Prostate Cancer Support Association of New Mexico

LIFELINE

PCSANM Quarterly | April 2013 | Volume 20, Issue 2

Issue Highlights

Our website address
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New Meeting place as of January 19, 2013

This meeting will start our tenure at North Domingo Baca Multigenerational Center while the Bear Canyon Senior Center undergoes renovation. The Multigenerational Center is at 7521 Carmel NE , Albuquerque. The center is located two blocks north of Paseo del Norte on the west side of Wyoming.

Daily Sildenafil Citrate During Radiotherapy for Prostate Cancer Improves Erectile Function Preservation

By Michael J. Zelefsky MD, Marisa A. Kollmeier MD, John P Mulhall MD
Memorial Sloan-Kettering Cancer Center

Memorial Sloan-Kettering researchers led a multicenter study of 290 patients with clinically localized prostate cancer that had been treated with external beam radiotherapy and/or permanent interstitial implantation. The results were presented at the 2012 American Society for Radiation Oncology 54th Annual Meeting on Monday, October 29, 2012.

The concept of penile rehabilitation after prostate cancer therapy revolves around preservation of corpus cavernosal endothelial and smooth muscle integrity. A randomized, placebo controlled trial (RPCT) supports the PDE5 inhibitor sildenafil citrate (SC) as a rehabilitation strategy in men after radical prostatectomy. This study was done to determine if the use of adjuvant daily SC during and after radiotherapy for prostate cancer improves erectile function preservation.

Patients were enrolled in a randomized prospective trial comparing daily SC (50 mg) to placebo (2:1 randomization). Medication/placebo was initiated 3 days before treatment and continued daily for 6 months, after which the drug therapy was discontinued and taken on an as-needed basis. Patients completed the international index of erectile function (IIEF) and international prostate symptom score (IPSS) questionnaires pre-therapy and at 6, 12 and 24 months post-treatment.

The IIEF overall scores were significantly higher in the SC arm compared to for placebo at 6 months, 12 months, and 24 months after therapy.

Conclusions

- Sildenafil citrate was associated with improved sexual function outcomes after radiotherapy when given to patients during and after RT for patients with prostate cancer.
- When controlled for baseline IIEF and age of patient, significant improvements for total IIEF scores and overall satisfaction were observed in the Sildenafil arm.
- Additional randomized trials will be needed to corroborate these findings.

This is the first randomized trial to show a benefit for daily sildenafil in patients getting radiotherapy for prostate cancer.

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In Memory of

Edward M Hartman

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. **As of January 19, 2013**, they will be held at the North Domingo Baca Multigenerational Center while the Bear Canyon Senior Center undergoes renovation, for at least several months. The Multigenerational Center is at 7521 Carmel NE , Albuquerque. The center is located two blocks north of Paseo del Norte on the west side of Wyoming. Please call ahead to verify time and dates. 254-7784 or (800) 278-7678; or check website or Facebook page.

PCSA *Lifeline*

A quarterly newsletter addressing issues of prostate cancer

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Jerry Cross

MEETINGS

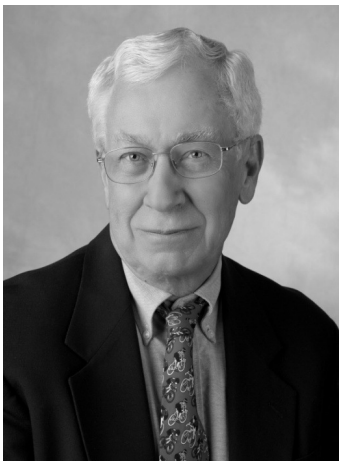
Lou Reimer

DISCLAIMERS

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

Dr. Lindberg's Take

Dr. Peter Lindberg, MD



Northern New Mexico Cancer Care
Dr. Lindberg is accepting new patients.
Call 505.662.3450 for an appointment.

Update from recent journal reports and GU ASCO meeting:

New England Journal January 21, 2013 reported long term 15 year side effects from prostate cancer therapy, radical prostatectomy, or definitive radiation therapy. No significant difference was found in "functional Outcomes" that is sexual potency and urine control. However at five years after treatment urine control and ability to have an erection adequate for vaginal intercourse was much better with the radiation form of treatment. Recent reviews also demonstrate equal cure rates for radiation and radical prostatectomy. I believe that the fewest side effects are associated with brachytherapy. With this form of therapy (radioactive seeds), experience counts. My patients have had this procedure done by Dr. Peter Grimm in Seattle, with excellent outcomes.

The annual February GU Oncology meeting in Orlando; medical oncologists: radiation oncologists, and urologists updated current thinking and results in prostate cancer management. A few of the highlights using the MRI with an endorectal coil yields very important information and aids in selecting men who should be watched with active surveillance. Seeing the extent of the cancer is important in finding those men who need immediate curative treatment. Color Doppler ultrasound of the prostate as done by Duke Bahn in Ventura California also shows the extent of the cancer. In addition color Doppler guidance allows him to biopsy the exact areas of concern in the prostate. Duke has followed with me a number of men over the years. When cancer has worsened we have been able to catch it in time. An abstract from the Moffit Cancer Center in Miami demonstrated that for men on active surveillance at least two biopsies a year apart gives as good long term results as more frequent biopsies. Rising psa alone (psa velocity) is not enough to pick out men whose cancer is getting worse. Two very large clinical trials adding a second drug to taxotere (docetaxol) showed no improvement in survival compared to taxotere chemotherapy alone. I continue to use a different chemo combination developed by Bob Leibowitz taxotere, carboplatinin, emcyt, decadron+ a blood thinner given 3/4 weeks for 15 doses. About 80% respond with long term >1 year benefit in about half the patients.

Cabozantinib, an oral agent, continues to show dramatic benefit for men whose cancer has spread to the bone. Side effects are frequent. A lower dose is being studied. FDA approval could come within the next several years. Radon 223 gives improved survival for treated men with bone cancer and I expect approval also in the next few years. Provenge remains controversial not least because of cost as well as difficulty measuring benefit. A case study described a man who was responding to xtandi-enzalutamide. The cancer started to return and the man was given Provenge. The patient insisted on continuing the xtandi. Six months later he was back in remission. I say the Immune System works in mysterious ways. Another abstract reports that with Jevtana chemotherapy 20 % of patients can get a psa "flare" . One of my patients had complete relief of bone pain after first dose of Jevtana but the psa ROSE. Patient continues to do well after three treatments. A new breast cancer drug received FDA approval an antibody attaches to a breast cancer cell. At that point a linkage protein dissolves and introduces a very toxic chemo drug directly into the cancer rather into the blood stream. A similar agent is being studied in prostate cancer targeting PSMA antigen on the prostate cancer cells. Phase 2 trials being started available in Las Vegas with Dr. Nicholas Vogelzang. Next big information load should be coming in June and July from my society, the American Society of Clinical Oncologists.

Medscape Medical News from the:
2013 Genitourinary Cancers Symposium (GUCS)

Shorter ADT Appears to Be Best for High-Risk Prostate Cancer

Nick Mulcahy Feb 12, 2013

Long-term androgen blockade in men with high-risk localized prostate cancer can be safely reduced from the current standard of 36 months to 18 months without compromising survival, according to results from a phase 3 trial.

At a median follow-up of 77 months, overall survival rates were comparable in the 36-month and 18-month treatment groups (77.1% vs 76.2%), according to lead study author Abdenour Nabid, MD, associate professor at Centre Hospitalier Universitaire de Sherbrooke in Quebec, Canada.

He spoke at an American Society of Clinical Oncology presscast being held in advance of the 2013 Genitourinary Cancers Symposium, February 14 to 16, in Orlando, Florida.
All of the men in the study were also treated with radiotherapy.

"This may very well change the standard of care in patients with
this stage of disease," said presscast moderated Bruce J. Roth, MD, who is professor of medicine in the division of oncology at the Washington University School of Medicine in St. Louis, Missouri.

The study involved high-risk men, defined as having at least 1 of the following risk factors: T3 to T4 disease, a prostate-specific antigen (PSA) level above 20 ng/mL, or a Gleason score above 7. All of the men had node-negative disease.

About 15% of all localized prostate cancers are high-risk, said Dr. Roth.

The combination of radiotherapy plus long-term androgen deprivation is one of the standard treatments for these men.

The typical duration (range, 24 - 36 months) was established in 2 previous clinical trials, according to the study authors. The 36-month duration was chosen "almost randomly," Dr. Roth pointed out. "The optimal duration of androgen blockade is not yet defined," noted Dr. Nabid.

The impetus to shorten the duration of androgen deprivation is to diminish the related adverse effects, which collectively can make patients "quite miserable," said Dr. Nabid.

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The longer the therapy, the lower the likelihood that testosterone levels will recover, said Dr. Roth. "There is a price to pay if you permanently reduce testosterone to castrate levels," he noted, referring to the many adverse effects of androgen deprivation, which include an increased risk for cardiovascular disease, hot flashes, loss of libido, erectile dysfunction, weight gain, loss of bone density, loss of muscle mass, and depression.

The study results presented thus far have not included any data on adverse events.
With less androgen deprivation therapy, the cost of treatment for high-risk prostate cancer also goes down, said Dr. Nabid.

"For the benefit of the patients, we hope these results will convince doctors that they can stop hormone therapy after 1 and a half years instead of 2 to 3 years," he said in a press statement.

Survival Data and More

The 630 study participants (average age, 71 years) were randomized to either 36 or 18 months of androgen-blockade therapy, consisting of bicalutamide 50 mg (a nonsteriodal antiandrogen) for 1 month and goserelin 10.8 mg (a luteinizing hormone-releasing hormone [LHRH]) every 3 months before, during, and after pelvic and prostate radiotherapy.

From October 2000 to January 2008, 310 patients were randomized to the 36-month group and 320 to the 18-month group. Most had T2 to T3 disease.

At 5 years, overall survival in the 36-month and 18-month treatment groups was comparable (92.1% vs 86.8%; $P = .052$); the same was true at 10 years (63.6% vs 63.2%; $P = .429$).
Similarly, at 5 years, disease-specific survival in the 36-month and 18-month treatment groups was comparable (97.6% vs 96.4%; $P = .473$); the same was true at 10 years (87.2% vs 87.2%; $P = .838$).

Maybe too late for most of us, but you can advocate for or advise another man

Prostate Cancer Symptoms from prostatecancerfoundation.org

Not everyone experiences symptoms of prostate cancer. Many times, signs of prostate cancer are first detected by a doctor during a routine check-up. Some men, however, will experience changes in urinary or sexual function that might indicate the presence of prostate cancer. These symptoms include:

- A need to urinate frequently, especially at night
- Difficulty starting urination or holding back urine
- Weak or interrupted flow of urine
- Painful or burning urination
- Difficulty in having an erection
- Painful ejaculation
- Blood in urine or semen
- Frequent pain or stiffness in the lower back, hips, or upper thighs

You should consult with your doctor if you experience any of the symptoms above.
Because these symptoms can also indicate the presence of other diseases or disorders, such as BPH or prostatitis, men will undergo a thorough work-up to determine the underlying cause.

Editor: Here is a little science anatomy and physiology lesson on what our prostate was designed to do under normal circumstances. This also gives you some insight into why we PC survivors have to deal with what we do. ***From www.bewellbuzz.com and other sources***

The Prostate's Purpose:

1. Gland: The primary job of the prostate is to produce and secrete some of the alkaline seminal fluids during ejaculation (about 30-35% of the semen ejaculate). Being alkaline, the prostate fluid, which is milky whitish in color, helps the sperm survive in the acidic vaginal environment. The prostate is considered to be a gland since glands secrete something.

2. Mix Master: The prostate mixes its fluids with those from the seminal vesicles to transport the sperm made in the testicles. Together these fluids surge through the prostate into the urethra during ejaculation. The urethra doubles as the semen tube during ejaculation and as the urine tube from the bladder, both fluids exiting the tip of the penis. The section of the urethra that runs through the prostate gland is called the prostatic urethra and is about 3cm (1½") long.

Prostate-specific antigen (PSA) is a fluid produced in the prostate, playing a key role in enabling the sperm to swim into the uterus by keeping the semen in liquid form. It counteracts the clotting enzyme in the seminal vesicle fluid, which essentially glues the semen to the woman's cervix, next to the uterus entrance inside the vagina. PSA dissolves this glue with its own enzyme so that the sperm can dash into the uterus and impregnate an egg if it is there.

It is this same PSA that is tested during the PSA blood test, a very controversial test because of the many factors that can cause the results to vary widely.

3. Muscle: The prostate is also a muscle that pumps the semen out through the penis with enough force to enter into the vagina to help the sperm succeed in reaching the cervix and ensuring procreation of the species.

4. AH!: An added bonus for males, the pumping action of the prostate sure feels good, making sex desirable and thus helping procreation.

5. G: The prostate is the male G-spot. Prostate stimulation can produce an exceptionally strong sexual response and intense orgasm in men that are receptive to this sexual technique. The ability to control ejaculation at the prostate can also lead to prolonged orgasms and "injaculations" where no semen is expelled. This is done in advanced Taoist and Tantric sexual practices to contain the sexual energy internally.

6. Filter: The prostate also filters and removes toxins for protection of the sperm, which enhances the chance of impregnation and ensures that men seed with the optimum quality of sperm. This is perhaps the **prostate's most important function** and, at the same time, can be one of the main reasons there is a growing epidemic of prostate disease and cancer as men deal with more and more toxins in food and the environment.

7. Erections: The prostate erection nerves are responsible for erections. These nerves trigger the penis to swell and harden with extra blood flow into it, producing an erection. If these nerves, which attach to the sides of the prostate, get damaged then erectile difficulties are guaranteed. That is why many medical prostate procedures (surgery or radiation) have an unwanted side effect of erectile difficulties or impotence. they can to enhance the health of their prostate – an unhealthy prostate can have an enormous impact on sexual function and simple daily urination.

8. Secretions: Prostatic secretions also play a valuable role by protecting the urethra from urinary tract infections, which seem to be much more rare in men than women.

9. Valves: The prostate, which surrounds the upper part of the urethra tube just below the bladder (the prostatic urethra), controls the flow of urine. It prevents urine from leaving the bladder, except when released by urination. It also prevents urine from damaging ejaculate during orgasm.

It does this with two small prostatic muscles called sphincters. They act as gatekeepers with shut-off valves to control and regulate the dual-purpose urethra tube. These gatekeepers ensure the right fluids flow at the right time – urination or ejaculation. Not a bad design!

One sphincter is located where the bladder and the upper part of the prostate meet (the internal upper sphincter). When functioning properly, it prevents urination until it's time to go and stops seminal fluid from shooting backwards into the bladder during ejaculation. When damaged, semen is forced back into the bladder and eventually exits with normal urination. This is known as retrograde ejaculation and is another possible side effect of prostate surgery – no chance of seeding a woman then!

The second, external lower sphincter is at the base of the prostate and is subject to our control. It prevents dribbling after peeing and is how we voluntarily can delay urination when inconvenient to go. Incontinence occurs when control of either sphincter is damaged and urine leaks or flows uncontrollably, thus forcing many men with prostate problems to wear adult diapers.

It's easy enough to voluntarily control the lower sphincter and to stop urine or semen from exiting if you have enough Kegel muscle control, the ability to squeeze the flow shut. Either one of these sphincter muscles will block the urine until the urge to pee happens and the timing is right to release and let the urine flow.

An enlarged prostate or BPH can squeeze the prostatic urethra tube and the upper or lower sphincter, making urination difficult with a host of unpleasant, uncontrollable symptoms. BPH surgeries that remove part of the prostate can easily have side effects of incontinence or retrograde ejaculation.

10. Hormones: The prostate gland contains a crucial enzyme, 5-alpha-reductase. This enzyme converts the hormone testosterone in the body to DHT (dihydrotestosterone), which is at least ten times more powerful than simple testosterone. This potent hormone DHT has several purposes including male sexual drive and function. Over time, a build-up of toxins in the prostate may affect the production of this enzyme, which is then responsible for the declining sex drive in men as they age.

DHT and testosterone have mistakenly been targeted as guilty hormones in prostate problems rather than the excessive rise in modern male estrogen levels, leading often to medical interventions with serious side effects including lack of libido. Estrogen levels rise because of the prevalence of estrogens in factory foods, commercial meats and dairy, and estrogen-mimicking chemicals present in body-care and household products. It's even found in municipal water and some plastic food packaging.

With such a complex gland having so many functions, prostate disease can wreak havoc on a man's health. Men would be wise to do all they can to enhance the health of their prostate – an unhealthy prostate can have an enormous impact on sexual function and simple daily urination.

The prostate is a powerhouse: a remarkable gland with huge repercussions on a man's quality of life!

What's going on? Meet some more of your PCSANM Board Members

Charles M. Rowland

"Born in Waterloo, Iowa in 1948. Bachelor of Arts, UT Austin, 1974. Master of Architecture, UNM 1998. "Retired from an Albuquerque architectural firm in 2012.

"At 62, I was diagnosed with prostate cancer in December 2010 after a routine, yearly physical exam. The practitioner commented that one side of the gland seemed "harder" than the other, and then noticed that the PSA rating had gone above 4. A closer look at the PSA records revealed a dramatic climb from 0.2 to 4.67 in five years. A biopsy disclosed a cancer on the one side only, a Gleason score of 8, and a probable stage IIc cancer. The diagnosing urologist was very concerned and said, "I want you read, talk, and learn as much as you can about this for the next six weeks . If you don't call me at that time and tell me what you want to do, I will come find you." That got my attention!

"My medical history included asthma, steroids, osteoporosis, bisphosphenates, osteonecrosis, and failure to knit in broken bones. I was leery of taking any treatment for the cancer that might require either chemotherapy or hormone therapy, not wishing to further that awful chain.

"Considering my age, my medical history, and the fact that otherwise I was enjoying a vigorous outdoors lifestyle, I came to the conclusion that having the gland removed surgically was the best option. Preliminary tests found no other locations of cancer, and the prediction was that the cancer was still fully contained within the gland.

"On February 21, 2011 I underwent robotic radical prostatectomy at UNM Hospital. The post-op biopsy disclosed a stage III cancer, 100% clear margins, and confirmed the initial Gleason score. My PSA has remained at "functional zero" ever since, and no other treatment is anticipated at this time. I continue to enjoy plenty of exercise.

"I decided to join the Prostate Cancer Support Association board to help keep the care and energy that I received flowing out into the greater community."

Jan Marfyak

BA Ohio Wesleyan; MA University of Wisconsin; Paralegal Certificate Georgetown University.

Executive Assistant, Wisconsin State Health Officer Wisconsin Health Department.

Prostate cancer survivor (seed implants and EBTR 1996). Board Member, Prostate Cancer Support Association of New Mexico PCASANM (PCSANM) – 2006 - ; Secretary, PCSANM – 2012 - ; Founder and Former Vice President, Treasurer and now Advisory Board Member to the President, National Alliance of State Prostate Cancer Coalitions - 2003 –

I have been active in a myriad of prostate cancer related organizations: American Foundation for Urologic Diseases; Co-founder of the Pennsylvania Prostate Cancer Coalition; Volunteer, National Alliance for Prostate Cancer (Zero); Volunteer, People Living Through Cancer; Volunteer, Cancer Support Services of New Mexico; Evaluator, Congressionally Directed Medical Research Programs (four times)

Robert Wood

Robert Wood has served on the Prostate Cancer Support Association of New Mexico (PCSANM) Board of Directors for the past eight years, and served as Board Chairman for the seven years ending in July 2012. Currently he continues to serve on the Board of Directors as Outreach Chairman. In addition, to his serving on the PCSANM Board of Directors he was a working member of the Board of Directors for the Insights Science Museum in El Paso, Texas. At that organization, he also served as the Director of Maintenance and Exhibits.

Mr. Wood's academic credentials include a Bachelor of Science in Psychology and a Master of Science in Experimental Psychology from Trinity University, San Antonio, Texas. He has participated in Psychology Doctoral studies at the University of Denver in Colorado. He retired as a systems analyst in 1998 from the Army Training and Doctrine Command in White Sands after thirty years of service.

Mr. Wood has participated in training that addressed Equal Employment Opportunity, and in Management Skills for Civil Service Managers while employed, and while on the PCSANM Board he has received training as a support group facilitator and awareness for HIPPA Management.

Mr. Wood is a prostate cancer survivor and can relate to concerns that other prostate cancer patients may have. His academic training in psychology and his professional experience that focused on people centered activities have prepared him to be both objective and emotionally sensitive to men facing the threat of cancer.

Mr. Wood's goal is to pursue the goals and objectives of the Prostate Cancer Support Association of New Mexico (PCSANM) and to use his experience and training to enable him to provide appropriate and valid information and emotional support to men and their families in coping with prostate cancer.

Robert Wood Lives in Sandia Park, New Mexico.

Hold the dates, May 3-5, 2013, for an important event

Cancer Services of New Mexico is having their **Spring 2013 Family Cancer Retreat** at the Marriott Pyramid North in ABQ. This is an excellent **free** educational program for New Mexico's adult cancer patients/survivors and their family members and loved ones who care for them.

Free lodging at the hotel and meals are provided from Friday evening until Sunday morning.

Registration packets are at the PCSANM office or online. Hurry because space is limited.

http://www.cancerservicesnm.org/docs/Spring%202013%20Retreat%20Brochure-internet-final.pdf

Those of us who have attended this in the past have found to be very helpful and informative.

Johns Hopkins Health Alerts: Prostate Disorders
Summary by Dave Ball

* Understanding the TNM Prostate Cancer Staging System

Determining the extent of prostate cancer is important for predicting the course of the disease and in choosing the best treatment. The TNM (tumor, nodes, metastasis) staging system is used to describe a cancer's clinical stage, or how far it has spread. This Health Alert provides an explanation of this important prostate cancer staging
system.

The TNM system assigns a T number (T1 to T4) to describe the extent of the tumor as felt during a digital rectal exam (DRE). The N number (N0 to N1) indicates whether the cancer has spread to any lymph nodes, and the M number (M0 to M1) indicates the presence or absence of metastasis (spread to distant sites). The T and M designations are divided into subcategories (designated a, b and c) that provide further detail on the extent of the cancer.

The TNM clinical stage is a sophisticated method of predicting the probability that a prostate tumor is confined to the prostate or has spread beyond the gland. Here's a description of this important staging system:

T1: Tumor cannot be felt during DRE or seen with diagnostic imaging

* T1a: Tumor found incidentally during surgery for benign prostatic hyperplasia (BPH) and is present in less than 5 percent of removed tissue

* T1b: Tumor found incidentally during BPH surgery but involves more than 5 percent of removed tissue

* T1c: Tumor found during needle biopsy for elevated PSA

T2: Tumor can be felt during DRE but is believed to be confined to the gland

* T2a: Tumor involves one half or less of one side of the prostate

* T2b: Tumor involves more than one-half of one side but not both sides

* T2c: Tumor involves both sides of the prostate

T3: Tumor extends through the prostate capsule and may involve the seminal vesicles

* T3a: Tumor extends through the capsule but does not involve the seminal vesicles

* T3b: Tumor has spread to the seminal vesicles

T4: Tumor has invaded adjacent structures (other than the seminal vesicles), such as the bladder neck, rectum or pelvic wall **Continued on next page top**

NO: Cancer has not spread to any lymph nodes

N1: Cancer has spread to one or more regional lymph nodes (nodes in the pelvic region)

MO: No distant metastasis

M1: Distant metastasis

* M1a: Cancer has spread to distant lymph nodes

* M1b: Cancer has spread to the bones

Tiny Pill Destroys Cancer

By Nick Tate NewsMaxHealth Feb 17, 2013

UCLA scientists have come up with a new weapon against cancer that sounds like it was dreamed up by a science fiction writer: A microscopic degradable pill that can deliver targeted treatments that kill tumor cells without harming healthy tissues.

Research on the tiny capsule, detailed in the journal *Nano Today*, has only been tested on laboratory mice bred to develop human breast cancer. But the findings were so promising — with the pill producing significant reductions in tumor growth — the research team predicted it will also be effective in human cancer patients and opens the door to an entirely new weapon against disease.

"This approach is potentially a new way to treat cancer," said lead researcher Yi Tang, a professor of chemical and biomolecular engineering at the University of California-Los Angeles. "This is a unique way to treat cancer cells and leave healthy cells untouched."

The capsule developed by the team is made of a water-soluble material and can safely deliver a protein — called apoptin — that effectively triggers cancer tumor cells to die. The shells of the capsule — roughly half the size of the smallest bacteria — degrade harmlessly in the body, Tang said.

Tang's group now plans to refine the technology and explore ways of more precisely targeting tumors, prolonging the circulation time of the capsules in the body, and delivering other anti-cancer agents that have the potential to destroy tumors.

The research was funded by the David and Lucille Packard Foundation and the congressionally authorized Medical Research Program.

PCSA *Lifeline* Newsletter
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Prostate Cancer Support Association
of New Mexico, Inc.
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Chairman's Corner Message, April 2013

I think that men today are fortunate. We are living longer and are having a better quality of life than our grandfathers and dads ever had or could have anticipated. Medical advances have made diseases that killed off many men in the past have become non-issues or only chronic diseases. The prostate cancer survivor may need to manage the side effects of some treatments, but he can look forward to a full life. If the cancer returns after initial treatment, new imaging techniques can pinpoint where the lesion is, and treatment can be directed solely to that area. By the same token, if the cancer has metastasized and spot treatment is not practical, androgen deprivation therapy can be used or some of the new drugs such as Zytiga, Xtandi, and other drugs applied. In addition, the immunotherapy Provenge can be applied.

More than ever we prostate cancer patients can look forward to dying **with** prostate cancer and **not from** it.

I wish all good health,

Lou Reimer
Chairman of the Board