Prostate Cancer Support Association of New Mexico

LIFELINE

PCSANM Quarterly **April 2014** **Volume 21, Issue 2**

Issue Highlights

Our website address
www.pcsanm.org

e-mail
pchelp@pcsanm.org

Meeting Place: As of January 4, 2014, PCSANM will be going back to our old meeting place 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 rooms 5and/or 6, at the west end of the building. Remodeling has been completed to the facility. Meetings are usually the first and third Saturdays of the month; 12:30-2:45 pm. Map at http://binged.it/1baQodz

Isotopes Baseball June 28, 2014 Take Yourself out to the Ballgame

The Albuquerque Isotopes baseball team will be hosting a series of four home games this coming June that will each feature a cancer awareness theme. They have slotted the June 28th game as prostate cancer awareness night, complete with fireworks! This will be a Saturday evening game, scheduled to begin at 7:05pm local time against the Reno Nevada Aces.

The Isotopes' Community Relations and Promotions Manager has recommended that PCSANM set up two tables, one on each base-path side of the main concourse for whatever community contact we choose; pamphlet distribution, door prize awards, and membership enrollment, to name a few. We must not, however, use this occasion to solicit contributions. We need volunteers scheduled well in advance to staff these tables from thirty minutes before game time until the final inning. We need at least twelve people, men and women, to come forward and commit to three innings; two people at each table at all times. **Please contact Charles Rowland at the PCSANM office to sign up, 254-7786 or my cell 250-1910, or by email at pchelp@pcsanm.org**

Other events that will occur will be the ceremonial first pitch, and a prostate cancer survivor will sit in the broadcast booth with the radio announcer for a couple of innings to address the radio audience and answer questions that are phoned in. We will also have an opportunity to hang a banner promoting our cause, and perhaps operate a game-show style spinning wheel as a basis for awarding door prizes.

The Manager also reported that 2015 will be the year the baseball team will wear a specially-colored uniform to promote prostate cancer awareness. This underscores the importance of our doing a bang-up job for this season's festivities. So please, call Charles to sign up for a table position, and to make suggestions regarding corporate and/or institutional sponsors we might want to contact to help support our presence at the game, and to recruit someone to throw out the first pitch; who is your prostate cancer hero?

FOUNDER Rae Shipp, established 1991

Board Members

Lou Reimer, Chairman	Charles Rowland, Treasurer
Dave Ball	Bill Henderson
Gary Cable	Jan Marfyak
Jerry Cross	Joe Piquet

PCSA Contacts Around the State

PCSA Contacts Around The State		
City	Contact	Phone
Clovis	Kim Adams	(575) 769-7365
Grants	Dorie Sandoval	(505)285-3922
Las Cruces	Bernard Ripper or Ron Childress	(575) 521-7942 (575) 522-1083
Silver City	David Schwantes or Walt Hanson	(575) 388-2331 (575) 388-1817
Socorro	George Austin	(575)835-1768

In Memory of

Roy A Gager

William L Schrader

With Deep Sympathy and Regret, We List These Names

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

PCSANM *Lifeline*

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PUBLISHER
The Prostate Cancer Support Association of New Mexico, Inc.
2533 Virginia St NE, Suite C
Albuquerque, NM 87110
(505) 254-7784
(505) 254-7786 Fax
In New Mexico, Call Toll Free
(800) 278-7678

Office open only Mondays and Thursdays, 10 am-2 pm; or by appointment
Phone and email checked daily by Board Members

E-MAIL
pchelp@pcsanm.org

VISIT OUR WEB SITES
http://www.pcsanm.org

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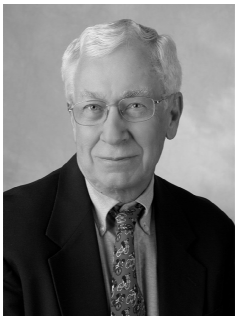
EDITOR/WEBMASTER/ FACEBOOK
Jerry Cross, Dave Ball

MEETINGS
Lou Reimer

DISCLAIMER

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

Dr. Lindberg's Take



Dr. Peter Lindberg
Northern New Mexico Cancer Care
Dr. Lindberg is accepting new patients
Call (505)662-3450 for an appointment

In addition to medical oncologists, members of ASTRO (radiation oncologists) and SUO (urologists) attended the 10th annual genitourinary symposium. There were 3000 participants, with 35 of us having attended all ten of these conferences focusing on prostate cancer. Mark Scholz and I were among this small group, most of who were from major academic institutions.

The most significant presentation was the Prevail trial testing the use of Enzalutamide (Xtandi) before giving chemotherapy to men with metastatic castration resistant prostate cancer (CRPC). There were 1717 men in the trial. 78% of the men receiving Enzalutamide had a greater than 50% drop in Psa with nearly 1/2 of the treated men having a greater than 90% decline in Psa. Also with Enzalutamide (Xtandi) nearly 2 and 1/2 years passed before chemotherapy was needed in 50 % of men. Finally, overall survival was significantly extended in the treatment group, a difficult endpoint to reach in a clinical trial like this. Patient information sheets given to men who are given Xtandi include a risk of seizures but these are EXTREMELY rare (happening in men who had seizures diagnosed BEFORE they were ever given Enzalutamide (Xtandi). The most bothersome side effect in the clinical trial was fatigue, which I have noted in about one out of six men.

At this conference about 300 abstracts were presented, many very important to everyday medical practice. For metastatic CRPC (castration resistant prostate cancer), which agent to use first Zytiga (Abiraterone) or Xtandi (Enzalutamide) is still a coin flip according to top prostate cancer experts. Roughly 20 to 30 % of men who stop responding to one drug will respond to the other drug. At the Mayo Clinic in Scottsdale, medical oncologists are usually giving chemotherapy second and the adding the other agent, Xtandi or Zytiga. This is not proven but perhaps a good guess. Immune therapy changes the trajectory and the slope of the disease process despite not being immediately evident (change in Psa etc.)

I have become convinced to order Provenge much sooner, as soon as it is clear that a man has metastasis and is no longer responding to initial hormone therapy. This is having a rising Psa despite suppressed testosterone of less than 30 in our lab. Also it would be okay to use Provenge and start Xtandi at the same time

Last year at the conference, Dr. Eric Small from University of California San Francisco told me that we could even start Zytiga and low dose Prednisone and Provenge at the same time although usually this is not done. I had good conversations with Mark Scholz, Snuffy Myers, and Bob Leibowitz.

Bob told me that Ethinyl Estradiol is again available at a compounding pharmacy in New Jersey and yesterday was able to obtain it for one of my men. I have believed this medication more effective than DES, another form of estrogen. It is cheap and often effective. One of my men has an excellent response to Estrogen after failing Zytiga (Abiraterone). Radiate the breast with low dose radiation, first. Otherwise it is easy to take without a lot of side effects. Mentioned but not formally presented at the conference was a study that shows that starting chemotherapy along with hormone therapy for men who present with prostate cancer that has spread to the bones or other places in the body gives clear-cut improved survival 69% vs around 52%.

This data will presented at the upcoming general ASCO meeting in Chicago June 1. This study may very well change how we treat men, and change our practice. I have about 3 men in my practice who were given very early chemotherapy. They have lived much longer than expected.

Board of Directors News

Help Your Organization

You, our members, have benefited by being part of the Prostate Cancer Support Association. We believe that all of us should share our knowledge that we have learned through trial and error. We have a calling to educate New Mexicans about prostate cancer. Your current Board needs additional members to make this happen. We are looking to our members who have benefited from the shared knowledge about this disease and want to help spread that information. We have an aggressive program that is trying to make presentations to social groups, senior centers, fraternal associations, religious organizations, civic groups and at health fairs. In addition, we want to get our information into as many doctor's offices as possible. How do we accomplish this and keep this organization running? We are an all-volunteer organization and what we need are a few more volunteers to take roles as part of the Board of Directors.

What is the commitment for the average Board Member? As much as the member can afford – but as a minimum the member is expected to come to the once a month 2 hour Board Meeting, man the office twice during a week every other month (about 4 hours/day), take several turns at being moderator at our membership meetings during the year, and assist in making presentations to the above mentioned groups. A knowledge of handling email programs, basic Office programs, and some computer skills would be helpful. Any knowledge of webpage management, desktop publishing or graphics would be a real bonus to us. On the job training will be given. All of our Board Members are given 15 hours of free peer support group facilitator training.

It is very gratifying to have shared knowledge with a newly diagnosed and be rewarded with a "Thank You" for alerting the newly diagnosed to some treatment he didn't consider after his initial diagnosis.

If you would be willing to help in this important endeavor, call the office at 505-254-7784, or email pchelp@pcsanm.org and we will talk.

Biography of new Board Member Gary Cable

The universe gave me a prostate cancer diagnosis as a present for my 65th birthday in 2012. The biopsy showed a Gleason score of 7 (4+3), with cancer in 9 of 10 cores. Follow-up testing showed my cancer was metastatic, with metastases on my pelvis and spine – which meant I was not a candidate for most of the treatment options. I am being treated with a combined androgen blockade (CAB) hormone therapy using Lupron, Proscar, and Avodart. I am also on Xgeva to treat the bone metastases.

The path to my diagnosis began because of symptoms like those of BPH, and I was sent to a urologist when treatment of those symptoms by my primary doctor was ineffective. A subsequent look at the PSA scores from my annual physical exams showed accelerating values, leading to a doubling in one year to 3.0 ten months before the biopsy. Just before the biopsy, ten months later, it had risen to 15.7. My PSA has now fallen below 0.6, its lowest level ever.

Outside of the cancer, I am a Ph.D. physicist who attended college and graduate school in Pasadena, CA and Chicago, IL and Tucson, AZ. I am now semi-retired from careers in the US Air Force and at Sandia National Laboratories where I applied my training through physics experiments and large-scale physics simulation software development and application. I also did similar work for Computer Sciences Corporation (CSC). My lovely and supportive wife Celia and I will have our 40th wedding anniversary this year.

I paid little attention to the idea of prostate cancer until I was diagnosed with it. I knew the PSA test and DRE exam were screening for it, but I thought everything was fine as long as those were in a normal range. I hadn't known the doubling of the PSA value – even while still in a normal range – was a warning signal. This organization is responsible for me now being a lot less ignorant in this area. Perhaps through it I can help others catch their cancer earlier.

News You Can Use

Can Drinking Coffee Reduce the Risk of Prostate Cancer?

Here's What We Know

After water and tea, the most popular beverage in the world is coffee. While it tastes great, and the caffeine provides a jolt to get you moving, coffee also appears to offer numerous health benefits. Here's an excerpt from a recent *Prostate Disorders Bulletin* that sheds light on this interesting topic.

Over the years, epidemiological studies have looked at daily coffee consumption to determine its impact on a person's overall health. Coffee beans contain many naturally occurring compounds, including polyphenols, antioxidant substances that are potentially health-enhancing.

Caffeine, a mild psychoactive substance that stimulates the central nervous system, has properties that inhibit cell growth and encourage apoptosis, or programmed cell death. Previous studies have reported that caffeine consumption in a variety of drinks may reduce the risk of several types of cancer, including basal-cell carcinoma, glioma (a cancer of the brain and central nervous system) and ovarian cancer.

A study published recently in *Nutrition Journal* found a reduced risk of aggressive prostate cancer in coffee drinkers. This confirms the 2011 *Journal of the National Cancer Institute* study by Harvard researchers, which reported that men who regularly consumed the most coffee had a 60 percent lower risk of advanced or lethal prostate cancer compared with non-coffee drinkers. Even one to three cups a day afforded a 30 percent lower risk.

And now, according to a new study by scientists from Seattle's Fred Hutchinson Cancer Research Center, published in the journal *Cancer Causes and Control*, coffee consumption is associated with a lower risk of prostate cancer recurrence and progression.

The researchers, led by Janet L. Stanford, Ph.D., co-director of the Program in Prostate Cancer Research, found that men who drank four or more cups of coffee per day experienced a 59 percent reduced risk of prostate cancer recurrence and/or progression as compared to those who drank only one cup or less per week.

The bottom line on coffee and prostate cancer. There certainly seems to be an association between daily coffee consumption and a reduction in the risk for diagnosis, disease progression and death from prostate cancer. However, based on the results of the various coffee studies published to date, there is still not enough information to recommend that anyone start drinking coffee solely for its potential anti-cancer benefits. Remember that all the studies we have are observational, and these research efforts do not prove any clear cause-and-effect relationship between coffee consumption and prostate cancer protection.

A great 5 page article was found on Medscape about Prostate Cancer Treatment Protocols. It is at http://emedicine.medscape.com/article/2007095-overview You do need to set up and log in with a free Medscape account to see it there. It will be posted on our website, www.pcsanm.org and you can see it on our News You Can Use page.

VOLUNTEER OPPORTUNITY Several of the board members have sort of adopted KNME TV-5 monthly mailings as a project. It is the last or next to the last Thursday of each month, starts about 8:30 am and goes until 1 or 2 pm. Coffee, donuts, water, and a free lunch are served. It is at the KNME office building next to the TV studios on University between Lomas and Indian School.. If you would like to be on the notification list, call the office or email us, and Joe Piquet will put you on the list. We don't have to be there every month, and there are usually a couple of us there, along with their other volunteers.

Enzalutamide, a type of Hormone Therapy, Lengthens the lives of men with Castration Resistant Prostate Cancer

Genitourinary Cancers Symposium January 28, 2014
http://www.cancer.net/research-and-advocacy/research-summaries/enzalutamide-type-hormone-therapy-lengthens-lives-men-metastatic-castration-resistant-prostate

Results from a new study show that the medication Enzalutamide (Xtandi) lengthens the lives of men with metastatic castration-resistant prostate cancer by almost a third. Metastatic castration-resistant prostate cancer (mCRPC) is cancer that has spread to parts of the body other than the prostate and continues to grow and spread without needing the male sex hormone testosterone. Enzalutamide is a type of hormone therapy called an androgen-receptor blocker or an anti-androgen. For men with prostate cancer, hormone therapy is used to block or lower the levels of hormones called androgens that can be involved in prostate cancer growth.

As part of this study, 1,717 men with mCRPC who had not yet had chemotherapy received either Enzalutamide or a placebo (an inactive treatment) plus standard hormone therapy. The men participating in this study had previously received treatment, such as surgery or radiation therapy, for the original tumor, as well as other types of hormone therapy.

Researchers found that in 59% of the men taking Enzalutamide, cancer growth slowed or stopped, compared with 5% of men taking the placebo. In addition, men taking Enzalutamide needed chemotherapy 17 months later than those taking the placebo. Based on the results, patients on the trial receiving the placebo were offered Enzalutamide.

What this means for patients

"Enzalutamide is likely to become an important new treatment option that has a significant impact on the progression of prostate cancer," said lead author Tomasz Beer, MD, FACP, Professor of Medicine and Deputy Director of the Knight Cancer Institute at Oregon Health and Science University. "If approved for this use, it will become an important standard option for use before chemotherapy in patients with advanced prostate cancer who have few or no symptoms." The most common side effects of Enzalutamide included fatigue, constipation, and back and joint pain, in addition to side effects associated with hormone therapy, such as weight gain and hot flashes.

Questions to Ask Your Doctor

What type of prostate cancer do I have? What does this mean?
Am I receiving hormone therapy? What type?
What are the next steps if the treatments I'm currently receiving stop working?

The Prostate Cancer Research Institute www.pcri.org will be holding their next PC Conference September 5-7, 2014 at the LAX Marriott Hotel. Cost is usually around $60 to attend.

Half price early bird registration until around June 1.
2 for 1 registration usually around the last month.

If you want to hear great speakers and get lots of current info, plan to attend sometime.

Key cellular pathway in prostate cancer identified

Date: February 10, 2014 *Source:* Mayo Clinic
http://www.sciencedaily.com/releases/2014/02/140210161234.htm

Mayo Clinic researchers have shed light on a new mechanism by which prostate cancer develops in men. Central to development of nearly all prostate cancer cases are malfunctions in the androgen receptor -- the cellular component that binds to male hormones. The research team has shown that SPOP, a protein that is most frequently mutated in human prostate cancers, is a key regulator of androgen receptor activity that prevents uncontrolled growth of cells in the prostate and thus helps prevent cancer. The findings appear in the journal Cell Reports.

"By uncovering this new and important pathway of androgen receptor destruction, we may one day be able to develop more effective treatments for a substantial proportion of prostate cancer patients who have developed resistance to standard antiandrogen therapy," says Haojie Huang, Ph.D., Mayo Clinic biochemist and senior author of the paper.
SPOP mutations have been detected in approximately 15 percent of prostate cancer cases. In addition, it has been shown that in about 35 percent of prostate cancers, the SPOP protein is expressed at abnormally low levels. Despite its prevalence in prostate cancer, it was not known whether or how SPOP defects contributed to tumor development. What the research team discovered is that SPOP is an enzyme that selectively destroys androgen receptor protein. Failure to do so due to alterations in SPOP results in overabundance of androgen receptor, a master regulator of prostate cancer cell growth.

The Mayo Clinic research team made four major discoveries:

- The antiandrogen receptor is a bona fide degradation substrate of SPOP.
- Androgen receptor splicing variants are resistant to SPOP-mediated degradation.
- Prostate cancer-associated SPOP mutants cannot bind to and promote androgen receptor degradation.
- Androgens antagonize, but antiandrogens promote SPOP-mediated degradation of androgen receptor.

Prostate Cancer Background Prostate cancer is the second most common cause of cancer in men and the second leading cause of cancer death in American men, with over 913,000 new cases and over 261,000 deaths worldwide each year. Because of the widespread disability and death that prostate cancer causes, finding new strategies to develop better treatments is an important public health goal.

Androgen receptor is essential for normal prostate cell growth and survival. It is also important for initiation and progression of prostate cancer. Androgen deprivation therapy, including chemical castration and/or antiandrogen therapy, is the mainstay for treating advanced/disseminated prostate cancer. However, tumors almost always reoccur two to three years after initial response and relapse into a disease called castration-resistant prostate cancer. Development of this therapy-resistant symptom is related to a persistent activation of androgen receptor.

Engineering a more efficient way to diagnose prostate cancer

From Science Nation

http://www.nsf.gov/news/special_reports/science_nation/chroniccare.jsp?WT.mc_id=USNSF_51

Computational models enable doctors to assess biomarkers more quickly and cheaply

To diagnose prostate cancer, urologists, such as John Wei, and pathologists, such as Scott Tomlins, at the University of Michigan Health System, use biomarkers, which are biochemical signatures in blood, urine and tissue that suggest the disease may be present. Some biomarkers are genetic.

With support from the National Science Foundation (NSF), University of Michigan engineer Brian Denton is working with a multidisciplinary team that includes Wei and Tomlins to develop a quicker and less expensive way to evaluate biomarkers, using computational models. The researchers sift through vast medical databases and then use Denton's engineering methods to assess the most effective predictors of prostate cancer.

"Research that transitions the power of computational modeling into the health care domain has the potential to significantly impact the delivery of health care service," notes Sheldon Jacobson, program director for Operations Research in the Division of Civil, Mechanical and Manufacturing Innovation within NSF's Directorate for Engineering.

Traditionally, doctors evaluate biomarkers in clinical trials. But, those are expensive, complicated and can take decades to complete. With new biomarkers being identified regularly, Denton says computational modeling is a quicker way to identify the most promising ones. These large data sets include information about patients' test results, biomarker test results, biopsy results, and whether or not the patients have had treatment. Then the researchers use that information to help define data-driven assumptions in order to build the computer models.

"As a discoverer of one of the prostate cancer biomarkers being tested, the TMPRSS2-ERG gene fusion, it is especially gratifying for me to see it developed clinically," says Arul Chinnaiyan, director of the Michigan Center for Translational Pathology, which is dedicated to finding new diagnostics and therapeutics for cancer patients.

The research in this episode was supported by NSF award #1258323, a Faculty Early Career Development (CAREER) award for "Optimization of Screening and Treatment Delivery Systems for Chronic Diseases."

Miles O'Brien Science Nation Correspondent

The American Society of Clinical Oncology (ASCO) held their cancer symposium in San Francisco in late January. A summary of the conference is on the web under www.cancer.net

Research Highlights from the 2014 Genitourinary Cancers Symposium
http://www.cancer.net/blog/2014-01/research-highlights-2014-genitourinary-cancers-symposium?et_cid=33278464&et_rid=463566297&linkid=Learn+about+the+latest+advances+in+the+treatment

High-Tech Prostate Scan May Boost Cancer Detection

Combo of ultrasound and MRI zeroes in on tumors, helping some men avoid biopsy, experts say

WebMD News from HealthDay By Dennis Thompson, *HealthDay Reporter* FRIDAY, Aug. 16 (HealthDay News)

An innovative fusion of MRI and ultrasound might be a better way to detect and assess prostate cancer while helping men avoid unnecessary biopsies, researchers say. The technology blends real-time imaging from both MRI and ultrasound devices, allowing doctors to more accurately direct the biopsy needle that draws cell samples from suspected tumors. "This approach does detect cancers that can go missed by standard biopsy," said Dr. Art Rastinehad, assistant professor of urology and radiology and director of Interventional Urologic Oncology at Hofstra University-North Shore LIJ School of Medicine in Hempstead, N.Y.

In particular, the MRI/ultrasound fusion technique can guide physicians to tumors at normally neglected regions of the prostategland. "There are two screens in front of you, and the MRI is capable of pointing out areas that might contain cancer," explained Dr. Scott Eggener, associate professor of surgery and director of translational and outcomes research in the University of Chicago Medical Center's urology section. "Using the two screens, you can more intelligently direct your biopsy needles toward those areas." The technology is part of an overall approach to first use MRI scans to best determine which men need to undergo prostate biopsy, and then use the MRI/ultrasound fusion to perform the most efficient biopsy possible. Right now, doctors typically rely on blood tests to look for elevated levels of prostate-specific antigen, or PSA. A man with an elevated PSA is often urged to undergo a biopsy, most often conducted using a needle guided by ultrasound that draws cell samples from the prostate. However, these biopsies only sample a small portion of the prostate, leaving the rest of the gland unchecked. Such random sampling can easily miss tumors, experts say. Under the new approach, a man with elevated PSA levels would first undergo an MRI that would provide a visual scan of the entire prostate, Rastinehad explained. If potentially cancerous areas are found on the prostate, then the man would undergo a biopsy.

Studies have found that using an initial MRI scan to figure out who needs a biopsy can reduce the overall number of biopsies by about a third, according to a review of the data published this summer in the journal *European Urology*. "We are working toward a goal that if you have a PSA that is elevated, you would instead get an MRI," Rastinehad said. For some patients, that may mean that "you may never need a biopsy," he said. MRI also would be used during the biopsy itself. In that scenario, an electro-magnetic field generator is placed over the patient's hip, creating real-time MRI images that are combined with ultrasound readings to guide the needle biopsy. Images from the earlier MRI screening can then be overlaid with the real-time images to provide visible "targets" for the doctor to biopsy. Studies have found that MRI-targeted biopsies are better at both detecting prostate tumors and determining which tumors are more advanced, Rastinehad said.

The technology helped detect advanced prostate cancer in Robert Herr, a Long Island, N.Y., resident who had high PSA levels but underwent a biopsy a couple of years ago that detected no cancer. "Then the PSA elevated again and my urologist said, 'Why don't you go for this new MRI biopsy and see how it works out for you?'" said Herr, 66. The fusion biopsy conducted in May ended up detecting high-grade prostate cancer near the top part of the prostate gland, an area normally not sampled in standard biopsy. Herr will begin radiation treatment in August. "If I had gone for the regular biopsy again, it might not have shown up again and then I'm living with the cancer not knowing anything, and I don't think that's a good idea," Herr said. "To me, I don't think anybody wants to have cancer of any type, but if I have it I want to know about it and do whatever I need to do to treat it. To put your head in the sand, I don't think that's any kind of solution at all."

At this point the technology is both rare and expensive. Only five medical centers in the United States use MRI/ultrasound fusion prostate biopsy, and the devices cost about $180,000, Rastinehad said. The U.S. Food and Drug Administration approved the device, which was developed in collaboration with the U.S. National Institutes of Health, in April. It is being manufactured by Invivo, a division of Philips Healthcare. Rastinehad said he does not have a financial stake in the company. While the technology is expensive, Rastinehad believes hospitals will end up saving money because they will be able to cut back on the amount of pathological examinations needed to assess suspected prostate cancer. For his part, Eggener said the new MRI approach can help doctors meet the overall goal of finding serious cancers in a timely fashion. "There are some early data to suggest it may be a better way of targeting cancers, finding more cancers and finding more meaningful cancers," Eggener said. "MRI is the best picture we can get of the prostate. It's not perfect, but it is better than what we've had."

This is on the Prostate Cancer Research Institute first web page

C11 Acetate PET/CT Imaging for Prostate Cancer

In a presentation at the **Prostate Cancer Support Association of New Mexico** group, Fabio Almeida, MD. gives an overview of the C11 Acetate PET/CT Scan.

View his entire 35 minute presentation here: http://youtu.be/rUbY1aTNZKQ
View the short version of his presentation to us

http://www.youtube.com/watch?feature=player_embedded&v=WfzVi9mlMtM

Also referenced is an article published in the December UroToday regarding some of the C11-Acetate work written by Fabio Almeida, M.D. and co-authored by Mark Scholz, MD. and Richard Lam, MD. This is provided as an open access article to be easily accessible without having to have a subscription to the UIJ.

http://www.urotoday.com/Prostate-Cancer/early-imaging-improves-the-performance-of-c11-acetate-pet-ct-for-recurrent-prostate-adenocarcinoma.html

In brief summary, we did a formal comparison at the Arizona Molecular Imaging Center of multiple time point C11-Acetate PET/CT imaging and found that early imaging was superior to later imaging for areas of metastatic disease (peri-prostate, nodes and bone). We also reviewed our detection rates for finding recurrent cancer in patients with PSA relapse, using early imaging in the larger group of patients we have studied thus far (300). Interestingly, when we compared to other studies from Europe and the US, accounting for the timing of imaging and mean PSA, those studies with early imaging performed better than studies where longer time to imaging was employed – further confirming our findings, with C11-Acetate showing consistent high overall detection rates (82-85%) in this context. Our comparison to C11-Choline detection rates are also showing C11-Acetate to be generally superior, particularly in the low PSA ranges – which means that C11-Acetate is able to find the area(s) of recurrence much earlier.

Latest Research of PSA Velocity as a Predictor of Prostate Cancer

Clinical studies involving carefully selected groups of men have indicated that measuring PSA velocity -- that is, the rate at which prostate-specific antigen (PSA) levels rise over time -- is a more accurate predictor of whether a man may have prostate cancer (and require a biopsy) than the results of a single PSA test.

To test this theory in a "real world" setting, researchers tracked 219,388 men who were members of the Kaiser Permanente health plan in Southern California from 1998 to 2008. On average, each man had five PSA tests during that period.

By the end of the study period, 10,035 men had developed prostate cancer. PSA velocity accurately predicted which men would develop prostate cancer and was significantly more accurate than a single PSA measurement in predicting which men would develop aggressive disease.

Takeaway message. Current guidelines recommend against using results from a single PSA screening test to diagnose prostate cancer. Nevertheless, these findings offer strong evidence that PSA velocity provides additional useful information that could impact management decisions.

Posted in Prostate Disorders on February 12, 2014

Metformin May Lower Risk of Prostate Cancer Death

Diabetic men using the drug had higher survival rates in cancer study

By Kathleen Doheny *HealthDay Reporter* MONDAY, Aug. 5 (HealthDay News)

Metformin, a widely used diabetes drug, may reduce the risk of dying from prostate cancer, according to new research.

A study of nearly 4,000 diabetic men found that those taking Metformin when diagnosed with prostate cancer were less likely to die of the cancer or other causes compared to men using other diabetes drugs.

"We demonstrated that Metformin is associated with improved survival among diabetic patients with prostate cancer," said Dr. David Margel, a uro-oncologist at Rabin Medical Center in Petah Tikva, Israel, who conducted the research while at the University of Toronto. "It's associated in a dose-response manner," he said. "The longer you were on Metformin, the less likely you were to die of prostate cancer and of all causes."

But whether Metformin can prevent prostate cancer progression in people without diabetes remains to be seen, experts say. Diabetes and prostate cancer are common in the United States. This year, about 239,000 new cases of prostate cancer will be diagnosed, and more than 29,000 men will die from it, according to the American Cancer Society.

Type 2 diabetes is rampant, and Metformin is the drug most commonly prescribed to treat it. More than 61 million Metformin prescriptions were filled in the United States last year. Brand names include Glucophage and Glumetza. The drug, in its generic forms and certain brand names, is relatively inexpensive. Previous research has focused on whether Metformin might reduce the risk of getting prostate cancer, but most studies were negative. Some experts believe the drug instead works to improve survival once the cancer occurs.

In the new study, published online Aug. 5 in the *Journal of Clinical Oncology*, Margel looked at more than 3,800 diabetic men aged 67 or older who lived in Ontario. About one-third were taking Metformin at the study's start. Others were using different diabetes drugs. The men took the Metformin for a median of 19 months (half longer than that, half shorter) before the cancer was diagnosed and nearly nine months after.

During roughly four years of follow-up, Margel found those who took Metformin had a 24 percent reduction in risk from prostate cancer death for every additional six months of use after their cancer diagnosis. The risk reduction of death from other causes was initially the same but declined over time. In both instances, although an association was found between Metformin and survival, a direct cause-and-effect relationship was not established.

No reduction in death risk was seen for patients taking any other diabetes drug. Although other diabetes drugs work by increasing the body's insulin production, Metformin is an "insulin sensitizer" that works by making the body more sensitive to the insulin already produced. Insulin is needed to move glucose into cells for energy.

Some research suggests that high insulin levels can influence cancer growth. Metformin, by not increasing the body's insulin production, may decrease cancer cells' growth, some experts say.

Typical side effects of the drug are mild diarrhea and stomach problems, Margel said. "Usually they subside after one or two weeks," he said. In their next study, the researchers plan to test Metformin in patients with prostate cancer but not diabetes. "Metformin is very safe to use among nondiabetic patients," Margel said.

The findings point to a need for a large study in which men with early stage prostate cancer are assigned to a Metformin group or placebo group, one expert said. Writing in an accompanying journal editorial, Kathryn Penney, an instructor in medicine at Brigham and Women's Hospital in Boston, said at least nine ongoing trials are looking at Metformin in men with recurrent or advanced prostate cancer.

But these current trials might be starting too late, she said. Instead, a trial should look at Metformin's effect at the time of diagnosis, when the disease is typically in early stages. "If this trial showed a benefit, then yes, men without diabetes could be put on Metformin at the time of prostate cancer diagnosis, " she said.

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

Chairman's Message, April 2014

We are looking forward to an active year for PCSANM.

We have scheduled an event at the Isotopes park for the evening of June 28. This is an event that we have worked with the Isotopes ball club to use as an opportunity to raise the public's awareness of prostate cancer. In the meantime it will be a fun event for our members to come together in an informal family event. **Win-Win**. I urge you to put it on your calendars.

Put another date on your calendar – we will be holding another conference for the public on November 1 . The tentative title for the conference is "Exploring the Options". We hope to present ways and tools that the prostate cancer patient can use to analyze their particular situation and come to a decision about the optimal treatment for them.

In addition to these special events, we will continue to provide help to the newly diagnosed, hold our twice monthly support meetings, provide our website and newsletter to the members and public, and in general increase prostate cancer awareness within the State of New Mexico. We can't complete these tasks without your participation. We are in dire need for volunteers to help out with sharing our information. I urge members who are so inclined to talk to the Board Members to see how you can help.

I wish all our members good health and well being.

Lou

Lou Reimer
Chairman of the Board