

# Prostate Cancer Support Association of New Mexico



## LIFELINE

PCSANM Quarterly

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### 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; from 12:30-2:45 pm.

Map: <http://binged.it/1baQodz>

## Unnecessary Prostate Cancer Biopsies

May 6, 2015 Urinary & Kidney Team Cleveland Clinic

A new screening tool for prostate cancer has been shown to offer better accuracy than the test currently used by most physicians in the United States. The new test, called the 4Kscore™ test (OPKO Lab), offers various advantages over the more commonly used prostate specific antigen (PSA) blood test.

The new test improves on these common issues with the PSA blood test: It isn't specific to cancer; detects a variety of prostate issues. It doesn't account for a natural tendency for PSA levels to rise with age: These factors increase the PSA blood test's false positive results, says Andrew Stephenson, MD, Director of the Center of Urologic Oncology at Cleveland Clinic's Glickman Urological and Kidney Institute. They are the reason why many men go on to have a prostate biopsy when they don't really need one.

**Avoiding unnecessary biopsies:** Biopsies are unpleasant for patients. Also, they carry a small risk of infection and bleeding. Sometimes, they detect cancers that are minor and that do not need treatment. Still, when patients learn about these minor cancers, it can cause them needless stress, Dr. Stephenson says.

"The promise of the new 4Kscore test is that it is more specific for prostate cancer. It appears to identify patients at risk for high-grade cancers more efficiently than the PSA," he says.

**Best way to use the new test:** Dr. Stephenson says the best way to use the new test is not as a replacement of the PSA test. Rather, it is to use the new test as a follow-up to a positive PSA test, but before undergoing a biopsy. Using it this way, physicians can reduce the need for prostate biopsy by 30 to 50 percent. Doctors at Cleveland Clinic have already started using the new test.

The test's performance is quite good across many patient populations, Dr. Stephenson says. There is no one type of patient who benefits more than others.

According to 4Kscore's manufacturer, the test has undergone extensive clinical review. The company cites more than a decade of research involving more than 20,000 men in Europe and the United States.

**Filling a need:** There has been a clear need for a more accurate prostate cancer screening tool. Considering the impact of false-positive PSA results, experts have been dubious about the overall benefits of the blood test.

"The paradigm that we have used to screen patients for prostate cancer has needed to change for a while," Dr. Stephenson says. "The U.S. Preventive Service Task Force gave PSA screening a grade of D in 2012. They said the harm it brings outweighs the benefits. The 4Kscore test represents a major step in the right direction. It improves our prostate cancer screening practices."

The new 4Kscore test can help patients avoid unnecessary worry and procedures while accurately identifying when there is a real need for treatment, he says.

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**PCSANM Lifeline**

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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.

***In Memory of***

Thankfully,  
we have no names to  
report this edition

We, as men of a certain age, need to be sure to keep up on our vaccinations. Some recommendations:

Every year, get a flu shot.

At age 60, be sure to get a Shingles vaccination.

Get a pneumonia shot at 65, and/or a later booster, like Prevnar 13, for more protection from 13 strains.

If you hang around grandkids, or other small children, get a Pertussis shot, the P in a DPT shot, to protect your young ones.

As always, check with your medical care provider or pharmacist for details.

## Dr. Lindberg's Take

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



## Some important concepts and new information

Prostate cancer cells require male hormones to grow and spread. Since up to 30% of male hormone inside the cancer cell comes from the adrenal gland, using Lupron or other similar drugs is **NOT ENOUGH TREATMENT**. Blocking adrenal male hormones like DHEA using Bicalutamide is crucial. Finasteride and Avodart also block the production of dihydrotestosterone without adding major side effects of treatment. Early complete blockade of all sources of male hormone gives best results-my experience and also that of Dr. Scholz, Leibowitz-triple therapy®, and I believe also Snuffy Meyers.

Important to measure testosterone level after Lupron shots. Ask your doctor to do this. Any result higher than 20 means worse long term results. Studies by David Crawford, Univ. of Colorado, confirm this. Also in the Journal of Urology, 2015, "Nadir testosterone after long term followup predicts prognosis of prostate cancer patients treated with combined androgen blockade" Aim for less than 20.

Journal of Urology March:193(3) pages 1023-9 Dutasteride (Avodart) and Enzalutamide (Xtandi) synergistic suppress prostate tumor cell proliferation. I now am being certain to add Avodart to all my men on Xtandi.

A recent article in the New England Journal of Medicine shows a dramatic fall in men presenting with metastatic incurable prostate cancer after the Psa test was introduced in 1988. Before then 70% of men had incurable disease when they were diagnosed. In 2010 only 25% of men had incurable disease when diagnosed. Psa testing remains crucial to best treatment.

At the 2015 American Society of Radiation Oncology, Dr. Shipley from Harvard reported the 12.6 year followup of 761 men treated with radiation for cure (salvage therapy) after a radical prostatectomy did not cure them. Half of the men received radiation only while the other half also got Bicalutamide 150mg,3 pills a day for 3 years. At 10 years, death rate was cut by 25% in the men treated with Bicalutamide.

Concurrent statin use in men receiving androgen deprivation hormone therapy had reduced prostate cancer deaths. Common statins are Crestor, Prevacor, Atoravastatin-Lipitor. Was published recently in JAMA Oncology.

American Society of Radiation Oncology meeting, 2015 No value was seen for DIETARY SUPPLEMENTS, which were noted while 2800 men were receiving radiation therapy. To be published.

**Dr. Lindberg has been very busy lately; he spoke at our September 19 Conference,  
and again at our regular meeting on November 5, drawing 36 guests.  
All of Dr. Lindberg's Lifeline articles from 2007 and later are now posted on our website.**

**Dr. Lindberg is in practice at New Mexico Cancer Center  
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## America's Worst Charities By Leslie Salzillo From Daily Koz/Tampa Bay Times November 13, 2015

This website article runs 5+ pages, this is just a brief summary. Use the link below to see it all. Editor

In 2014, **Americans donated an estimated \$350 billion** to charities. A generous country we are, but how much of those funds actually benefit those in need? You might not want to know. There are good charities. There are bad charities. And there are the worst charities. America's "worst" charities have gained their titles by how much they raise in donations for their cause—and how little of that money goes towards the same cause. As these deceptive organizations ask you for your financial support, many lie about where or to whom that money is allotted, sometimes paying themselves "multiple salaries" and "consulting fees." One cancer charity paid the company president's son nearly \$18 million over eight years, to solicit donations.

Some nonprofits are little more than fronts for fundraising companies, which bankroll their startup costs, lock them into exclusive contracts at exorbitant rates and even drive the charities into debt.

Bogus charities often use accounting tricks that allow them to legally *sneak by*. Not only do they deceive the public, they are also taking money away from reputable charities that make a true difference in the lives of many. Every year, Kids Wish Network raises millions of dollars in donations **in the name of dying children** and their families. Every year, it spends **less than 3 cents on the dollar** helping kids. Most of the rest gets diverted to enrich the charity's operators and the for-profit companies Kids Wish hires to drum up donations.

Below is a partial descending list (#1 being the worst) of America's Worst Charities, last updated in December of 2014. Sadly, not much has changed since the report was created in 2013. The majority of these charities continue to mislead. They are ranked first by **how much each charity took from donors** and paid solicitors, and then how much of the total donations raised was paid to their cause. Some of the figures are astounding.

Rank	Charity name	Total raised by solicitors	Paid to solicitors	% spent on direct cash aid
1	Kids Wish Network	<b>\$137.9 million</b>	<b>\$115.9 million</b>	2.5%
2	Cancer Fund of America	<b>\$86.8 million</b>	<b>\$75.4 million</b>	1.0%
3	Children's Wish Foundation International	<b>\$92.7 million</b>	<b>\$61.2 million</b>	10.6%
4	Firefighters Charitable Foundation	<b>\$62.8 million</b>	<b>\$53.8 million</b>	7.4%

For a full interactive list of America's Worst Charities, visit <http://www.tampabay.com/americas-worst-charities/>

There are thousands of charities out there, perhaps millions. Some may call you for donations and target your demographics for different reasons. Kris Hundley with Tampa Bay Times and Kendall Taggart with The Center for Investigative Reporting, are the creators of America's Worst Charities. Here are some tips they offer to the public.

**Before you give:** Ask if the caller is a paid telemarketer. Get the exact name and location of the charity he or she represents. Find out exactly where your donation will go. Don't let them brush your questions off with generalities. They know the exact percentage. Make them tell you. Ask for examples of the charity's good deeds. Call the local nonprofit that supposedly benefitted and ask if it's ever heard of the charity that's asking for your donation. Cold-calling donors is one of the most expensive ways to raise money. Charities that use paid telemarketers often let the fundraisers keep 80 to 90 cents of every \$1 raised. Most of the money you think is going to needy veterans or dying kids is paying telemarketers' overhead and profit. Hang up and give directly. If you get a call and want to give, don't hand over your credit card number or start writing a check. A few quick Internet searches can uncover charities that have been criticized for high fundraising costs or unfulfilled promises.

The IRS also offers some tips worth mentioning:

**Be wary of charities with names that are similar to familiar or nationally known organizations.** Some phony charities use names or websites that sound or look like those of respected, legitimate organizations.

**Don't give out personal financial information, such as Social Security numbers or passwords to anyone who solicits a contribution from you.** Scam artists may use this information to steal your identity and money. People use credit card numbers to make legitimate donations but please be very careful when you are speaking with someone who called you.

**Don't give or send cash.** For security and tax record purposes, contribute by check or credit card or another way that provides documentation of the gift.

To make it easier to decipher the good from the bad, you can find some reputable charity-search websites available to the public online. They are free. So, if you sense something is "off" about a charity, you may want to follow that feeling and take a few minutes to search.

Here are three recommended search sites: **Charity Navigator** ([www.charitynavigator.org](http://www.charitynavigator.org)) ; **GuideStar** ([www.guidestar.com](http://www.guidestar.com)) ; **CharityWatch** ([www.charitywatch.org](http://www.charitywatch.org)) ;

## Genomic Classifier May Help Predict Metastasis Following Prostatectomy and SRT

By John Schieszer

Conference Report

October 23, 2015 Genitourinary Cancer Targets

Clinicians may now have a better tool for guiding therapy in men with prostate cancer who have had a prostatectomy and salvage radiation therapy (SRT). Investigators calculated genomic classifier (GC) scores for 166 patients based on genomic analysis of their own tumor tissue. They found this approach may enable clinicians to better personalize treatment options.

Study authors reported at the American Society for Radiation Oncology's (ASTRO) 57th Annual Meeting, "Validation of a Genomic Classifier for Prediction of Metastasis Following Postoperative Salvage Radiation Therapy" on Wednesday, October 21, 2015, in San Antonio, that GC scores may be able to distinguish the patients for whom aggressive therapy is beneficial from those for whom SRT on its own is likely the best choice.

"Our findings are particularly intriguing and provide a unique, more individualized approach to managing men receiving SRT after radical prostatectomy (RP)," said lead study author Robert Den, MD, who is an assistant professor of radiation oncology at Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia.

Whether these patients need androgen deprivation therapy (ADT) following recurrence may be dictated by a host of factors. However, a high prostate-specific antigen (PSA) level alone is not an ideal indicator of future metastatic disease. Dr. Den and colleagues analyzed GC scores as a validated predictor of metastasis. The goals were to see if these scores could distinguish the patients for whom additional aggressive therapy is beneficial from those for whom SRT on its own is adequate.

The cohort included 166 prostate cancer patients; 53 (32%) were African American and 113 (68%) were Caucasian. All the men received SRT between 1990 and 2010 at three separate sites. GC scores were calculated

for each patient based on genomic analysis of their own tumor tissue. A tissue sample was removed from the prostatectomy specimen from the area containing the highest Gleason score and compared to the patient's Cancer of the Prostate Risk Assessment Postsurgical (CAPRA-S) scores. The investigators used survival c-index, competing-risks and Cox regression analysis for the prediction of metastasis.

They found that a patient's GC score was the most significant factor in predicting the development of metastases 5 years after SRT. The study demonstrated that with GC low-risk patients the incidence rate of metastases at 5 years was 2.8%, in GC average-risk patients the incidence rate was 5.8%, and in GC high-risk patients, it shot up to 33.5%. Those findings were significantly different than the CAPRA-S scores.

The researchers found the incidence rate was 17% for low CAPRA-S scores, 2.3% for average-risk, and 15% for high-risk. The researchers conducted a univariable analysis and found that only GC, extraprostatic extension, and pre-RT PSA levels were significant predictors of metastasis. However, in multivariable analyses with clinical risk factors or the CAPRA-S nomogram, they found that GC was the only independent predictor of metastasis with a hazard ratio of 1.59 for a 10% unit increase in risk score.

In summary, patients with low GC scores have a good prognosis with SRT and may avoid concurrent hormonal therapy. Patients with a high GC risk are at an increased risk for metastatic disease and SRT failure, and may benefit from systemic therapy.

See more at: <http://www.oncotherapynetwork.com/genitourinary-cancer-targets/genomic-classifier-may-help-predict-metastasis-following-prostatectomy-and-srt#sthash.pdRvEwlv.dpufA>

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### Model prostate shows how Bisphenol A (BPA) may increase cancer risk

31 July 2015 ChemicalWatch.com

Fetal exposure to bisphenol A (BPA) may increase the risk of developing prostate cancer by causing overproduction of stem cells, according to a US study. Rodent and *in vitro* tests have suggested that fetal exposure to BPA may predispose to prostate carcinogenesis with ageing.

To see if the same applies in humans, Esther Calderon-Gierszal and Gail Prins, from the University of Illinois at Chicago, developed a "pioneer" human model to study prostate development *in vitro*. They used human embryonic stem cells to develop a miniature 3D prostate "organoid". Exposure to BPA caused an overabundance of stem cells in "nests" throughout the organoid.

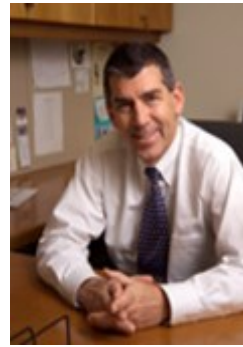
"The higher number of stem cells we saw in developing organoids given very low doses of BPA may be the underlying mechanism by which BPA increases the risk for prostate cancer," says Dr. Prins. The model could also be used to evaluate the effects of other endocrine disrupting chemicals, suggest the researchers, writing in the journal *Plos One*.

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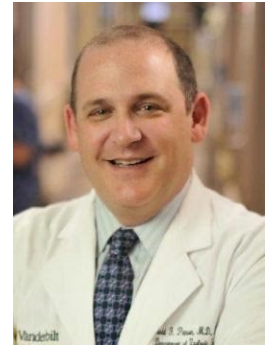
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Dr. James A Eastham



Dr. David F Penson

## Early Prostate Cancer Cases Fall Along With Screening

By DENISE GRADY NOV. 17, 2015

Published in NY Times

Fewer men are being screened for prostate cancer, and fewer early -stage cases are being detected, according to two studies published November 16 in *The Journal of the American Medical Association*. The number of cases has dropped not because the disease is becoming less common but because there is less effort to find it, the researchers said.

The declines in both screening and incidence “could have significant public health implications,” the authors of one of the studies wrote, but they added that it was too soon to tell whether the changes would affect death rates from the disease.

About 220,800 new cases of prostate cancer are expected in 2015, along with 27,540 deaths, according to the American Cancer Society.

Screening for prostate cancer, like mammography for breast cancer, has long been a subject of intense debate, with advocates insisting that it saves lives and detractors arguing that it leads to too much unnecessary treatment.

The decrease in testing is almost certainly a result of a recommendation against screening made in 2012 by the United States Preventive Services Task Force. The task force, an independent panel of experts picked by the government, found that risks outweighed the benefits of routine blood tests for prostate specific antigen, or PSA, a protein associated with prostate cancer.

Because prostate cancer often grows slowly, the panel said, screening finds many tumors that might never have harmed the patient. But they are treated anyway. As a result, it concluded, testing saves few lives and leads too many men into unneeded surgery or radiation, which often leaves them impotent and incontinent.

An editorial accompanying the articles, by Dr. David F. Penson, the chairman of urologic surgery at Vanderbilt University Medical Center, acknowledged that too much screening could do harm but suggested that the pendulum had swung too far the other way.

Rather than issuing a blanket recommendation against screening, Dr. Penson said, it would be better to “screen smarter” by testing most men less often and focusing more on those at high risk. One of the new studies, by researchers from the American Cancer Society, found that early -stage diagnoses of prostate cancer per 100,000 men age 50 and older dropped to 416.2 in 2012, from 540.8 cases in 2008, with the biggest decrease occurring from 2011 to 2012 — after a draft of the task force guidelines was released in October 2011. The authors estimated that the total number of diagnoses decreased to 180,043 in 2012 from 213,562 in 2011 — a difference of 33,519 cases.

That difference may indicate that many men were spared needless treatment — exactly what the task force had hoped to accomplish with its guidelines. But the authors also said, “Less screening or discontinuing screening may lead to missed opportunities for detecting biologically important lesions at an early stage and preventing deaths from prostate cancer.”

The percentage of men 50 and older who reported PSA screening in the previous 12 months dropped to 30.8 percent in 2013, from 37.8 percent in 2010. Although the study could not prove that the drop in screening caused the drop in diagnoses, the authors said it was the most plausible explanation. The findings were based on data from cancer registries and national surveys that asked men about prostate screening.

A second study, by researchers from several medical centers, also found a significant decline in PSA testing after the 2012 task force recommendations. “With PSA testing, we often detect cancers that don’t need to be treated — clinically indolent, meaningless cancers,” Dr. Penson said in an interview. “It is true that more men die with prostate cancer than of it.”

He said the recognition that many prostate cancers were indolent, or slow growing, and not deadly had led to major changes in medical practice, making doctors less inclined to automatically operate if cancer is found. (Next page)

## NY Times Article from page 7 Continued

The cancer society recommends that men discuss screening with their doctors to decide whether they should have it. Some men, told the pros and cons, decide against having any screening. Others opt for the testing, and if cancer is found, want it removed even though it might not be deadly.

But some who choose to be tested prefer another approach if cancer is found: “active surveillance,” which may involve repeated PSA tests and a biopsy every other year to find out if the cancer is growing and becoming more aggressive.

Dr. James A. Eastham, the chief of the urology service at Memorial Sloan Kettering Cancer Center in New York, said two long-term studies had shown that this type of monitoring was a reasonable way to determine which patients needed treatment. Most patients considered low risk turned out to have very low rates of cancer progression.

“Some do go on to treatment eventually, but the majority do not die of prostate cancer,” Dr. Eastham said. About 2 percent do die from the disease, he added. And he said that even with the best possible active surveillance, some patients will still be overtreated. Dr. Penson said that when active surveillance is explained, “of course men look and say, ‘That would be great if I can avoid having surgery or radiation.’”

“‘If you think this cancer is not a problem, Doc, I’ll take that every day and Sunday.’ It’s not hard to convince patients,”

Dr. Penson added. Dr. Eastham and Dr. Penson said there had been two extremes in testing, neither satisfactory. First, doctors screened all men over 50 with PSA tests and operated on all cancers. But now they may be heading toward the other extreme of not screening anybody.

Both doctors said that screening should be based on a man’s preferences and individual risk, and that better ways to screen were needed, methods that would let doctors zero in on the cancers that needed to be treated and could be cured. Promising new imaging techniques and blood tests for biomarkers that would reveal cancer are in the works, they said.

“But they’re not ready for prime time, so we’re stuck with the hand we’ve been dealt, the PSA test, which is an imperfect test,” Dr. Penson said. “But we can do a better job with it.” A version of this article appears in print on November 18, 2015, on page A1 of the New York edition with the headline: Prostate Advice Is Put in Doubt by New Study.

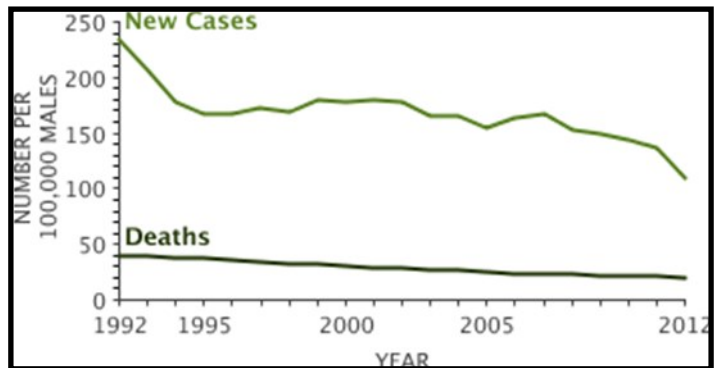
## Some Prostate Cancer Statistics

Percent Surviving 5 Years 98.9% 2005-2011

Number of New Cases and Deaths per 100,000:

The number of new cases of prostate cancer was 137.9 per 100,000 men per year. The number of deaths was 21.4 per 100,000 men per year. These rates are age-adjusted and based on 2008-2012 cases and deaths.

Number of New Cases Compared to Deaths per 100,000



Lifetime Risk of Developing Cancer:

Approximately 14.0 percent of men will be diagnosed with prostate cancer at some point during their lifetime, based on 2010-2012 data.

Prevalence of This Cancer:

In 2012, there were an estimated 2,795,592 men living with prostate cancer in the United States.

## HELP WANTED

Your PCSANM Board is always in need of your support and help. We have an opening for the Board of Directors. The job entails monthly Board meeting to run the organization, help us keep the office open 2 days a week, help with displays at health fairs, talk to groups about PCa, assist in getting newsletters and event publicity out, plan and organize our Fall Conference, help us keep the library working, and help with computer data work. If you would like to help on any of these tasks, as a Board Member OR just a volunteer, let us know by emailing or calling the office, or come in to the office. to talk and observe some of the tasks.

### Ovarian Cancer Drug Promising for Prostate Tumors Renalandurologynews.com October 15, 2015

In small study, olaparib targeted gene mutation in men who had failed other therapy.

(Lynparza (olaparib) targets mutations found in about 30% of men with prostate cancer, but may also benefit men whose tumors have acquired defects in DNA repair, according to research published in the *New England Journal of Medicine*.

For the study, 49 men with advanced prostate cancer who were no longer responding to standard therapies received olaparib. Of these, 16 (33%) responded to the drug. In these 16 patients, next-generation sequencing identified homozygous deletions, deleterious mutations, or both in DNA-repair genes.

The researchers also found that in the men who responded to the drug, olaparib appeared to halt prostate cancer growth and was associated with lasting reductions in prostate-specific antigen levels. The drug was also associated with reductions in tumor cells in the blood and a decrease in tumor size seen on computed tomography and magnetic resonance imaging.

"We observed that about a third of the patients had a response in the tumor, normally lasting over six months and many times over a year," lead researcher Joaquin Mateo, MD, a medical oncologist at the Institute of Cancer Research in London, told *HealthDay*. Only two of the 33 patients who did not respond to the drug had these genetic changes, he said. "Therefore, we believe we have found a way to predict which patients are likely to respond to this new therapy."

### Family History Does Not Predict Aggressive Prostate Cancer Renalandurologynews.com October 16, 2015

It is a risk factor for low-grade disease, however, Swiss investigators find.

Men with a positive family history of prostate cancer (PCa) have an increased risk of low-grade but not aggressive PCa, according to a new study.

Marco Randazzo, MD, of the University Hospital Zürich, Zürich, Switzerland, and colleagues studied 4,932 men who participated in the Swiss arm of the European Randomised Study of Screening for Prostate Cancer with systematic PSA level tests every 4 years. Of these, 334 (6.8%) had a positive family history of PCa (reported first-degree relatives diagnosed with PCa). The cumulative PCa incidence was 18% in those with a positive family history compared with 12% in those with a negative family history. The 2 groups had no significant differences in PSA level at diagnosis, biopsy Gleason score, or pathologic Gleason score among men who underwent radical prostatectomy.

On multivariate analysis, age, family history, and baseline PSA independently predicted overall PCa incidence, Dr. Randazzo's group reported online ahead of print in *BJU International*. Only baseline PSA level independently predicted a biopsy Gleason score of 7 or higher.

Regardless of family history, the researchers concluded, the current PSA-based screening setting detects the majority of aggressive PCa cases and misses only a minority of interval cancers with a 4-year screening algorithm.

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## Scientists Track Activity Of Cancer-Fighting Lycopene In Tomato

By Rina Marie Doctor, Tech Times | November 13

Lycopene found in tomatoes has long been associated with cancer prevention. To understand the concept better, scientists developed a technique that can track down lycopene activity in the body.

American scientists were able to track down the activity of lycopene inside the body following its consumption. The results of the study may pave the way for enhanced cancer treatments, specifically those targeted for prostate, lung and gastric cancers. Lycopene, which is a red carotenoid found in tomatoes, has long been theorized to intervene in the impact of tomato intake on preventing diseases. The researchers began their study a decade ago by first developing tomato cultures that would give heavier and traceable carbon molecules. They first learned how to optimize the generation of lycopene in tomato cultures. After that, they grew the most outstanding lycopene producers with non-radioactive carbon-13 sugars, enabling carbon-13 to be mixed with the lycopene molecules.

As majority of carbon found in nature is carbon-12, the lycopene that contains heavier carbon atoms is not difficult to follow inside the body. For the human clinical trials following the tomato cultures, the scientists traced lycopene in the blood of eight participants by making them consume lycopene labeled with non-radioactive carbon-13. They then extracted blood very hour for 10 hours. Further blood samples were obtained after days one, three and 28 of the experiment.

Study co-author John Erdman from the University of Illinois said that the findings of their investigation provided fresh information regarding the efficiency of absorption and speed of depletion of lycopene in the body.

"We determined its half-life in the body and now understand that the structural changes occur after the lycopene is absorbed," he said. Erdman added that the new methods could aid them to further comprehend the manner in which lycopene decreases the risk and tames down the severity of prostate cancer. He also said that through the study on lycopene, their team will be able to come up with dietary proposals to prevent prostate cancer, which is associated with how lycopene is metabolized in the body.

The study was published in the *American Journal of Clinical Nutrition* on Nov. 11.

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## Men's Health Supplements Don't Benefit Prostate Cancer Patients

Research suggests these products won't cut risk of disease spread or death

By Alan Mozes HealthDay Reporter  
Oct. 19, 2015 (HealthDay News) from PCF.org

A new study finds no evidence that men's health supplements help prostate cancer patients.

Although popular, such supplements do not appear to lower the risk for experiencing radiation treatment side effects; the risk that localized cancer will spread; or the risk that prostate cancer patients will die from their disease, researchers found.

The study focused on supplement use among more than 2,200 men newly diagnosed with localized prostate cancer.

"We suspected that these pills were junk. Our study confirmed our suspicion," said study lead author Dr. Nicholas Zaorsky, resident physician in radiation oncology at the Fox Chase Cancer Center in Philadelphia.

Roughly one in two new cancer patients try some type of dietary supplementation, often without their doctor's knowledge, the study authors say.

For this study, the pills in question were marketed as "men's formula" or "prostate health," often labeled with "clinically proven" or "recommended by urologists" on the bottle, Zaorsky said.

"We're talking about pills that are subject to very limited oversight and have never been studied," Zaorsky said.

The patients in this study were 36 and older, and underwent radiation treatment sometime between 2001 and 2012.

About 10 percent were taking one or more of roughly 50 different men's health supplements either during treatment or in the ensuing four years, Zaorsky said.

Many products bore the wording "clinically proven," or suggested they had anti-cancer benefits, without indicating what had been proven. None of the various brand formulations had been studied in a clinical trial, the study authors said.

More than 90 percent of the supplements contained saw palmetto. This plant extract is often promoted -- without definitive proof -- as a treatment for an enlarged prostate. Some ingredients (sometimes listed as "other" or "trade secret enzyme") remained unidentifiable, the researchers said.

Supplement use was not associated with any negative side effects. But after accounting for lifestyle factors such as exercise, diet and smoking, overall survival was no better for supplement users. And by every other measure, the research team concluded that men's health supplements offered no benefit with respect to prostate cancer outcomes.

Duffy MacKay, senior vice president of scientific and regulatory affairs for the Council for Responsible Nutrition, a trade association for the dietary supplement industry, disagreed with the findings.

MacKay said that most of the main ingredients in men's supplements have demonstrated significant health benefits in clinical trials, though not necessarily prostate cancer trials. Moreover, the study's assertions are the product of "someone with a conclusion in search of data," he said.

"I don't know what research databases they're looking at," MacKay said. "But they are not offering scientific evidence to support their position. And none of these products claim to treat disease. They're not allowed to."

MacKay added that the council encourages responsible supplement messaging, and recommends that patients talk to their doctors about whatever supplements they're using.

Dietary supplements are not subject to the same clinical trial review process that governs conventional drugs in the United States. The 1994 Dietary Supplement Health and Education Act places the burden of safety solely on the shoulders of supplement makers themselves.

Facilities involved in manufacturing dietary supplements must register with the U.S. Food and Drug Administration, but manufacturers and distributors are on the honor system when it comes to the truth of labeling claims.

Dr. Stephen Freedland, director of the Center for Integrated Research in Cancer and Lifestyle at Cedars-Sinai Medical Center in Los Angeles, said he does not recommend supplements to his patients.

"There is a growing number of studies that show they have no benefit, and may actually do harm," he said. Often, "patients don't understand the nuances of the claims being made.

"Maybe [some of these claims are] not mislabeling," Freedland added. "But it's misleading."

The findings were presented at the annual meeting of the American Society for Radiation Oncology, in San Antonio. Research presented at meetings should be considered preliminary until published in a peer-reviewed medical journal.

## Prostate Cancer Survival Rates: What They Mean From Webmd.com

As cancer diagnoses go, prostate cancer is often a less serious one. Prostate cancer is frequently slow-growing and slow to spread. For many men, prostate cancer is less serious than their other medical conditions.

For these reasons, and possibly because of earlier detection of low-grade prostate cancers, prostate cancer has one of the highest survival rates of any type of cancer. WebMD takes a look at prostate cancer survival rates and what they mean to you.

### Prostate Cancer Is Common With Aging

After skin cancer, prostate cancer is the most common cancer in men. About 1 in 7 men will be diagnosed with prostate cancer in his lifetime. And these are just the men who are diagnosed. Among very elderly men dying of other causes, a surprising two-thirds may have prostate cancer that was never diagnosed.

Only 1 in 36 men, though, actually dies from prostate cancer. That's because most prostate cancers are diagnosed in older men in whom the disease is more likely to be slow-growing and non-aggressive. The majority of these men eventually pass away from heart disease, stroke, or other causes -- not their prostate cancer.

### Prostate Cancer Survival Rates Are Favorable Overall

Thinking about survival rates for prostate cancer takes a little mental stretching. Keep in mind that most men are around 70 when diagnosed with prostate cancer. Over, say, five years, many of these men will die from other medical problems unrelated to prostate cancer.

To determine the prostate cancer survival rate, these men are subtracted out of the calculations. Counting only the men who are left provides what's called the relative survival rate for prostate cancer.

Taking that into consideration, the relative survival rates for most kinds of prostate cancer are actually pretty good. Remember, we're not counting men with prostate cancer who die of other causes:

99% of men with the most common types of prostate cancer overall will survive more than five years after diagnosis. For the more than 90% of men whose prostate cancer is localized to the prostate or just nearby, the prognosis is even better. Almost 100% of these men will live at least five years.

### Prostate Cancer Survival Rates Are Favorable Overall

Another way to put this last point is nine out of 10 men with prostate cancer have localized cancer. Almost none of these men will die from their prostate cancer over five years.

Fewer men (about 5%) have more advanced prostate cancer at the time of diagnosis. Once prostate cancer has spread beyond the prostate, survival rates fall. For men with distant spread (metastasis) of prostate cancer, about one-third will survive for five years after diagnosis.

Many men with prostate cancer actually will live much longer than five years after diagnosis. What about longer-term survival rates?

According to the American Cancer Society:

The relative 10-year survival rate is 91%.

The relative 15-year survival rate is 76%.

### Staging, Spread, and Survival Rates

As with all cancers, doctors use the term stage to describe the characteristics of the primary tumor itself, such as its size and how far prostate cancer has spread when it is found.

Staging systems are complicated. The staging system for most cancers, including prostate cancer, uses three different aspects of tumor growth and spread. It's called the TNM system, for tumor, nodes, and metastasis:

T, for tumor (which means a swelling, a growth or mass, and describes the cancer as found in its place of origin) describes the size of the main area of prostate cancer.

N, for nodes, describes whether prostate cancer has spread to any lymph nodes, and how many and in what locations.

M, for metastasis, means distant spread of prostate cancer, for example, to the bones or liver.

Using the TNM system, each man's prostate cancer can be described in detail and compared to other men's prostate cancer. Doctors use this information for studies and to decide on treatments.

As far as survival rates for prostate cancer go, however, the staging system is pretty simple. As we've mentioned, in terms of survival rates, men with prostate cancer can be divided into two groups:

Men with prostate cancer that is localized to the prostate or just nearby. These men have a high long-term survival rate for their prostate cancer. Almost all will survive their prostate cancer for longer than five years -- and well beyond for many men.

Men whose prostate cancer has spread to distant areas, like their bones. These men may need more aggressive treatment for their prostate cancer. Fewer of these men -- about one-third -- will survive their prostate cancer for more than five years.

In a good way, these figures are already outdated. Prostate cancer treatments are improving, and men are being diagnosed earlier than in previous years. Men diagnosed with prostate cancer today might have even better survival rates than these. For example, the five-year relative survival rate for men diagnosed with prostate cancer in 1990 was 92.9%, and now it's 99%.

## Working up a sweat may protect men from lethal prostate cancer

By Suzanne Leigh      Science Daily.com      November 18, 2015

A study that tracked tens of thousands of midlife and older men for more than 20 years has found that vigorous exercise and other healthy lifestyle habits may cut their chances of developing a lethal type of prostate cancer by up to 68 percent.

While most prostate cancers are "clinically indolent," meaning they do not metastasize and are nonlife-threatening, a minority of patients are diagnosed with aggressive disease that invades the bone and other organs, and is ultimately fatal. Lead author Stacey Kenfield, ScD, of UCSF, and a team of researchers at UCSF and Harvard, focused on this variant of prostate cancer to determine if exercise, diet and smoke-free status might have life-saving benefits.

In the study, published in the *Journal of the National Cancer Institute*, the researchers analyzed data from two U.S. studies: the Health Professionals Follow-Up Study that tracked more than 42,000 males ages 40 to 75, from 1986 to 2010; and a second, the Physicians' Health Study that followed more than 20,000 males ages 40 to 84, from 1982 to 2010.

To gauge the effects of lifestyle habits, the researchers developed a score based on the results of the health professionals survey, then applied it to the physicians' study. They assigned one point for each affirmative response to questions about regular intense exercise that induced sweating, body mass index (BMI) under 30, tobacco-free status for a minimum of 10 years, high intake of fatty fish, high intake of tomatoes and low intake of processed meat.

To reduce error, participants had to be free of diagnosed cancer at the start of the study and a four-year lag was imposed to rule out those who unknowingly had lethal prostate cancer, which was determined by evidence of "prostate cancer death or metastasis to the bones or other organs, excluding the lymph nodes." Cases were confirmed through medical records and pathology reports, and cause of death was determined by death certificate and medical record, and secondarily by next of kin.

### Vigorous activity trumps other lifestyle factors

The researchers identified 576 cases of lethal prostate cancer in the health professionals' group and 337 cases in the physicians' group. Participants with 5 to 6 points in the health professionals' group had a 68 percent decreased risk of lethal prostate cancer and a 38 percent decreased risk was observed in the physicians' group for the same comparison. For dietary factors alone, men with three points, versus those with zero points, had a 46 percent decreased chance of developing lethal prostate cancer in the health professionals' group. In the physicians' group this decrease was 30 percent.

While there were fewer cases and less detailed data collected in the physicians' study, the score was similar in both populations, indicating the potential benefit of healthy lifestyle habits in warding off lethal prostate cancer, said the authors.

"We estimated that 47 percent of lethal prostate cancer cases would be prevented in the United States if men over 60 had five or more of these healthy habits," said Kenfield, assistant professor in the Department of Urology at UCSF Medical Center, and formerly of the Department of Medicine at Harvard Medical School in Boston, where the study was initiated.

"It's interesting that vigorous activity had the highest potential impact on prevention of lethal prostate cancer. We calculated the population-attributable risk for American men over 60 and estimated that 34 percent of lethal prostate cancer would be reduced if all men exercised to the point of sweating for at least three hours a week," Kenfield said.

The researchers also calculated that lethal prostate cancer among American men over 60 would be cut by 15 percent if they consumed at least seven servings of tomatoes per week and that 17 percent would be spared this diagnosis if they consumed at least one serving of fatty fish per week. Reducing intake of processed meats would cut the risk by 12 percent, they reported. In contrast, the population-attributed risk for smoking was 3 percent, largely because the majority of older American men are long-term non-smokers.

### Lifestyle changes also prevent heart disease, diabetes

"This study underscores the ongoing need for more effective prevention measures and policies to increase exercise, improve diet quality and reduce tobacco use in our population," said senior author June M. Chan, ScD, from the departments of Urology, and Epidemiology and Biostatistics at UCSF. "It takes co-operation and effort from multiple areas, like insurance companies, employers, policy makers and city planners, to figure out how to creatively support and encourage more exercise into most busy adults' working day. These lifestyle habits align with other recommendations to prevent diabetes and heart disease."

About one man in seven will be diagnosed with prostate cancer during his lifetime, making it the most frequently diagnosed cancer in the United States, excluding non-melanoma skin cancer. According to the American Cancer Society, in 2015 there will be approximately 220,800 cases of prostate cancer and approximately 27,540 deaths.

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**Estonian Proverb: Whoever does not thank for little will not thank for much.**

## **PCSANM *Lifeline* Newsletter**

**January 2016**

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### **Chairman's Message, January 2016**

**I hope everyone has had a good holiday season. The Prostate Cancer Support Association wishes all our members well for 2016.**

**There have been changes for the better in the diagnosis and treatment of prostate cancer in the past year. The more widespread use of Active Surveillance for treating the low risk patient will cut down on unnecessary initial treatment and increase the quality of life for many men. The use of MRI imaging of the prostate will help to direct biopsies and reduce the number of samples needed for accurately diagnosing prostate cancer. Use of genetic testing has become a widespread aid in determining those patients who are at risk for aggressive prostate cancer as opposed to those patients that might have indolent disease. Earlier use of Provenge, Zytiga and Xtandi will make androgen deprivation therapy more effective. The acceptance of the C-11 Choline and C-11 Acetate scans will help identify lesions in the bones. The use of Xofigo to deliver targeted radiation from the inside of the bone cancer cells is a radical innovation for the patient with bone mets.**

**We are lucky to have all the new drugs and techniques now available to us. These were not available 10 years ago and we can expect many more new drugs and techniques to become available this year and into the future. WE ARE LUCKY INDEED!!**

**I wish all our readers good health and good fortune in the New Year .**



**Lou Reimer, Chairman of the Board**