Prostate Cancer Support Association of New Mexico

LIFELINE

PCSANM Quarterly January 2014 Volume 21, Issue 1

Issue Highlights

Our website address
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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

PCSANM has moved.

On October 16-17, we moved to our new location, due to our past landlord needing our space for his business. We found new office space in just a couple weeks, and the new landlord put up some new walls, painted, and put in new carpet. We made the transition on October 16-17. Come by and see our new digs. We have a little more room for board meetings, and working on the newsletter. The free lending library is more accessible. We have a storage area. We also have access to our office 7 days a week if needed. Come by and see us sometime.

2533 Virginia St NE Suite C
Albuquerque, NM 87110

FOUNDER Rae Shipp, established 1991

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In Memory of

Fermin Beltran
Dale Lee Crawford
Sanford Kahn
Charles F. Lemons
Charles Walthers

With Deep Sympathy and Regret, We List These Names

PC SUPPORT GROUP MEETINGS

are usually held on the first and third Saturday of each month at 12:30 PM. **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 Eubank and Montgomery; 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 5 and/or 6, at the west end of the building. Remodeling has been completed to the facility. Please call ahead to verify time and dates.or check the website or Facebook page.

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

PCSANM *Lifeline*

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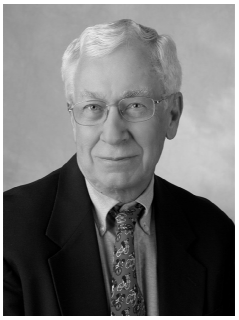
Jerry Cross

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

My nephew asked for advice concerning a 44 year old man with prostate cancer probable, in that biopsy yet to be done. In a big rush and will have Laser therapy, the latest and greatest, i.e. laser focal therapy. If this man has a high risk Gleason score of 8, 9, or 10 tumor, any focal treatment would not be enough treatment and ignores the consideration for aggressive hormone therapy in treating cancer cells that have already spread but cannot be found even with our best staging.

Of course I recognize the EXTREME fear and anxiety but a man has at least 6-8 weeks to start definitive therapy for cure. Get a second opinion. Take time to think, consider and learn. For the highest risk localized prostate cancer hormone therapy +radiation is the most proven therapy as shown in studies by Bolla, Anthony D'Amico and many others. Also remember that current guidelines recommend against just lupron, zoladex, trelstar alone, because modern studies have used one of these drugs plus bicalutamide or flutamide.

I use triple therapy adding avodart. A second lesson is that the "latest treatment"-- laser, HIFU, etc. is not necessarily better. In this category I include robotic surgery which does not have fewer long term side effects like impotence or incontinence of urine. Cure rates with any form of surgery depend on the ability of the surgeon.

A new scan, the c-11 PET scan, was discussed at the recent citywide prostate seminar held September 14 at Sandia Prep School. I am getting increasing experience with this procedure. Two of my patients have had the c-11 choline done at the Mayo Clinic in Rochester. Both were operated on with removal of all the cancer that had spread to regional lymph nodes after surgery and both were given hormone treatment. Therefore it is too soon to tell if they were cured.

I have a third candidate in whom surgery and then salvage radiation failed to cure. The c-11 PET done in Phoenix by Dr. Almeida identifies 2 nodes in the lower abdomen. Dr. Karnes at Mayo reported to me that he has operated on over 300 men and about 30 % seem to be cured. If the c-11 scan shows nodes in areas not radiated previously, radiation could be given for cure. The man with PSA only recurrence often deserves this evaluation.

One more of my men had been treated with radiation for cure about 6 years ago. Then the psa started to rise. The c-11 scan is most accurate when the psa is over one. In this case the c-11 pet scan revealed a persistent spot of cancer in one portion of the prostate gland. Dr. Grimm, Seattle, evaluated and now has treated my man with radioactive seeds to this spot. Another man has c-11 positive in seminal vesicles and is a candidate for a surgical treatment. All of the above cases are men who otherwise would have had no chance for cure. I AM EXCITED!!

I have treated a number of men with Abiraterone. In those who respond, Cancer control has been up to 2 years. One patient clearly developed heart failure which was corrected by stopping the Abiraterone (Zytiga). Another patient clearly failed the Zytiga but has an excellent response to estrogen. Therefore there is no need to start chemotherapy.

Dr. Snuffy Myers has been using topical estrogen patches successfully There is less chance of blood clots.

Finally a large clinical trial has been stopped because Xtandi (Enzalutamide) was shown to be superior to a placebo in men with castrate resistant prostate cancer when given before chemotherapy. To be reported at ASCO, my meeting in February. Enzalutamide is a male hormone blocking agent and Dr. Nick Vogelzang told me he has used this drug in a few men without Lupron. That means a man could have his cancer controlled and still have a normal blood level of testosterone.

At this time, the product info and drug info recommends continuing to suppress testosterone levels as this is how all the clinical trials were conducted.

Prostate biopsy can cause urinary, erectile problems

By Amy Norton August 30, 2010 Reuters.com article

NEW YORK (Reuters Health) - Biopsies taken to diagnose prostate cancer commonly cause temporary erectile dysfunction and, in some cases, lingering urinary problems, according to a new study.

The findings, reported in the Journal of Urology, highlight the fact that even the tests for diagnosing prostate cancer can have side effects.

And men who are undergoing prostate biopsies -- as well as those considering prostate cancer screening -- should be aware of those risks, experts say.

This is especially important for men facing the prospect of multiple biopsies, since the risk of side effects appears to be related to the number of needle sticks used.

For the study, German researchers followed 198 men who had been randomly assigned to undergo one of three forms of biopsy to check for suspected prostate cancer: a standard biopsy, where a needle was used to take no more than 10 tissue samples; a 10-sample biopsy along with the use of a periprostatic nerve block to lessen any pain from the procedure; or a "saturation" biopsy, where 20 tissue samples were taken.

Saturation biopsies may be done in some cases where the doctor suspects a man has a particularly elevated risk of having cancer -- such as a man who has had a negative biopsy in the past yet has persistently suspicious findings on PSA screening tests. Taking more tissue samples during the biopsy should increase the chances of finding any tumor.

But all those needle sticks may come at a cost, the study found.

Men who underwent saturation biopsies had the highest risk of developing lingering problems with urination, such as straining to pass urine and frequent nighttime trips to the bathroom.

Of that group, 10 percent reported severe symptoms before the biopsy; that figure increased to 18 percent one week after the test, and to 29 percent 12 weeks afterward.

Men who'd had a standard biopsy showed an increase in urinary symptoms only in the first week. The percentage reporting moderate symptoms increased from roughly 32 percent to 39 percent, and the proportion with severe symptoms rose from 18 percent to 20.5 percent.

Among men who'd had a biopsy with nerve block, just 0.6 percent reported severe urinary symptoms before the test. That rose to 8 percent one week afterward, and to almost 17 percent by week 12 -- though that latter finding was not statistically significant, which means it could have been due to chance.

When it came to erectile function, men in all three biopsy groups had more problems one week after the test. The side effect did, however, gradually decrease over time.

Among men in both the standard biopsy and saturation-biopsy groups, just over half reported severe erectile dysfunction one week after the test -- up from around one-quarter before. In the nerve-block group, that rate rose from 11 percent to 39 percent.
close to their baseline levels.

By week 12, the men's rates of erectile problems had declined to close to their baseline levels.

The findings are "not unexpected," said Dr. Paul Schellhammer, a urologist at Sentara Health System/Eastern Virginia Medical School in Norfolk who was not involved in the research.

However, he noted in an interview, there has been little study into the urinary and erectile side effects of prostate biopsies.

"This study begins to define the risks," said Schellhammer, who has studied the effects of prostate cancer treatment on men's sexual and urinary function.

Men facing repeat biopsies over time -- whatever the type of biopsy -- should be particularly aware of the chances for side effects, Schellhammer told Reuters Health, since it appears that the greater the number of needle-sticks into the prostate, the greater the odds of lingering urinary problems.

It is not clear from this study exactly why men undergoing saturation biopsy had a greater risk of longer term urinary symptoms, according to lead researcher Dr. Tobias Klein of Marienhospital Herne in Germany.

But it is possible, he told Reuters Health in an email, that damage to the "neurovascular bundle" -- a complex of nerves and blood vessels close to the prostate -- plays a role.

The fact that prostate biopsies carry some risks -- which, besides the ones seen in this study, include more-immediate problems like bleeding and infection -- also has implications for men considering prostate cancer screening, according to Schellhammer.

Routine screening with PSA testing is controversial. The tests measure concentrations of prostate-specific antigen, a protein produced by the prostate gland whose blood levels generally rise when a prostate tumor is present; however, a relatively high PSA does not necessarily mean cancer, and a biopsy must be done to confirm. And those biopsies often turn out to be negative.

In the current study, 40 percent of the men were found to have cancer after their prostate biopsy.

Much of the concern about PSA testing revolves around the fact that prostate tumors are often slow-growing, and screening may result in many men being treated for cancers that would never have caused them problems. So those treatments -- with their risks of side effects like erectile dysfunction and urinary incontinence -- can do more harm than good for some men.

But men should also be aware, Schellhammer said, that prostate biopsies can have side effects as well, and that can be considered when they are making decisions on PSA screening.

He added that the findings are also relevant to men diagnosed with prostate cancer who choose "active surveillance" -- where the doctor does not immediately treat the cancer, but instead monitors its progression. That surveillance, Schellhammer noted, might include yearly biopsies.

SOURCE: link.reuters.com/wew28n Journal of Urology, online August 19, 2010.

Editor note: This topic was brought up by a member at a recent support group meeting; very few of us present had heard about it. A little Google searching paid off. Makes sense: The more biopsies or sticks you get, the more likely chance of something bad happening. And make sure you fully read and understand all disclosures, warnings, and liabilities when you sign for any medical procedures.

News you can use

Balloon mis-positioning during prostate cancer treatment could affect success of radiation delivery

coloradocancerblogs.org/balloon-mis-positioning-prostate-cancer-treatment-affect-success-radiation-delivery/

Moyed Miften, PhD, and CU Cancer Center colleagues show that mis-positioning of endorectal balloon during prostate cancer radiation may affect treatment success

A University of Colorado Cancer Center study recently published in the journal *Physics in Medicine and Biology* shows that endorectal balloons commonly used during precise radiation treatment for prostate cancer can deform the prostate in a way that could make radiation miss its mark.

"Use of a balloon allows you to stabilize the anatomy. But what we show is that imprecision with balloon placement could reduce radiation dose coverage over the intended area," says Moyed Miften, PhD, FAAPM, investigator at the CU Cancer Center and chief physicist at the University of Colorado School of Medicine Department of Radiation Oncology.

Specifically, Miften and colleagues including Bernard Jones, Gregory Gan, and Brian Kavanagh studied the technique known as stereotactic body radiation, in which powerful, precisely-targeted radiation is delivered only to cancerous areas of the prostate with the hope of killing tumor tissue. An endorectal balloon is needed to hold the prostate in place while this high dose is delivered. The study used 71 images of 9 patients to show an average endorectal balloon placement error of 0.5 cm in the inferior direction. And these placement errors led to less precise radiation targeting and to uneven radiation dose coverage over cancerous areas.

"In radiation oncology, we use a CT scan to image a patient's prostate and then plan necessary treatment. But if during treatment the prostate doesn't match this planning image, we can deliver an imprecise dose," Miften says.

With the use of endorectal balloon, Miften and colleagues found prostates could be slightly pushed or squeezed, resulting in the prostate deforming slightly from its original shape and also sometimes tilting slightly from its original position in the body. These deformations can push parts of the prostate outside the area reached by the planned radiation.

"What we see is that whether or not a clinician chooses to use an endorectal balloon along with stereotactic body radiation for prostate cancer, it's essential to perform the procedure with image guidance. The key is acquiring images immediately prior to treatment that ensure the anatomy matches the planning CT," Miften says.

Scientists Finally ID Which Prostate Cancers are Life Threatening

University of Cambridge report
From Bioscience technology.com 11/19/2013

Scientists have discovered that the presence of a specific protein can distinguish between prostate cancers that are aggressive and need further treatment from those that may never seriously harm the patient.

The study, published in *Oncogene*, found much higher levels of the protein, NAALADL2, in prostate cancer tissue compared with healthy tissue. The difference was especially marked in aggressive prostate cancer tumors and cancer cells that had already spread around the body.

The team confirmed in two independent patient groups that the protein could be used to diagnose prostate cancer. But, even more importantly, it found that high levels of the protein could potentially pinpoint those patients with aggressive disease who would need surgery, chemotherapy and radiotherapy. Patients with lower levels of the protein were more likely to need monitoring rather than treatment.

After years of trying to unlock the secret of which prostate cancers are life-threatening– sometimes referred to as "tigers," and which are essentially harmless "pussycats," this new discovery could revolutionize how doctors treat the disease.

The protein NAALADL2 causes prostate cancer cells to behave more aggressively, making them more likely to move and invade healthy tissue surrounding the tumor

"This is early research, but if clinical trials confirm our results then it could help clinicians to tell which patients have a more aggressive tumor and need proportionally aggressive treatment, while sparing patients with low grade tumors a unnecessary radiotherapy or surgery," said lead author, Dr. Hayley Whitaker, a Cancer Research UK scientist at the University of Cambridge. "This is an important step along the path to developing a much-sought after test that could distinguish between different types of prostate cancer."

Around 41,000 men per year are diagnosed with prostate cancer in the UK and around 10,700 men die from the disease annually.

There are a number of diagnostic tests available for the disease. The best known is the Prostate Specific Antigen Test (PSA), which detects a wide variety of prostate cancers. But it cannot distinguish between the life-threatening and the relatively harmless forms of the disease, so is not reliable enough to be used in a national screening program.

Professor Malcolm Mason, Cancer Research UK's prostate cancer expert based at the University of Cardiff, said: "As a prostate cancer clinician, I have been waiting for years for a test that can define the aggressive disease. I hope that this research brings forward the day when I can say to patients: 'We know that your cancer doesn't need treatment'– a crucial development that could spare thousands of patients from enduring arduous treatment with unpleasant side effects.

This extremely interesting study provides an important development for prostate cancer screening, and potentially even reveals a new target for the development of new prostate cancer drugs in the future."

In 2011, Cancer Services of New Mexico conducted a survey, the New Mexico Cancer Services Survey

It was a statewide survey to understand gaps in New Mexico's cancer-related services, from the perspective of cancer patients/survivors and their loved ones.

You can see it here:

http://www.cancerservicesnm.org/docs/NMCSS_Final_Report-0311.pdf

Prostate Health Index (Phi) and prostate cancer antigen 3 (PCA3) significantly improve prostate cancer detection at initial biopsy in a total PSA range of 2-10ng/ml "Beyond the Abstract" by Daniela Terracciano, et al

Published on 12 November 2013

BERKELEY, CA (UroToday.com) - Despite the overall success of PSA, its use as a serum marker for prostate cancer leaves much to be desired. The primary limitation of PSA has been its inability to accurately distinguish between a benign and malignant pathology. This is especially true in the total PSA (tPSA) range of 2–10 ng/mL where benign and malignant prostatic conditions frequently co-exist (the so called diagnostic 'grey zone'). However, preoperative tools (such as PSA and DRE) lack accuracy to avoid many negative biopsies and to predict confined PCa at radical prostatectomy (RP).[1] To supplement the information from PSA analysis, several biomarkers have been proposed such as phi index and PCA3 score.[2, 3, 4, 5, 6, 7]

In 2012, PCA3 was approved by the U.S. Food and Drug Administration (FDA) for the use in men scheduled for repeat biopsy and [-2] proPSA for initial biopsy decisions in men with PSA concentrations in the range of 4-10 ng/ml and negative DRE. To date, a direct comparison of phi and PCA3 in a single centre study in subjects undergoing first biopsy with PSA values comprised in the "grey" zone 2-10 ng/ml has not been available.

Our study was designed in an effort to compare the diagnostic ability of PCA3 and phi in men who had undergone initial biopsies. Moreover, we stratified patient risk before treatment, according to PRIAS criteria,[8] thus we evaluated not only the ability of the two biomarkers to detect PCa, but also their correlation with active surveillance (AS) eligibility. Therefore, 332 subjects were enrolled before prostate biopsy (minimum 16 cores) in a prospective observational study, approved by the hospital ethics committee. Among these, only those meeting eligibility criteria (n=300) according to the study protocol were ultimately enrolled: age over 50 years, no prior prostate surgery and biopsy, no bacterial acute or chronic prostatitis, no use of 5-α reductase inhibitors, PSA values included between 2 and 10 ng/ml, availability of serum samples and corresponding clinical data, and completion of at least a 16-core template biopsy after enrollment. The final study cohort included 108 PCa patients (36%) and 192 (64%) with no evidence of malignancy (NEM). The primary aim of the study was to compare the identifying ability of PCa-negative and PCa-positive of Beckman Coulter phi [(p2PSA/fPSA)x √tPSA] and PCA3 score [(PCA3 mRNA/PSA mRNA) x 1000].

PHI continued

We found that the largest AUCs were obtained with phi, % p2PSA and PCA3 with no significant differences in pairwise comparison. All of them outperformed fPSA and %fPSA even after Bonferroni correction for multiple comparisons. Phi, % p2PSA and PCA3 also showed comparable levels of specificity at 90% level of sensitivity. Secondly, we performed multivariable analysis to evaluate the effect of the addition of phi and PCA3 to a base model including currently used PCa predictors (age, PSA, %fPSA, DRE, prostate volume), and we found an increase of predictive accuracy. Of note, no model improved single biomarker performance. Our findings open the discussion about whether phi or PCA3 could be recommended as the best single parameter in addition to PSA "grey" values as first-line diagnostic test for PCa detection.

Recently two different prospective multicenter studies suggested that phi and %p2PSA provided significantly better clinical performance than other PSA molecular forms assays in detecting PCa in 2-10 ng/ml tPSA range.[7, 9] Hansen. *et al.*[10] demonstrated that PCA3 achieved independent predictor status of PCa in subjects undergoing first prostate biopsy. In studies comparing phi and PCA3 performance in mixed biopsy patient cohort,[8] PCA3 score was more accurate than phi in the repeat biopsy setting. However, owing to its easier and economical technology, its lower discomfort for patients, and its better ability to reduce unnecessary biopsies (as shown by DCA), phi should probably be recommended as the best assay, in addition to PSA, as first-line diagnostic test for PCa detection.

Finally we investigated the performance of phi and PCA3 in the selection of active surveillance (AS) compatible cancer, and we found that the two biomarkers inversely correlate with AS criteria compatibility. Our encouraging results may help to improve the selection of patients eligible for active surveillance according to PRIAS criteria or for neurovascular bundle-sparing surgery.

The strength of our study resides in a single centre dataset, including subjects at first biopsy, allowing us to assess the net clinical benefit of one marker over the other and to define cut-offs calculated on a large population. Unfortunately the number of PCa patients is not enough to evaluate the ability of phi and PCA3, alone or in combination, to predict clinically localized cancer compatible with watchful waiting.

In case we forget later on,
Merry Christmas,
Happy New Year,
Happy Hanukkah,
Happy Kwanzaa.
Good health to all.

Financial Support for this newsletter edition provided by:

Prostate cancer: Study finds partners deal with key concerns including risk of depression

By Matthew Doran 12 Nov 2013

Australia ABC news

http://www.abc.net.au/news/2013-11-12/prostate-cancer-study-finds-partners-the-key/5085042

Men are reluctant to discuss both the physical and emotional effects of prostate cancer and their partners are left to speak out, a study has found.

Kevin O'Shaughnessy from the University of South Australia's Nursing School considered the long-term effects of prostate cancer for men.

"Men are often reluctant to be honest or reveal how they feel about their masculinity or the impact that the cancer's had on their sexuality or emotional state," he said.

Mr O'Shaughnessy said the study of 300 people across five countries provided some interesting results.

"Only 41 per cent of the men said that their masculinity was affected," he said.

"Seventy-one per cent of the partners said that the prostate cancer diagnosis and subsequent treatment had had an impact on the men themselves in terms of masculinity.

"The number one support that men recognised themselves was their wives and partners."

The research raised concerns about single men who often lacked a support network.

"Those men that don't have a wife or partner are often the people that are most distressed," Mr O'Shaughnessy said.

"They're at risk of not coping with their cancer and that puts them at risk of mental health issues, such as depression and anxiety.

"There's been some research that suggests they're at a higher risk of suicide."

Men face broad impact

Mr O'Shaughnessy said side-effects of prostate cancer could include erectile dysfunction and incontinence.

"It has an impact on their masculinity, their relationships, their libido, their outlook on life and we've found that, as part of this journey, men need support," he said.

"The wives or partners of men - not only do they provide supportive care but they provide insights to health professionals.

"We found that men are challenged by prostate cancer at every stage of this journey."

He said educating relatives about health warning signs could be the key to better outcomes.

"We think the wives and partners need some education and support themselves and by doing that we'll be able to have a resource that will be really useful in supporting these men," he said.

"Including partners in all conversations regarding prostate cancer, from initial diagnosis through to the treatment choices by healthcare professionals, will enable us to get a better picture of the men themselves.

"Especially when they face these difficult decisions, having a partner to be involved in that is going to be important."

Mr O'Shaughnessy urged doctors and other medical professionals to watch for those needing additional support.

"It's for health professionals to be aware that men without partners maybe have a greater need for increased supportive care and monitoring of their mental health," he said.

"Men that didn't have a partner had higher levels of distress when they faced recurrence.

"[For] those men that did have a partner the distress was, I guess, modified by having a partner."

Editor: Many prostate groups and websites have diet recommendations on good prostate health diets or foods to avoid in your diet. This is not an endorsement, but as always, research for yourself. According to one website, the
Worst Foods for Prostate Health from http://www.prostatesupplements.com/worst-foods-for-prostate-health/

The worst foods for prostate health are good to steer clear of if you are concerned about prostate cancer and even conditions such as enlarged prostate, also known as benign prostatic hyperplasia (BPH), or prostatitis. We've compiled some of the worst foods for prostate health to help you make better decisions about what foods to put in your body and the healthiest ways to prepare those foods. It is just as important to learn about the best foods for prostate health to eat, and the right prostate supplements as it is to know which foods can increase your risk for prostate cancer so you can avoid them.

Nonorganic Potatoes

Potatoes are a healthy food in general. They are low in fat, high in fiber, and affordable. The problem is that nonorganic potatoes are filled with chemicals that you cannot wash off. Potatoes absorb pesticides, herbicides, and fungicides (all linked to increased prostate cancer risk) from the soil while they are growing, and this makes them some of the worst foods for prostate health. Then the potatoes are treated after harvesting to keep them from sprouting. Buying organic potatoes can help you avoid these chemicals. If you are not cooking your organic potatoes soon after purchase, it is best to keep them in the refrigerator because they do not keep as long as their chemical-filled alternates.
Also keep in mind that is healthier to boil your potatoes than to fry or bake them at high temperatures. An amino acid in the potatoes can form acrylamide when heated above 248 degrees Fahrenheit. Acrylamide is a suspected carcinogen. You can read more about acrylamide and cancer.

Well-Done Meat

Just as overcooking potatoes at high temperatures can increase risk for cancer, so can cooking meat at high temperatures. Red meat and prostate cancer are already connected, making meat some of the worst foods for prostate cancer, but cooking any kind of meat well-done can make it worse for your prostate health. Certain compounds linked to prostate cancer form when meat is cooked at high temperatures. These foods are associated with advanced prostate cancer.

Red Meat and Processed Meats

Red meat includes beef, pork, and lamb. Compared to a diet low in red meat, eating a lot of red meat can increase your risk for prostate cancer by 12% and can give you a 33% higher risk for advanced cancer. Processed or cured meats include bacons and deli meats. These foods contain nitrates, which are preservatives associated with a higher risk of prostate cancer and bowel cancer. Many deli meats come from animals treated with antibiotics and growth hormones, and they may contain dyes and chemical flavorings. Look for lighter deli meats such as turkey, and opt for organic meats. Try replacing meat in your diet with more wild fish that are high in omega-3 fatty acids and protein from plants, which are the best protein for prostate health.

Canned Tomatoes

Tomatoes are a cancer fighting food that are great for your prostate and fighting prostate cancer. Processed or cooked tomatoes are high in the antioxidant lycopene. Unfortunately canned tomatoes are some of the worst foods for prostate health. Canned tomatoes contain bisphenol-A (BPA) because the cans are lined with this chemical. BPA leaches from the can lining into the tomatoes because of the acids in the tomatoes. BPA is a toxic chemical linked to a higher risk of prostate cancer, reproductive problems, heart disease, neurological effects, and more. Instead cook tomato sauces from fresh tomatoes or try to find tomatoes packed in BPA-free packaging such as glass.

Dairy Products and Calcium Supplements

There are many top prostate supplements that support prostate health, but calcium is not one of them. Dairy products and calcium are some of the worst foods for prostate and men's health for several reasons. Studies show that diets high in meat and dairy are associated with prostate cancer. This risk may be linked to hormones, calcium, and leucine. Leucine is an amino acid found in dairy products (and meat) essential for growing prostate cancer cells. Increased risk of heart attack, kidney stones, and prostate cancer are just some of the reasons to avoid calcium supplements.
Try for nondairy calcium sources of calcium like figs, fermented tofu, chia seeds, almonds, sesame seeds, and green vegetables like kale, bok choy, spinach, and broccoli. These calcium-rich foods also contain minerals and micronutrients that help your body metabolize the calcium and strengthen your bones.
If you cannot part with dairy, buy only organic dairy products, which come from cows that have not been treated with synthetic growth hormones, antibiotics, or steroids. Luckily you can find these in almost every grocery store.

Unfermented Soy

Most people don't know that there are different kinds of soy; fermented and unfermented. In fact, soy generally is marketed as a health food for men but the different kinds of soy have significantly different health effects. Fermented soy on the one hand is very good for men, offering many health and prostate benefits. Look for fermented soy products such as soy sauce, fermented bean paste, miso, and tempeh. Unfortunately, most soy is not a health food and is not fermented. About 90 to 95% of the soy grown in the U.S. is genetically engineered to produce soy protein isolate. You find soy protein isolate in protein bars, fruit drinks, soups, sauces, cereals, supplements, and meal replacement shakes. Unfermented soy is hidden under such names as bouillon, textured protein, and natural flavor. These lower-quality soy products can increase your risk for heart disease, thyroid problems, mental decline, infertility, and cancer.
Soy is also estrogenic, meaning that it can affect the hormone balance in men. This imbalance of estrogen and testosterone is one of the major drivers of prostate cancer growth.

Microwave Popcorn

Popcorn is high in fiber and low in calories, making it a reasonably "OK" snack. It is best when air-popped or cooked on the stove, but it is dangerously unhealthy when microwaved in the bag. Microwave popcorn bags are lined with the chemical perfluorooctanoic acid (PFOA), and this chemical gets into the popcorn. The PFOA is an endocrine disruptor that can affect men's sex hormones, causing health problems like infertility, thyroid disease, prostate cancer, testicular cancer, immune system issues, and high LDL and total cholesterol levels. These are some of the reasons microwave popcorn makes the worst foods for prostate list.

Sugar and Artificial Sweeteners

Both sugar and artificial sweeteners (such as aspartame, saccharin, sucralose, and others) are bad for men's health. They have been linked to cancer and allergies. Cancer cells utilize more sugar (glucose) than do normal cells, so when you eat sugar, you may feed any cancer cells, allowing them to grow. Besides the possible cancer risks and increased inflammation in the body sugar can cause, it can also lead to obesity and insulin resistance, which are high risk factors for cancer. You can read more about artificial sweeteners and why you should avoid aspartame.

Choosing the Prostate Diet

Enough about what not to do and the worst foods for prostate health. Here are some positive changes you can make to lower your risk for prostate cancer, BPH, and prostatitis. Try following the Prostate Diet if you want support prostate health naturally. The Prostate Diet suggests eating very little meat and instead encourages low-fat, high-fiber sources of protein. The Prostate diet for prostate cancer focuses on eating whole, natural foods, a Mediterranean-style diet, omega-3-rich foods such as wild (not farmed) salmon, plant proteins, and taking prostate supplements. It also involves healthy lifestyle choices like reducing stress, getting regular exercise, and getting plenty of sleep. Following a diet like The Prostate Diet can teach you how to get the right fats, protein, vitamins, minerals, and fiber, plus healthy habits that support and maintain heart health and prostate health, giving you a whole-body approach to wellness.

We recently received a call from a very nice lady informing us that her husband passed away.

She told us that she reads all of our newsletters and used that information to help make decisions to deal with her husband's prostate cancer. She was thankful for that information since he was first diagnosed in 2006 and survived until now.

She asked if it would be okay to place a box out for donations to PSCANM at the celebration ceremony for her husband.

While it is great that she wanted to help us with the donation, it is more important to know that our message is getting out to those who are in need of information about this disease.

In addition it was nice to get such positive feedback.

We thank her for thinking of us, and for her family and friends for their kind donations to us.

New Survey Reveals U.S. Men with Advanced Prostate Cancer Worry More about Burdening Family and Friends Than Dying

-- As men live longer with disease, survey findings suggest patients and caregivers need increased opportunities for open dialogue and more comprehensive support

From Prnnewswire.com September 26, 2013

PRNewswire/ -- Astellas Pharma US, Inc. (TSE: 4503) and Medivation, Inc. (Nasdaq: MDVN) today announced results of a national survey of men with advanced prostate cancer and caregivers of men with advanced prostate cancer.[i] Results showed that while patients who participated in the survey are generally optimistic, a good number may feel isolated in coping with their disease. Forty-five percent reported they keep silent about their prostate cancer and treatments, and 59 percent are concerned about becoming a burden to family and friends. By comparison, only 43 percent of patient respondents have the same level of concern about dying.

Caregivers who participated in the survey expressed a high degree of stress associated with their roles. Nearly three-quarters (73 percent) said there are days when they feel overwhelmed caring for someone with advanced prostate cancer and 85 percent said they experience stress or anxiety related to their loved one's well-being. However, caregiver respondents are more concerned about helping their loved one cope with the physical and emotional effects of advanced disease (83 percent) than they are about their own physical or emotional health (58 percent).

Astellas Pharma US, Inc. and Medivation, Inc. commissioned the Advanced Prostate Cancer Patient and Caregiver Burden of Illness Survey through Harris Interactive, and sponsored four leading cancer advocacy and education organizations to collaborate on the initiative: The Association of Oncology Social Work (AOSW), Cancer*Care*, Prostate Health Education Network (PHEN), and Us TOO Prostate Cancer Education and Support Network. The survey was conducted online among 91 men with advanced prostate cancer and 100 caregivers of such men, and was designed to evaluate the physical and emotional impact of advanced prostate cancer on both patients and caregivers.

"Little, if any, research has been completed to understand the current experience of U.S. men living with advanced prostate cancer or caregivers to these men," said Thomas A. Farrington, founder and president of PHEN. "This survey provides much-needed information that will help us better support them, particularly as there is evidence that men are now living longer with advanced disease."

More than 50 percent of patients who participated in the survey have been living with a prostate cancer diagnosis for at least six years. Nearly one-third of survey respondents (33 percent) reported living with a diagnosis for more than 10 years and 17 percent said they are currently living with another cancer diagnosis in addition to prostate cancer.

Caregiver respondents reported an average caregiving duration of nearly five years. Sixteen percent have been providing care for more than eight years.

Key findings from patients who participated in the survey reveal:

Forty-one percent do not feel like people understand what they are going through in terms of managing and treating their prostate cancer. Of these, 78 percent* wish people better understood the stress of coping with prostate cancer, and more than half wish others understood the inconvenience caused by prostate cancer (59 percent) or the side effects of treatment (also 59 percent).

While many patient respondents reported feeling hopeful about their disease (58 percent), the greatest percentage said their disease makes them feel uncertain (62 percent). Among other responses, 33 percent said they feel fearful, 32 percent feel sad, and 20 percent feel lonely or alone.

There are disconnects in terms of patients' treatment priorities and what they perceive to be the priorities of their physicians. While 66 percent of patients said that the level of discomfort they will experience is important or very important to them when choosing therapies, only 45 percent believe that this factor is important or very important to their physicians.

Despite the older age of patients who participated in the survey (median age: 70 years), the Internet is an important source of information for them. After their physicians, it is the most highly used source of information for patients and caregivers who participated in this survey.

Caregiver participants expressed considerable stress and anxiety, as well as a desire for more direct support networks. Key findings include:

Seventy-three percent said they are concerned or very concerned about their ability to continue providing care over a long period of time.

Caregivers' top areas of concern are their ability to help their patient cope with the physical and emotional effects of the disease (83 percent said they are concerned/very concerned about each).

Among the 93 percent of caregivers who reported experiencing troublesome feelings as a result of caregiving (e.g., stress, sadness, fear, etc.), 58 percent said they rely most on family members to help relieve these feelings.

Among caregivers who expressed a desire for additional support, the most common request was for a support network or group.

Survey findings also suggest that many patient and caregiver respondents are overwhelmed by the volume of information available to them. About one-third (35 percent) of patients said there is too much information available about prostate cancer to understand it all, and 47 percent of caregivers agreed with this statement. These findings suggest the need for navigation tools that will help guide patients and caregivers to the information that is most relevant to them over the course of the disease.

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The American Cancer Society estimates that one in six U.S. men will be diagnosed with prostate cancer in their lifetime and about 2.5 million are currently living with the disease.[ii] Recent studies and analyses have demonstrated that men with advanced prostate cancer are now living longer than ever.[iii],[iv] A 2013 study concluded, "The initial impact of treatments for men with [prostate cancer] is well reported in the literature. Less is known about the psychosocial needs of these men as their journey after diagnosis and treatment continues into months and years."[v]

About the Advanced Prostate Cancer Patient and Caregiver Burden of Illness Survey

The Advanced Prostate Cancer Patient and Caregiver Burden of Illness Study was conducted online within the United States by Harris Interactive on behalf of Astellas Pharma US, Inc. and Medivation, Inc. between August 29, 2012 and March 15, 2013. A total of 91 men age 60+ diagnosed with prostate cancer who have been or are being treated with at least one course of hormone therapy and experienced continued disease progression (i.e., castration-resistant prostate cancer [CRPC]) completed the survey. Simultaneously, Harris Interactive surveyed 100 caregivers of similarly described patients, defined as anyone in regular contact with qualified patients who assist with their care and/or help them make treatment decisions.

Here are some final words from two long serving Board members who are retiring. They have both served us very well in leadership roles over the years.

Dear members of PCSANM and readers, after 10 years as a member of the Board and an eventful seven as Chairman I retired from the Board in December. Like so many men after hearing "You have prostate cancer" I was scared and confused. To my good fortune a close friend told me to contact this Association. After a long conversation with Lyle Ware, a similar talk with Joe Nai in the office and many books and pamphlets later I settled down. With information in hand, Cindy and I began our search for the right treatment for me.

After attending a number of Saturday support sessions I was invited to join the Board of Directors. That led to being asked to take on the Chairmanship. And so began a very interesting sojourn through the world of prostate cancer. On that trip I learned the absolute importance of cancer support groups, and not just prostate cancer. I owe much to my mentor and fellow Board member, Marian Bruce, for his helping hand along the way, Thank you, Cap'n. The same Thank You to Joe and Kristy.

Beginning in 2014 the Association will have a replenished nine member Board of Directors with Lou Reimer continuing as Chairman. The new guys have stepped up to the very challenging tasks in keeping the group forging ahead with fresh ideas, enthusiasm and competency. I ask each of you to please consider an active role in supporting them. It is an all-volunteer organization, funded mostly by donations from kind souls. There are simple but necessary tasks like folding this newsletter to helping out at fund raising events. Your help will be most appreciated.

So, to those who came before me, who supported Cindy and me, and to those who will be providing life and sanity saving support to those yet to come to the "prostate cancer support office" I say, "THANK YOU and GOOD HEALTH".
Adios. Bob Wood

After 16 years on the board of Prostate Cancer Support Association of NM I have decided that it is time to retire from the board. I was treated for prostate cancer in 1997. As luck would have it, a week before I was diagnosed there was an article published in the ABQ Journal describing how an individual, after being diagnosed, discussed it with his neighbor, a member of PCSANM.

With that knowledge I visited the office and was helped by that neighbor to find my way through the maze of information that was available at that time. Long story short, because of my concern for quality of life aspects, I chose to have seed implants (brachy).

Realizing I had something to give to PCSANM I joined the board of directors starting with legislative issues, where I was able to have a little influence in getting some substantial assistance from the state. After a short time I was ask to be the Vice Chair and after one meeting the Chair resigned. As a result I spent five years as Chair.

I am currently Treasurer and will be relieved of that duty by Charles Rowland in January. It is time to leave the board of directors. I have spent over 16 years on the board and I feel it is best that I move on and let some more enthusiastic members take my place. I find that I'm not as eager as I was in the past and that could be detrimental to the function of the board. The board now has some very talented and hard working members and I leave it in very good hands.

I will remain as a member and will be willing to help as I can. In addition, as the politicians who are leaving office say "I need to spend more time with my family who need more of my time."

Marian Bruce

PCSA *Lifeline* Newsletter
January 2014

Prostate Cancer Support Association
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Chairman's Message, January 2014

I hope everyone has had a good holiday season. The Prostate Cancer Support Association wishes all our members well for 2014.

The past year has been good for our organization and there have been several significant events that PCSA has conducted, or in which we have participated. Our annual low-cost PSA draw for the public had 92 people take part. We had six doctors address our conference on advanced prostate cancer which was attended by 68 people. We had favorable responses from the conference attendees. We have continued to serve the newly diagnosed and have participated in many health fairs and presentations to various civic and fraternal groups.

We moved to a new office that is larger and we are hoping that the additional space and ease of access will translate to being better able to serve you and the public. You are invited to visit during regular office hours, or if you would like a one-on-one guidance session, please make an appointment. Someone will make it their business to help out.

Our organization has been fortunate to have had Marian Bruce and Bob Wood serving on the Board of Directors for many years. Separately, both men have decided that they will remain as members of the Association, but will no longer be able to serve on the Board of Directors. (See their letters in this issue of Lifeline). We have benefited from their wise council and personal effort. In addition to serving on the Board as a Board Member; Marian guided the Association as Chairman for five years and Bob led the Association as Chairman for seven years. In addition, Marion leaves as the retiring Treasurer. As the current Chairman, I will miss their advice and almost daily presence in the continuing operations of the Association. Please join me in wishing them well. Thank you, Marian and Bob.

Your returning Board of Directors, and me especially, look forward to another great year of providing services to you and the public.

I wish all our members good health and well being.

Lou Reimer
Chairman of the Board