Prostate Cancer Support Association of New Mexico

LIFELINE

PCSA Quarterly Newsletter

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Issue Highlights

Our website address
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Thanks We thank all of you who have made contributions to the organization to help keep us running. You can also designate donations through the United Way in the fall.

Urinary Incontinence: A Common Side Effect of Prostate Cancer Treatment from Johns Hopkins Health Alert

One of the side effects of prostate cancer treatment that concerns men the most is urinary incontinence. As treatments for prostate cancer improve, this complication will become less common. For now, however, men should be aware that there are effective ways to alleviate urinary incontinence.

Surgery or radiation therapy may irritate the urethra or bladder or damage the urinary sphincter (muscles that contract to prevent urine from flowing out of the bladder). As a result, some degree of urinary incontinence (inability to control bladder function) is common immediately after prostate cancer treatment.

For example, urge incontinence (the strong and sudden need to urinate, followed by a bladder contraction and involuntary loss of urine) is common for a few days after catheter removal in men who have undergone transurethral prostatectomy (TURP) for the treatment of benign prostatic hyperplasia (BPH). In the initial period after radical prostatectomy for prostate cancer, men typically experience stress incontinence, in which urine leakage occurs during moments of physical strain (such as sneezing, coughing or lifting heavy objects).

Recovering bladder control can be a slow process and may take up to six months. Fortunately, severe urinary incontinence occurs in less than 1 percent of men after surgery for BPH and in fewer than 3 percent of men following radical prostatectomy or radiation therapy for prostate cancer.

What to do. Several approaches can be taken to reduce urinary incontinence. These include lifestyle measures, Kegel exercises, collagen injections and implantation of an artificial sphincter. In addition, the use of absorbent products, penile clamps, external collection devices, catheters and medications also can help men cope with urinary incontinence resulting from treatment.

Posted in Prostate Disorders on February 2, 2012

FOUNDER Rae Shipp

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In Memory of

Roy G. Merryman

With Deep Sympathy and Regret, We List This Name

PC SUPPORT GROUP MEETINGS

Support Meetings are usually held on the first and third Saturday of each month at 12:30 PM. We meet at the Bear Canyon Senior Center, located at 4645 Pitt NE (on Eubank go one block north from Montgomery - Right (East) on Lagrima De Oro - Left (North) on Pitt to Senior Center).

Please call ahead to verify time and dates. 254-7784 or (800) 278-7678

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MEETINGs
Lou Reimer

DISCLAIMERS

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

Mummy Had History's Second-Oldest Prostate Cancer Case

By Heather Pringle, Science Now, wired.com, October 27, 2011

Some 2,250 years ago in Egypt, a man known today only as M1 struggled with a long, painful, progressive illness. A dull pain throbbed in his lower back, then spread to other parts of his body, making most movements a misery. When M1 finally succumbed to the mysterious ailment between the ages of 51 and 60, his family paid for him to be mummified so that he could be reborn and relish the pleasures of the afterworld.

Now an international research team has diagnosed what ailed M1: the oldest known case of prostate cancer in ancient Egypt and the second oldest case in the world. (The earliest diagnosis of prostate cancer came from the 2,700-year-old skeleton of a Scythian king in Russia.) Moreover, the new study now in press in the *International Journal of Paleopathology* suggests that earlier investigators may have underestimated the prevalence of cancer in ancient populations because high-resolution computerized tomography (CT) scanners capable of finding tumors measuring just 1 to 2 millimeters in diameter only became available in 2005. "I think earlier researchers probably missed a lot without this technology," says team leader Carlos Prates, a radiologist in private practice at Imagens Médicas Integradas in Lisbon.

Prostate cancer begins in the walnut-sized prostate gland, an integral part of the male reproductive system. The gland produces a milky fluid that is part of semen and it sits underneath a man's bladder. In aggressive cases of the disease, prostate cancer cells can metastasize, or spread, entering the bloodstream and invading the bones. After performing high-resolution scans on three Egyptian mummies in the collection of the National Archaeological Museum in Lisbon, Prates and colleagues detected many small, round, dense tumors in M1′s pelvis and lumbar spine, as well as in his upper arm and leg bones. These are the areas most commonly affected by metastatic prostate cancer. "We could not find any evidence to challenge this diagnosis," Prates says.

"I would agree that it's a case of metastatic prostate cancer," says Andreas Nerlich, a pathologist at the Academic Hospital Munich-Bogenhausen in Germany, who was not involved in the research project. "This is a very well-done study."

Researchers have long struggled to detect evidence of cancer in the skeletons and mummified flesh of the ancient dead. But recorded cases of cancer in ancient populations are rare. Indeed, one study published in 1998 in the *Journal of Paleopathology* calculated that just 176 cases of skeletal malignancies had been reported among tens of thousands of ancient humans examined. The low number of cases prompted a theory that cancer only began flourishing in the modern industrial age, when carcinogens became more widespread in food and in the environment and when people began living longer, giving tumors more time to grow and proliferate.

But ancient populations, says Albert Zink, a biological anthropologist at the Institute for Mummies and the Iceman in Bolzano, Italy, were no strangers to carcinogens. Soot from wood-burning chimneys and fireplaces, for example, contains substances known to cause cancer in humans. And the bitumen that ancient boat builders heated to seal and waterproof ships has been linked to lung cancer as well as tumors in the respiratory and digestive tracts. "I think cancer was quite prevalent in the past," Zink says, "more prevalent than we have been able to see."

But that situation may be changing, Prates says, as physical anthropologists gain access to the new generation of high-resolution CT scanners. The equipment that Prates and his colleagues used to study M1, for example, has a pixel resolution of 0.33 millimeters, allowing radiologists to visualize even fleck-sized lesions.

For scientists studying the origins of cancer and the complex interplay of environment, diet, and genes on the prevalence of the disease, such improved detection could shed new light on a disease that has plagued humanity for many thousands of years, if not longer. "And for sure there's always the hope that reaching a better understanding of the roots of cancer will help contribute in some way to a cure," Zink concludes.

Can Immunotherapy Benefit Men with Localized Prostate Cancer? From PatientPower.info Feb 8, 2012

Dr. Tia Higano, a professor in the division of medical oncology at the University of Washington School of Medicine, describes research that suggests that a prostate cancer "vaccine" therapy (sipuleucel-T, or trade name Provenge) may have promise if used in early stage prostate cancer, either alone or in combination with other late-stage investigational medicines. Dr. Higano goes on to discuss how several agents in development may soon give men with advanced prostate cancer more options than ever before, including treatments that may be more powerful in combination than as single-agent therapies. Dr. Higano also explains how the research questions in the near future will focus on discovering how and when to best use various treatments over the course of therapy.

And on another note, Lance Bell, who recently presented to our support group about his company, Dendreon, and Provenge, tells us there are 5 sites in NM that utilize the therapy: New Mexico Cancer Center, Presbyterian Cancer Center, Hematology Oncology Associates, all in Albuquerque; New Mexico Cancer Care in Santa Fe; and New Hope Cancer Center in Las Cruces. www.provenge.com

Research on Smoking and Prostate Cancer from Johns Hopkins Health Alerts December 2011

Apparently, there's another reason to quit smoking: A study published in the *Journal of the American Medical Association* suggests that smoking at the time of prostate cancer diagnosis is associated with an increased risk of prostate cancer recurrence as well as an increased risk of dying of prostate cancer. This is the first large-scale study to demonstrate that smoking increases the risk of dying of prostate cancer.

Researchers followed 5,366 men diagnosed with prostate cancer over two decades. Of these, 1,630 died -- 524 due to prostate cancer and 416 due to cardiovascular disease --and 878 had recurrences of their prostate cancer after treatment. When compared with men who had never smoked, those who were smoking at the time of diagnosis had an approximately 60 percent greater risk of both prostate cancer recurrence after treatment and death due to prostate cancer. Furthermore, the greater the number of years spent smoking, the greater the risk of death due to prostate cancer.

On a positive note, the study demonstrated that participants who had quit smoking for 10 or more years experienced prostate-related death and recurrence rates similar to those of nonsmokers.

African Americans have the highest incidence of prostate cancer, followed by white Americans. Although the cause of prostate cancer remains unknown, risk factors include age, family history, race and hormone levels -- with advancing age being the most notable risk factor.

The American Cancer Society recommends that men at average risk discuss prostate cancer screening with their doctor at age 50. For African Americans and men with a family history of prostate cancer, the society recommends having the discussion even earlier—starting at 40 to 45 years of age.

Take away. As many of us already know, smoking is linked to a variety of deadly diseases, including cardiovascular disease and lung cancer. For multiple reasons, if you're a smoker, it's always a good idea for you to quit. This study suggests that if you have prostate cancer and you smoke, it makes sense to quit for this reason, too. And if you're at increased risk for prostate cancer, it's smart to quit now in case you're later diagnosed with the disease.

14 Fact sheets

Men with prostate cancer often have troubling symptoms that continue after treatment has ended. We want to share important information you can use to help men diagnosed and/or treated for prostate cancer. Developed by a team of prostate cancer survivors, nurses and physicians with expertise in prostate cancer in collaboration with the Michigan Department of Community Health, this series of 14 fact sheets is designed to help men and their loved ones manage these symptoms and other problems that can occur following treatment. Each fact sheet describes a symptom, provides practical tips for managing it, and indicates when further professional help is needed. Accompanying the fact sheets is a list of websites that men and their loved ones can visit to learn more about prostate cancer.

The fact sheets about symptoms after prostate cancer treatment are available in English, Spanish and Arabic and can be found at:

http://www.prostatecancerdecision.org/MCCfactsheets.htm

Today we are asking you to share this info and these resources with agencies that serve Hispanic and Arab American populations.

Web sites offering information about Prostate cancer (September 2009; *available as an Adobe Acrobat PDF file)**

Michigan Cancer Consortium (MCC) Prostate cancer Resource Page (in support of the MCC Prostate cancer goal for 2009-2015)

Task Force to Men: Don't Get PSA Test

Draft Guidelines Advise Against Common Prostate Cancer Screening Test From WebMD.com

February 10, 2012

Oct. 7, 2011 -- Men should just say "no" to prostate cancer screening with the common PSA blood test, according to draft guidelines from the U.S. Preventive Services Task Force. About a third of men over age 40, and about half of men age 65 to 79, get regular blood tests for prostate specific antigen, or PSA.

Rising PSA levels are an early sign of prostate cancer, but the test gives a false cancer signal up to 80% of the time. Moreover, not all PSA-detected prostate cancers are dangerous. "The common perception that PSA-based early detection of prostate cancer saves lives is simply not supported by the scientific evidence," task force co-vice chair Michael L. LeFevre, MD, MSPH, professor of family and community medicine at the University of Missouri, tells WebMD.

The task force's draft statement, leaked to the press a week early, will be open for public comment next week before becoming the official recommendation of the U.S. government's top expert guideline panel. The statement already is drawing harsh criticism, particularly from the American Urological Association.

"It is our feeling that, when interpreted appropriately, the PSA test provides important information," AUA President Sushil S. Lacy, MD, says in a news release. "Until there is a better widespread test for this potentially devastating disease, the [task force] -- by disparaging the test -- is doing a great disservice to the men worldwide who may benefit from the PSA test." Criticism also comes from biostatistics expert Ruth Etzioni, PhD, of the Fred Hutchinson Research Center. Etzioni has served on prostate-cancer screening guidelines panels of the AUA, the American Cancer Society, and the National Comprehensive Cancer Network.

"The task force is oversimplifying a complex series of [clinical trial] results," Etzioni tells WebMD. "I think there is real evidence of benefit for PSA screening. Death rates from prostate cancer have gone down … It is hard for me to believe all that is due to better treatment." But Len Lichtenfeld, MD, deputy chief medical officer for the American Cancer Society, says the proposed guidelines reflect the hard reality that PSA testing does not appear to save lives.

"In the American Cancer Society's 2010 guidelines, we said we were uncertain: The evidence is not convincing that PSA testing works," Lichtenfeld tells WebMD. "We feel the task force came to a reasonable conclusion." Just as women once were told that hormone replacement therapy would prevent heart disease -- until scientific studies showed that it did not -- Lichtenfeld says current evidence strongly suggests that doctors were wrong to tell men that PSA testing would protect them from dying from prostate cancer.

"Men need to know the truth," Lichtenfeld says. "We have gone through 20 years where we have had strong voices telling us PSA testing works. So there is a huge component of men who believe PSA testing has saved their lives. Now, when we say it wasn't necessarily so, that becomes a difficult conversation." PSA: Harm Without Benefit? The idea of PSA screening is that it will detect early prostate cancers that can be cured. But clinical trials fail to show that PSA screening cuts prostate-cancer death rates.

"At this point we have had over 370,000 men enrolled in clinical trials, and we still do not see a significant benefit," LeFevre says. "If there is a benefit, it is very small. That is different from zero benefit, but the true benefit is somewhere between small and none." The harm from a PSA test is that a positive test leads to a biopsy. Biopsy can detect prostate cancer -- but that's where troubles begin. "The major problem is that most of the cancers we detect do not need to be treated, but we do not know which ones do need to be treated," LeFevre says. "And these treatments do have significant harms."

Etzioni argues that the Gleason score -- a scale used to evaluate prostate cancer severity -- tells doctors which cancers should be treated and which should not. But Lichtenfeld agrees with LeFevre that "we do not have a test to tell which cancers are indolent and which are aggressive." Once they learn they have a prostate cancer, most U.S. men want treatment. And LeFevre notes that treatment carries very real risks.

For every 1,000 men who undergo prostate-cancer surgery, five die within a month. Another 10 to 70 men will have complications of surgery. And 200 to 300 of these men will go on to have long-term urinary incontinence, impotence, or both.

"The net result is that doctors and patients and families are going to have to have very careful conversations with their doctors that really emphasize what the scientific evidence shows," Lichtenfeld says. "And that is not overwhelmingly in favor of PSA testing." Even though Etzioni supports PSA testing, she says only a certain group of men should seek it.

"I really think a man should go in for a PSA test if he is going to be comfortable with the notion of living with a low-risk cancer," she says. "The problem is that we as a society are not able to hear the word 'cancer' and not want to treat it. We need to understand prostate cancer better and know it is a very variable disease. There are high-risk cases that need to be treated and many, many low-risk cases that do not."

Communications and technology from the new guy, Jerry Cross

We mail out over 950 newsletters each quarter. The news itself may be several months old, but the sources can be accessed to keep current.

We only have 250 members who receive email announcements of meetings and special events. We promise not to send out more than one per week. If you aren't on our email list, please call or email the office to get on the list.
The webpage is updated every week or so, and it is very current for meeting announcements. We hope to put a counter on the page so we can see how often it is looked at. And we hope to put pictures of Board members and speakers on soon. Both the webpage and emails must be accessed from the office.

The fastest and easiest way to update members is through our Facebook page. I can do that even when I am travelling out of state. Stuff goes on there first before I even go to the office. And not just meeting announcements, but news from organizations, such as Prostate Cancer Research Institute, ZERO-the project to end prostate cancer, and Cancer Services of New Mexico
If you, or anyone in your family does FB, please LIKE us to get meeting announcements and other info.You do not have to be a FB member to see our news and updates. You can read all our posts, you just can't answer back. This is the most current info available. We are at www.Facebook.com/ ProstateCancerSupportNM

We would like to do a shout out to our printer, Michael Smiel at Albuquerque Print Works, 670 Juan Tabo NE, Suite C, Albuquerque NM 87123 He has done great work for us over the years, His phone is 293-0037

Twelve Strategies for Reducing your Risk of Cancer from University of California, Berkeley Wellness Newsletter

1. Don't smoke or use any tobacco product
2. Keep the weight off
3. Get off the couch
4. Eat a healthy diet
5. Drink less alcohol
6. Limit high heat cooking
7. Limit sun exposure
8. Limit radiation form medical imaging tests
9. Test your home for radon
10. Test your water for arsenic
11. Decrease your workplace exposure to carcinogens
12. Limit your exposure to air pollution-outdoors and indoors

Dutasteride as a single agent for low risk Prostate Cancer from New Prostate Cancer Infolink Jan 24, 2012

According to data just reported in The Lancet, ***some*** men with low-volume, low-risk prostate cancer may be able to delay progression of their disease if treated ***only*** with the 5α-reductase inhibitor dutasteride (Avodart®).

Fleshner et al. conducted a multi-center, randomized, double-blind, placebo-controlled trial (the REDEEM trial) in men aged between 48 and 82 years who had low-volume prostate cancer (Gleason score 5 or 6) and who had elected to follow an active surveillance protocol as opposed to any form of immediate treatment. All patients in this trial were recruited and treated at academic medical centers in North America. The participants were randomly assigned to be treated with 0.5 mg of dutasteride once a day or to a matching placebo; they were followed for 3 years (which is obviously a limited follow-up period), with 12-core biopsies at 18 months and 3 years of follow-up.

The primary endpoint for this study was time to prostate cancer progression, defined as the number of days between the start of study treatment and the earlier of either pathological progression (in patients with one or more biopsy assessment after baseline) or therapeutic progression (start of medical therapy).

Prostate Cancer Research in Albuquerque

Frederick Snoy, MD Urology Group of New Mexico-Clinical Research
505 872 4091 www.UGNM.com

One of the most important activities the medical community can pursue is clinical research to develop new medications to fight and hopefully, some day, cure this disease. In the last few years there has been a lot of progress in understanding the biology of prostate cancer.

Prostate cancer and its relationship and interaction with bone have been an area of intense study. This has led to the development and approval of Zometa and Denosumab. Both of these are medications that help prevent the bone density loss when men are on hormone therapy for Prostate cancer.

Another area of research has been in hormone therapy for prostate cancer. Studies are ongoing on new medications that will remove testosterone, the male hormone, but not cause so many of the side effects, like hot flashes, and weight gain. Other drugs, like the recently approved Abiraterone, which bring the testosterone level down to nearly zero, are under study and making their way through the clinical study process.

Sipuleucel-T or Provenge was recently approved for patients with metastatic, but minimally symptomatic prostate cancer. This is a vaccination based treatment to stimulate ones immune system to fight this disease and has been shown to extend survival. Other vaccine based therapies such as ProstVac are under investigation as well.

A few years ago docataxel was approved as an effective chemotherapy option for advanced prostate cancer. Just recently cabazitaxel was also approved, and seems to be a good option when the docataxel is no longer producing a response.

The list goes on, Alpharadin, etc. etc. Studies of medications to prevent the development of prostate cancer have also been an active area of study and patient recruitment.

So there is a lot of activity and this is very hopeful! These medications are studied and become available through a clinical research process. The patients receive these medications and are watched very carefully for improvement in their condition, increased survival as well as side effects and medication problems. If there is demonstrated safety and benefit from the medication the FDA usually will approve it for general use and availability. Patients who enter these studies have the opportunity avail themselves of the newest medications on the vanguard of prostate cancer treatment. Studies are provided free to the patients, and some provide a stipend. The possible risks and side effects are reviewed clearly with participants beforehand. Most cancer studies do not have a placebo component. Patients who enroll in these studies contribute in a huge way to the development of our knowledge of how to fight this disease, helping their contemporaries and future generations and even their own offspring.

Believe it or not there is a fair amount of research activity going on right here in Albuquerque. A number of the oncology groups in town have studies available. I have been doing clinical research studies for twenty years, and have participated in bringing a number of the above mentioned drugs through the approval process. I recently have had, have, or will have clinical research studies testing new hormone therapy options and vaccines for advanced prostate cancer. If you or someone you know might benefit or want to contribute to moving treatment options forward discuss it with your physician and contact my office to see if you might qualify for one of these studies, or get on a list for upcoming treatments opportunities.

PCSA *Lifeline* Newsletter
April 2012

Prostate Cancer Support Association
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Message from the Chairman

I am very happy to report that PCSANM is doing great! We are into our third month of new operating procedures and settling into a new way of doing business. This success is due in part to excellent transition support provided by Joe and Kristie as well as the Board members assuming the numerous tasks ranging from taking phone calls, to managing our online projects, to conducting Saturday support programs. You, the membership, have also been great in your support. You continue to be generous financially plus volunteer your time and talents---Thank You.

Several of our long time Board members have retired and we are in the process of filling those vacancies. You met our latest member, Jerry Cross, in the last Newsletter. We are interviewing several candidates and will introduce our newest Board members in the next Newsletter.

If you have not looked at Jerry's new and improved web pages now is a good time to key in <pcsanm.org> and check them out. He has set us up on *facebook* where you can leave us comments and/or suggestions. Please share your thoughts with us and let us know what you would like to see and hear both in the Newsletter and the Saturday meetings.

And now the lighter side---
Q: Why should 70+ folks use valet parking?
A: Valets don't forget where they parked your car.

Good health to all,

Robert Wood, Board Chairman