancer survivors—have been treated for prostate cancer. When their cancer care ends, many of these men are likely to stop seeing an oncologist or urologist and resume seeing an internist or a general practitioner. However, these doctors may not be familiar with guiding prostate cancer patients through survivorship or addressing long-term side effects that may develop from the cancer or its treatment. The new guidelines help bridge this gap.

"I encourage survivors to take these guidelines to their primary care physicians" and review the information with them, says Durado Brooks, an internist who directs Prostate and Colorectal Cancers for the American Cancer Society (ACS). Patients should be sure their primary care doctor received a treatment summary and long-term treatment plan from their urologist or oncologist, he says, and the primary care doctor should contact the specialist if any problems arise.

The guidelines include:
• Prostate-specific antigen (PSA) testing every six to 12 months for the first five years after treatment, then annually. Elevated PSA levels should be reported to the patient's oncologist.
• Physical and psychosocial assessment, including screening for secondary cancers if indicated.
• Annual blood counts for men who received androgen-deprivation therapy, to watch for anemia.
• Discussions about sexual function and the use of validated tools for the assessment of erectile function.

"The transition from active treatment is a source of joy, relief and gratitude, but also anxiety and fear for many cancer survivors," says Shelley Fuld Nasso, the chief executive officer of the National Coalition for Cancer Survivorship. Guidelines like those published by the ACS, she says, can help both patients and their doctors during this transition.

Financial Support for this newsletter edition provided by:

The Cancer Center
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Phone 505-559-6100

New FREE Editions of NCCN cancer treatment guidelines are out

The 20th anniversary editions of the National Comprehensive Cancer Network (NCCN) clinical practice guidelines in Oncology are out. NCCN is a not-for-profit alliance of 25 of the world's leading cancer centers. A map of these centers is at http://www.nccn.org/members/network.asp
Guidelines for patients are at www.nccn.org OR http://www.nccn.org/professionals/physician_gls/pdf/prostate.pdf for a 90 page pdf you can save on your desktop or print, Also there is a 35 page Guidelines for Prostate Cancer Early Detection at http://www.nccn.org/professionals/physicial_gls/pdf/prostate_detection.pdf You will need to sign up for a free NCCN account to see them.

There are also NCCN guidelines available for forty five other types of cancer. These are the gold standard of care choices.

The office will get these pdf's and save it on our computer, and we could email them to any members who don't want to sign up at NCCN, and ask us for them. But this is the best site you should use.

Bishop Desmond Tutu: "When you hit 50, men should have the prostate examination annually. If there is a history of prostate cancer in your family, then start earlier. My wife and I decided to go public because cancer gets bad press. People assume it's [always] terminal. ... I appeal to our people that the rectal examination is not as bad as people make it out to be. It may be slightly uncomfortable, but no more than going to the dentist for an examination."

From www.healthdiaries.com

The NCCN Member Institutions and links are:

Fred & Pamela Buffett Cancer Center at The Nebraska Medical Center, Omaha, NE
City of Hope Comprehensive Cancer Center, Los Angeles, CA
Dana-Farber/Brigham and Women's Cancer Center | Massachusetts General Hospital Cancer Center, Boston, MA
Duke Cancer Institute, Durham, NC
Fox Chase Cancer Center, Philadelphia, PA
Huntsman Cancer Institute at the University of Utah, Salt Lake City, UT
Fred Hutchinson Cancer Research Center/Seattle Cancer Care Alliance, Seattle, WA
The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Baltimore, MD
Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL
Mayo Clinic Cancer Center, Phoenix/Scottsdale, AZ; Jacksonville, FL; and Rochester, MN
Memorial Sloan Kettering Cancer Center, New York, NY
Moffitt Cancer Center, Tampa, FL
The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute, Columbus, OH
Roswell Park Cancer Institute, Buffalo, NY
Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine, St. Louis, MO
St. Jude Children's Research Hospital/The University of Tennessee Health Science Center, Memphis, TN
Stanford Cancer Institute, Stanford, CA
University of Alabama at Birmingham Comprehensive Cancer Center, Birmingham, AL
UC San Diego Moores Cancer Center, La Jolla, CA
UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco, CA
University of Colorado Cancer Center, Aurora, CO
University of Michigan Comprehensive Cancer Center, Ann Arbor, MI
The University of Texas MD Anderson Cancer Center, Houston, TX
Vanderbilt-Ingram Cancer Center, Nashville, TN
Yale Cancer Center/Smilow Cancer Hospital, New Haven, CT

Correction from October 2014 issue
Article on 6 things not to say to a man with PC
Item # 6 got cut off:
6. Comfort Clichés- These are brief comments such as "things will work out for the best" or "I'm sure you'll do fine." Comfort Clichés are not meant to provide you with comfort. They enable the person who used it to stay within their comfort zone and prevent you from sharing a real concern.

Financial Support for this newsletter edition provided by:

Prostate Cancer Recurrence Risk Tied to Lipid Levels

By Nicholas Bakalar
NY Times.com October 13, 2014

Abnormal lipid levels are associated with an increased risk for recurrence of prostate cancer, researchers report.

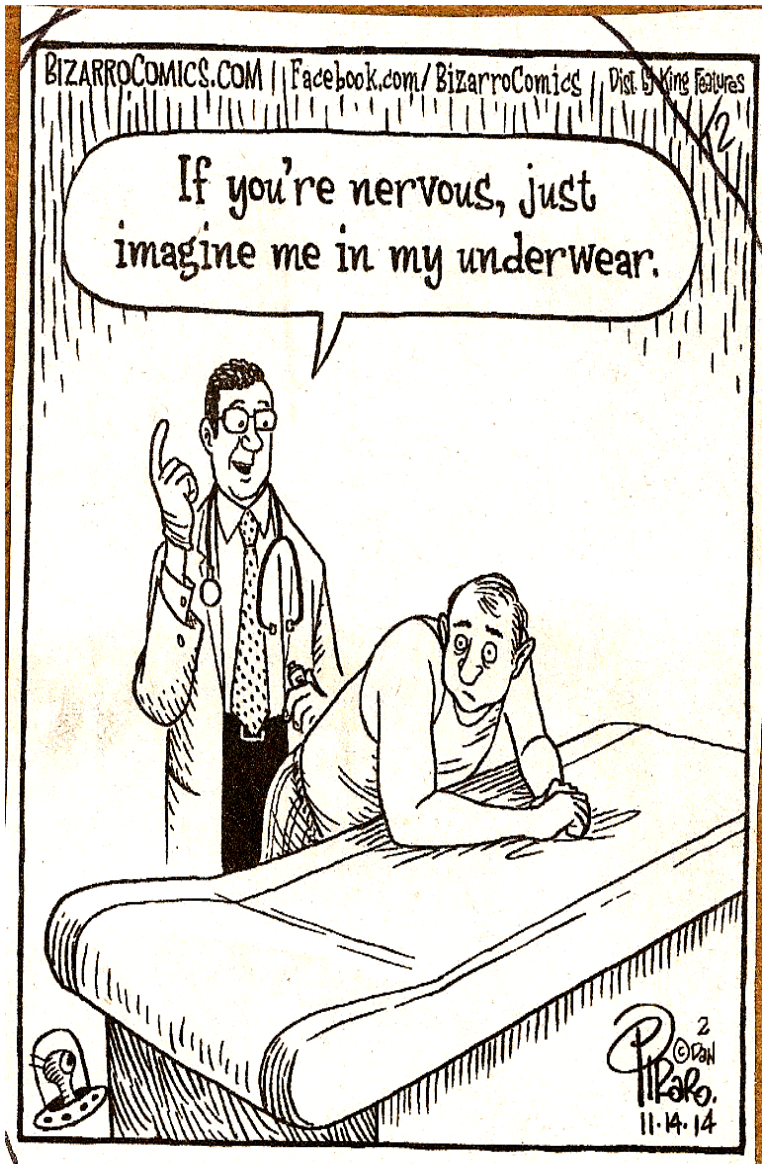
There is no evidence for an association of lipid levels with prostate cancer, but there is some mixed evidence for their link to aggressive cancers and to the recurrence of cancer. The study examined the impact of lipid levels on the risk for recurrence in 843 men who were not using statins before the surgical removal of their cancerous prostate glands.

The study, published in Cancer Epidemiology, Biomarkers & Prevention, followed the men for an average of about five years after surgery, during which 263 men had a recurrence. Total cholesterol, LDL ("bad" cholesterol) and HDL ("good" cholesterol) were not associated with recurrence in people with normal cholesterol levels.

But for each 10 milligrams per deciliter increase in total cholesterol above 200 milligrams per deciliter, there was a 9 percent increased risk of recurrence. Compared with people with normal triglycerides, those with levels above 150 milligrams per deciliter had a 35 percent increased risk of recurrence.

"Our findings suggest that controlling abnormal lipid levels might be important not only for cardiovascular disease prevention, but also for prostate cancer progression," said the lead author, Emma H. Allott, a postdoctoral associate at Duke. "Normalization or even partial normalization of abnormal serum lipid levels may reduce the risk of prostate cancer recurrence."

Granted, prostate exams aren't the most enjoyable things in the world, but they only last about 10 seconds. It's well worth it. Just think of the possible consequences if you don't get it done. Len Dawson



Sex with more than 20 women 'reduces risk of prostate cancer'

Canadian researchers found that men with numerous female partners had a 28% lower risk of developing the disease

Antonia Molloy 28 October 2014
The Independent

There's good news for the Casanovas of the world – sleeping with numerous women could help to protect men from prostate cancer, according to a new study.

Researchers at the University of Montreal and INRS-Institut Armand-Frappier found that men who had slept with more than 20 women during their lifetime were 28 per cent less likely to develop the disease.

They were also 19 per cent less likely to develop an aggressive type of cancer, compared to those who had had only one female sexual partner.
However, the same did not apply to gay men, according to the Canadian scientists. They found that having more than 20 male partners doubled the risk of prostate cancer and made an aggressive cancer five times more likely. Sleeping with one male partner did not affect the risk.

Meanwhile, men who were virgins were almost twice as likely to be diagnosed with prostate cancer as those who were sexually experienced.
The findings are from the Prostate Cancer & Environment Study in which 3,208 men answered questions about their lifestyle and sex lives.
Of these men, 1,590 were diagnosed with prostate cancer between September 2005 and August 2009, while 1,618 men were part of the control group.

Overall, men with prostate cancer were twice as likely as others to have a relative with cancer, but the study also found a possible link with their number of sexual partners.
Lead researcher Professor Marie-Elise Parent, from the University of Montreal, said: "It is possible that having many female sexual partners results in a higher frequency of ejaculations, whose protective effect against prostate cancer has been previously observed in cohort studies.

According to one theory, large numbers of ejaculations may reduce the concentration of cancer-causing substances in prostatic fluid, a constituent of semen.
They may also lead to fewer crystal-like structures in the prostate that have been associated with prostate cancer.

Suggesting why the same did not apply to male partners Professor Parent admitted she could only provide "highly speculative" explanations.

One explanation she said "could be that anal intercourse produces a physical trauma to the prostate".
The age at which men first had sexual intercourse, and the number of times they had been infected by a sexually transmitted disease, had no bearing on prostate cancer risk.

A total of 12 per cent of the group reported having had at least one sexually transmitted infection (STI) in their lifetime.

Professor Parent added: "We were fortunate to have participants from Montreal who were comfortable talking about their sexuality, no matter what sexual experiences they have had, and this openness would probably not have been the same 20 or 30 years ago.
"Indeed, thanks to them, we now know that the number and type of partners must be taken into account to better understand the causes of prostate cancer."
On the question of whether promiscuity might now be recommended in health advice to men, she said: "We're not there yet."

The research is published in the journal *Cancer Epidemiology*.

http://www.independent.co.uk/life-style/health-and-families/health-news/sex-with-more-than-20-women-reduces-risk-of-prostate-cancer-according-to-study-9824041.html#

The Manual: We separate fact from fiction on five common prostate cancer myths

http://prostatecanceruk.org/news/2014/10/the-manual-busting-prostate-cancer-myths 9/23/2014

When it comes to cancer, there's always a story in the newspaper. One week coffee causes cancer, the next week it prevents it. Unsurprisingly prostate cancer has not escaped. Stories about what makes you more likely to get prostate cancer are everywhere. And misunderstandings about the disease are common. Our Specialist Nurse, John Robertson lays the facts on the line.

Myth 1: Prostate cancer is an "old man's disease"

Prostate cancer mainly affects men over the age of 50 and the most common age for men to be diagnosed is between 70 and 74 years. This means that if you are under 50 then your risk of getting prostate cancer is very low. But it's important to remember that whilst being diagnosed with prostate cancer in your forties is very rare - it can happen. Take Denton Wilson– he was diagnosed at just 42. So it cannot be said that prostate cancer is just an old man's disease. Find out more about how age affects your risk of prostate cancer here.

Myth 2: Prostate cancer is contagious

Not true. If you have prostate cancer, other people can't catch it from you. Likewise you can't catch prostate cancer from anyone else. Prostate cancer is caused when something stops working correctly inside your cells causing them to grow in an uncontrolled way and form tumours. Read more about prostate cancer.

Myth 3: "I don't have any symptoms so I can't have prostate cancer"

Not true. Most men with early prostate cancer do not have any symptoms - this was the case for Phil Kiss. If a man does have symptoms, such as problems peeing, they might be mild and happen over many years. For some men the first notable symptoms are from prostate cancer which has spread to their bones. If this happens, you may notice pain in your back, hips or pelvis that was not there before. These symptoms could be caused by other problems such as general aches and pains or arthritis, but it is still a good idea to get them checked out by your GP if you are concerned.

If you're worried about prostate cancer but don't have any symptoms you can find out more about your risk of developing the disease. The use of PSA tests, digital rectal exams (DRE) and prostate biopsies can help to diagnose prostate cancer in men even if you don't have symptoms.

Myth 4: "I must have prostate cancer because I can't pee against a wall from three metres away"

Not true. Not being able to pee against a wall from three metres away is not a definite sign of prostate cancer. But not having as strong a flow as you used to could be a sign of a prostate problem– along with other problems peeing such as needing to pee more often or needing to get up in the night to pee.

But even if you do have these symptoms it does not mean that you definitely have prostate cancer. These symptoms can also be signs of other prostate problems like an enlarged prostate or could be signs of another medical condition. Find out what signs and symptoms to look out for here. If you have any symptoms talk to your doctor about these.

Myth 5: "Just because my dad had prostate cancer doesn't mean I'm more likely to get it"

Not true. If your father has been diagnosed with prostate cancer then you are two and half times more likely to get prostate cancer, compared to a man with no relatives with prostate cancer. The same is true if you have a brother who has been diagnosed with prostate cancer.

If both your father and brother, or more than one brother, have been diagnosed with prostate cancer then you may be even more likely to get prostate cancer. You may also be more likely to get prostate cancer if your father or brother was younger than 60 when they were diagnosed with prostate cancer. Find out about who's at risk here.

Aspirin Lowers Prostate Cancer Mortality Rates

Originally posted at

www.prostatesnatchers.blogspot.com

BY Mark Scholz, MD November 11, 2014

If a man wants to tilt his odds in favor of a longer life, he wears a seat belt, eats a good diet, gets an annual medical checkup, exercises and gets married. Yes you heard me right, he gets married. The November 2013 issue of the Journal of Clinical Oncology reports that the risk of dying from prostate cancer was 25% lower in married compared to single men.

Yet one intervention that also has merit and that often gets overlooked is the lowly aspirin pill. Aspirin is well-established as a beneficial agent for reducing cardiac risk. It cuts the risk of heart attacks by about 30%, a rate of reduction similar to common statin medications like Lipitor and Crestor. A risk reduction of this degree is notable considering that heart disease is the most common cause of death in men, especially in men with prostate cancer since most of them are over age 50.

I bring the issue of aspirin to light in this blog because I want to emphasize that there are further benefits of aspirin beyond the cardiac benefits. Specifically I want to cite another article published in the Journal of Clinical Oncology in October 2012, which reports that aspirin reduces prostate cancer mortality rates.

Let me paraphrase the main take home message from the article:

The difference in prostate cancer specific mortality between the men with prostate cancer on aspirin compared to the men with prostate not taking aspirin was most prominent in patients with high-risk disease.

The ten year prostate cancer specific mortality was only 4% in the men taking aspirin compared to 19% in the men who were not. For men in the intermediate-risk group mortality was reduced from 6% down to 3% by taking aspirin.

So, in addition to the known cardiac benefits, aspirin also has a potent anticancer benefit. Incidentally, other studies have shown that aspirin has an anticancer benefit for other types of cancer besides prostate cancer.

Aspirin is not totally risk free. For example, one out of 200 can get a bleeding stomach ulcer. People taking aspirin who develop black stools or heart burn should stop and get further medical evaluation. Despite these risks, aspirin can clearly be beneficial in a large number of people. Just because it is cheap and readily accessible don't be fooled into discounting its undeniable value.

Dr. Mark Scholz spoke at our November 1, 2014 "Exploring the Options" Conference. Dr. Scholz gave a great informative talk entitled "Staging of Prostate Cancer". In his talk he presented the PCRI 'Five Stages of Blue' staging system that helped to clarify many of the staging/risk issues for us.

He serves as Medical Director at Prostate Oncology Specialists in Marina del Rey CA, and is the Executive Director of Prostate Cancer Research Institute.
www.prostateoncology.com www.prostate-cancer.org

There have been blog entries on his site by Dr. Scholz for 3+ years

You can sign up for his blog at http://prostatesnatchers.blogspot.com/

ProstaGlove From NASA Tech Briefs
http://www.techbriefs.com

Honorable Mention winner 2014 Create the Future Design: Medical Category November 2014

Christopher LaFarge, MedicaMetrix, Wayland, MA

ProstaGlove® is a novel medical device to measure prostate volume and enable calculation of PSA Density (PSAD), which can be used to identify men at high risk for clinically significant prostate cancer. ProstaGlove is similar to a standard exam glove used during a Digital Rectal Exam (DRE), but has a balloon around the forefinger with fiber optic sensors and a calibrated grid that enable a physician to measure the width of the palpable surface of the prostate through the rectal wall. A proprietary algorithm determines prostate volume. When the balloon is inflated during use, it creates a clean void and positions a calibrated grid on the surface of the rectal wall immediately proximate to the prostate.

For more information, visit http://contest.techbriefs.com/prosta-glove

Faster, Easier Diagnosis of Prostate Cancer

Prostate cancer is the most common noncutaneous cancer among males, making proper diagnosis extremely important. Distinguishing between biopsied benign and malignant prostate tissue is time consuming and can be difficult, even for experienced pathologists, creating needless worry for patients. A new prototype device developed by scientists at the Fraunhofer Institute for Ceramic Technologies und Systems IKTS, Dresden, Germany, may help facilitate that diagnosis. They say that using a visual analysis, they can reliably determine carcinoma within just two minutes.

To learn more, click here http://ims8.lyris.net/t/7521789/337864499/157159/0/

Urinary Incontinence: The Other Complication

Many men focus on erectile dysfunction as the major complication of radical prostatectomy for prostate cancer. They're wrong. Recovery of urinary control is far more important, and if that happens slowly, or never happens at all, urinary incontinence will cast a far greater shadow on their lives than impotence would. Hence, many men are surprised and embarrassed by the urinary incontinence they typically encounter following prostate surgery.

Although the urinary incontinence itself isn't life threatening, the stigma attached to wet clothing and offensive odor can have profound consequences that may lead to humiliation and social withdrawal.

How common is incontinence following a radical prostatectomy? At medical centers of excellence, incidence of serious urinary incontinence appears to be low, in the 3 percent range. However, if you look at overall national patient survey data, the urinary incontinence numbers are dramatically higher, in the range of 50 to 60 percent.

The reason urinary incontinence develops is because the healthy tissue responsible for urinary control is at high risk during a prostate procedure due to its nearness to the prostate itself. Surgically removing the prostate entails separating the part of the urethra that passes through the prostate at the point where it joins the remaining sphincter located just downstream. It also may mean removal of part of the sphincter muscles when the tumor is extensive and possible damage to the nerves that control sphincter action if the operation is difficult to perform because of prostatic size or variations in anatomy.

Experienced surgeons are certainly aware of these technical aspects of the surgery and generally keep this in mind when counseling patients about the relative safety of radical prostatectomy as opposed to other forms of treatment for the disease.

The good news. Most urinary incontinence, fortunately, is temporary. As the pelvic floor that supports the bladder heals and the external sphincter muscle that controls urine flow becomes more efficient, continence typically returns within a few weeks or months after catheter removal. The time frame varies, depending on the extent of the surgery, your age and the surgeon's experience in rebuilding the urinary tract and preserving the urinary sphincter.

From Johns Hopkins Prostate Disorders Medical Alerts November 6, 2014

PCSA *Lifeline* Newsletter
January 2015

Prostate Cancer Support Association
of New Mexico, Inc.
2533 Virginia St. NE, Suite C
Albuquerque, NM 87110

Chairman's Message, January 2015

The Prostate Cancer Support Association of New Mexico had a good year this past year. We have had dynamic meetings, counseled newly diagnosed patients, made presentations to other groups, and held a great November conference. These activities came about due to the members of our organization stepping up to help out. As chairman, I am grateful that our members have stepped up and made our group **the** source for prostate cancer information for the public in New Mexico. This is what our founder Von Rae Shipp envisioned when he started this group at his kitchen table in 1991. Our group has grown and now we have over 750 members.

We need a few good men or women to help out with continuing our mission. The Board of Directors has 2 vacancies that we are trying to fill so we can bring the Board to its full authorized complement. If you would like to help direct how PCSA is run, the content of the monthly meetings, and the presentations we make, we'd welcome you to the Board. Of course, we encourage our members to help out when the request goes out for special activities such as preparation of newsletters, helping at conferences, or making presentations to other organizations.

I wish all our members good health and well-being.

Lou Reimer Chairman of the Board