Prostate Cancer Support Association of New Mexico

Celebrating 25+ years of supporting men

LIFELINE

PCSANM Quarterly | January 2017 | Volume 24, Issue 1

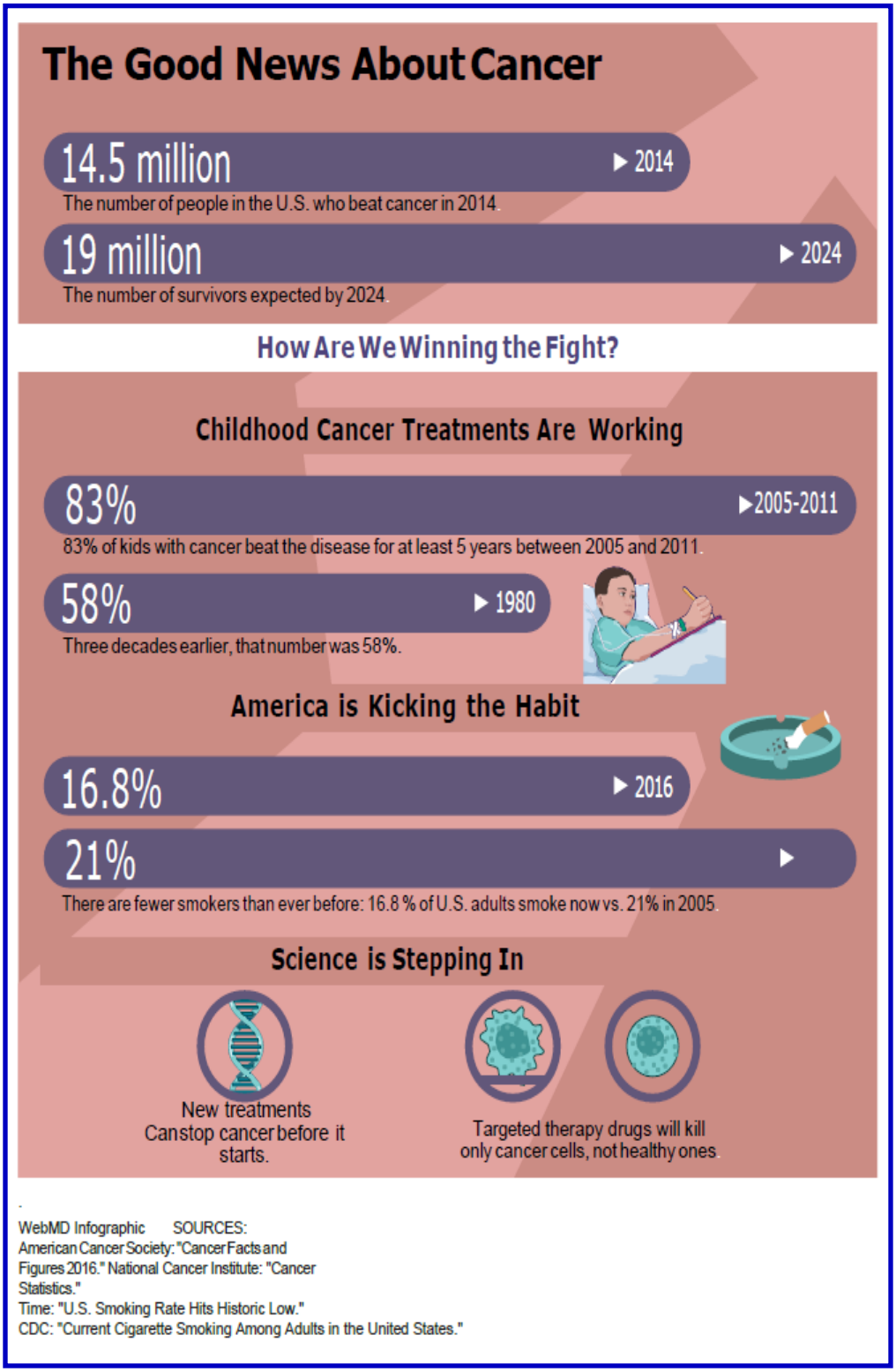
Issue Highlights

Our website address
www.pcsanm.org
e-mail
pchelp@pcsanm.org

Meeting Place:

PCSANM is meeting at Bear Canyon Senior Center, 4645 Pitt St NE in Albuquerque. This is two blocks from Montgomery and Eubank; go north one block to Lagrima de Oro St, and east one block to Pitt, and left 50 yards to the Bear Canyon parking lot. We are in room 3, at the west end of the building. Meetings are usually the first and third Saturdays of the month; from 12:30-2:45 pm.

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



FOUNDER Rae Shipp, established 1991, celebrating 25+ years of supporting men

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Las Cruces	John Sarbo or Ron Childress	(915) 503-1246 (575) 522-1083
Silver City	David Schwantes or Walt Hanson	(575) 388-2331 (575) 388-1817

In Memory of

Burt Garner

Peter J. Lindberg

Bill P. Marner

With deep sympathy and regret, we list these names

THANK YOU
We would like to acknowledge our printer, Michael Smiel at Albuquerque Print Works. He has printed our flyers, newsletters, programs, everything our office uses, for many years now. He can be reached at 293-0037 or email albpwrks@swcp.com

PCSANM *Lifeline*

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EDITOR/WEBMASTER/ FACEBOOK
Jerry Cross

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.

Honoring Dr. Lindberg

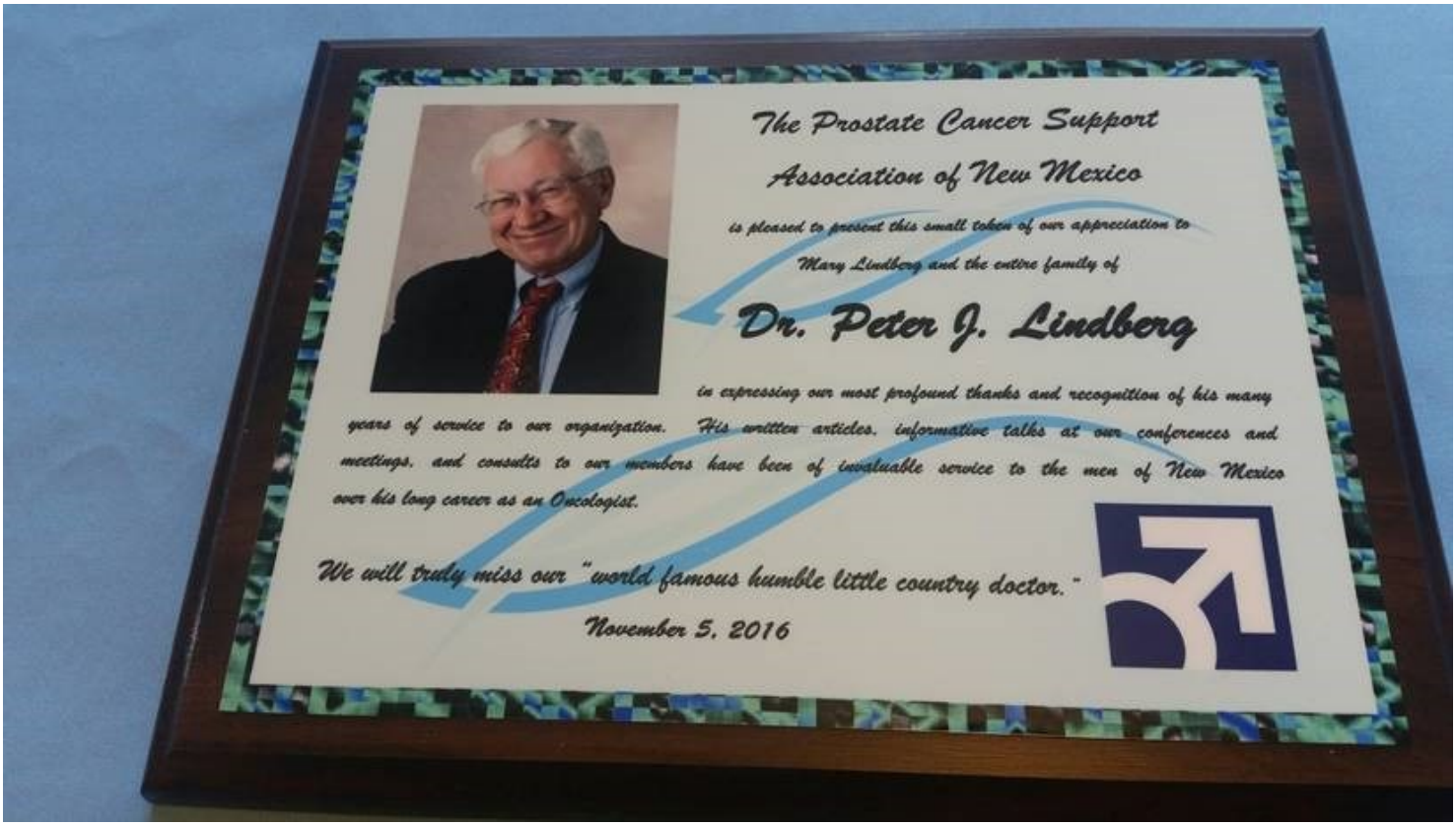
We recognized him and his family at our November 5 *Quality of Life after a Prostate Cancer Diagnosis* Conference.

His wife and daughter were there to receive this plaque, and we had a slide show of his informal life, which was turned into a book. There is a copy in the office library.

This is the Video tribute that we showed. Lindberg tribute
Here is the Shutterfly book link.

Mrs. Lindberg wanted to let everyone in our group know she was extremely grateful for the kindnesses shown to her husband, herself and the family in the past few months. She thanks all the men and women who came to visit him in the hospital, especially those who were on the Valued Helpers team, sitting with him day and night, driving her back to the hotel, bringing in food, etc

She especially appreciates the plaque, slide show, and book presentation made at the conference, and the opportunity to talk to us. More pictures will be on the website.



Thanks to Bruce Barth at B and D Trophies and More for the beautiful plaque for the family.
They are located at 3296 Coors NW, Suite G, Albuquerque NM, 87120,
505-839-0900 www.bdtrophies.com

The Affordable Care Act and Cancer

Kathy LaTour November 7, 2016 www.CureToday.com
http://www.curetoday.com/community/kathy-latour/2016/11/the-affordable-care-act-and-cancer?p=2

Politics aside, one of the emotional volleyballs that was tossed back and forth at the presidential debates is the Patient Protection and Affordable Care Act (ACA; "Obamacare"). Indeed, the reactions to ACA were so explosive it might be more accurate to compare it to a volleyball game using hand grenades.

When the plan passed in 2010, it phased in a number of insurance options that were supposed to provide affordable health insurance for all Americans. Well, we all know there were major problems with that, and today a number of the insurance companies that offered ACA have now pulled out or raised the cost to the point that instead of being the Affordable Care Act, it should be called the "Affordable Care Act for those who can afford it."

But aside from that part of the program, cancer patients and survivors need to look at two parts of the plan that have made our lives much easier.

Under ACA, insurance companies can no longer deny coverage because of preexisting conditions. Before ACA, insurance companies could turn down anyone who might cost them money in the future. This meant cancer families were often forced into job lock or marriage lock, unable to leave a job that provided no upward mobility or satisfaction to move on unless they already knew that their next job would be one with insurance that had no problem with preexisting conditions. This usually meant very large companies that could absorb the cost of employees that might actually use their health insurance.

Not very many people talk about marriage lock, but for women in marriages that needed to end, insurance for herself and her children has been a major issue. This could be because she had a preexisting condition or one of her children did. If the health care coverage is held by the man in the family, there is often little choice but for the woman to stay married. Now she has other options. Allowing children to stay on their parents' insurance plan until 26 is another benefit that shouldn't be ignored for those who have experienced major illness or cancer.

Another implication has been coined by economists as "entrepreneurship-lock." Similar to the issue of job lock, workers are less likely to leave their position because of employee benefits. However, in this case they are not leaving for a separate job, but rather self-employment. As a result, workers stayed at jobs that didn't fully make use of their skills or give them opportunities for advancement or that, for whatever reason, made them unhappy. The need for insurance also prevented workers from trying to start their own business or taking a part-time job to spend more time with their family.

This is what happened to me. Before I was diagnosed with cancer, I had stopped teaching to care for my newborn daughter. My husband had become a consultant, and we had COBRA from his last job. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) added health care continuation requirements that applied to group health plans. In other words, you could pay to continue your insurance after you left a job -- at a considerable increase of premiums.

At that time, insurance was insurance to me. Sure, we were paying a huge price for COBRA, but I thought that was the way it was. I had never even filled out an insurance claim until then. When my daughter came six weeks early, I learned how to read that policy and all the things it didn't cover or paid only a certain amount and then we were responsible for the rest. You know those equations they give you that read something like this. This problem is covered 80 percent up to this amount and not to exceed regular and usual costs. And it turned out that the policy covered well-baby needs but not premature baby needs.

So, we charged her on a credit card to get her out of the hospital and I started looking for a good policy. It took a while but I found one that covered 80 percent up to a max of $1,000 and then 100 percent.
And then I was diagnosed with breast cancer.

So we had great coverage – and then six months later, the policy came up for renewal and the cost almost tripled. Ouch.

Luckily, I was getting ready to go back to work at a wonderful university that had a large enough insurance pool that I could find a plan that worked for all of us.

Another aspect of ACA I would like to see us keep for cancer families is the prohibition on lifetime or annual limits, the cap on the benefits you may get from your insurance company. The old insurance policies put a cap on what they paid out, and it stayed the same while the costs of having cancer grew. Even what is considered a good policy when 80 percent is covered, no longer has much appeal when you consider it is not unusual for treatment to cost upwards of $200,000. This means that your part is $40,000, and I don't know about you but I don't have that in my savings account.

According to one study, families with cancer are 2.5 times more likely to declare bankruptcy than those families without cancer.

Yes, there is no doubt the Affordable Care Act needs tweaking. But let's not lose these critical pieces.

Please don't forget PCSANM in your end of the year giving, or IRA Distribution. We depend greatly on donations to help us in our mission. We are a 501(C) 3 tax-exempt non-profit organization

Prostate Cancer Stages

From **www.WebMD.com**

Article Link: **http://www.webmd.com/prostate-cancer/guide/prostate-cancer-stages**

Like other forms of cancer, the prognosis for prostate cancer depends on how far the cancer has spread at the time it's diagnosed. Doctors use a system of classification called staging to describe prostate cancer 's local extent and evidence of spread.

Prostate cancer stages can be complex and difficult to understand. WebMD looks at prostate cancer stages and what they mean to you.

Prostate Cancer Stages: Growth and Spread Prostate cancer grows locally within the prostate, often for many years. Eventually, prostate cancer extends outside the prostate. Prostate cancer can spread beyond the prostate in three ways:

•By growing into neighboring tissues (invasion)
•By spreading through the lymph system of lymph nodes and lymph vessels
•By traveling to distant tissues through the blood (metastasis)

Prostate cancer stages describe the precise extent of prostate cancer 's spread.

Tests to Identify Prostate Cancer Stage After a prostate cancer diagnosis, tests are done to detect how the cancer has spread, if it has, outside the prostate. Not all men need every test. It depends on the characteristics of a man's prostate cancer seen on biopsy.

Tests to help determine the stage of prostate cancer include:
•Digital rectal exam
•Prostate-specific antigen (blood test)
• Transrectal ultrasound
• MRI of the prostate using a rectal probe
• CT scan of the abdomen and pelvis, looking for prostate cancer metastasis to other organs
•MRI of the skeleton, or a nuclear medicine bone scan, to look for metastasis to bones
•Surgery to examine the lymph nodes in the pelvis for any prostate cancer spread

The TNM System for Prostate Cancer Stages As they do for most cancers, doctors use the TNM system of prostate cancer stages. The prostate cancer stages are described using three different aspects of tumor growth and spread. It's called the TNM system for tumor, nodes, and metastasis:
•T -- for tumor -- describes the size of the main area of prostate cancer.
•N -- for nodes -- describes whether prostate cancer has spread to any lymph nodes and to what extent.
•M -- for metastasis -- means distant spread of prostate cancer, for example, to the bones or liver.

There are other ways of classifying prostate cancer, such as the Gleason system. Sometimes, the TNM system and Gleason score are combined to describe prostate cancer stage.

Prostate Cancer Stage I In stage I, prostate cancer is found in the prostate only and the PSA is <10. Stage I prostate cancer is microscopic, meaning it can't be felt on a digital rectal exam (DRE) and it isn't seen on imaging of the prostate. At most the tumor involves less than one-half of one lobe of the prostate.

Prostate Cancer Stage II In stage II, the tumor has grown inside the prostate, but hasn't extended beyond it. The tumor can involve more than one-half of one lobe of the prostate without involving both lobes (stage II-a). Or the tumor can involve both lobes (stage II-b).

Prostate Cancer Stage III Stage III prostate cancer has spread outside the prostate, but only barely. Prostate cancer in stage III may involve nearby tissues, like the seminal vesicles. There is no spread to lymph nodes nor metastasis to distant tissue.

Prostate Cancer Stage IV In stage IV, the cancer has spread (metastasized) outside the prostate to other tissues. Stage IV prostate cancer commonly spreads to lymph nodes, the bones, liver , or lungs.

Accurately identifying the prostate cancer stage is extremely important. Prostate cancer stage helps determine the optimal treatment, as well as prognosis. For this reason, it's worth going through extensive testing to get the correct prostate cancer stage.

Top Ten Ways To Know You Are A Cancer Survivor

10. Your alarm clock goes off at 6 a.m. and you're glad to hear it.
9. Your mother-in-law invites you to lunch and you just say NO.
8. You're back in the family rotation to take out the garbage.
7. When you no longer have an urge to choke the person who says, "all you need to beat cancer is the right attitude."
6. When your dental floss runs out and you buy 1000 yards.
5. When you use your toothbrush to brush your teeth and not comb your hair.

4. You have a chance to buy additional life insurance but you buy a new convertible car instead.
3. Your doctor tells you to lose weight and do something about your cholesterol and you actually listen.
2. When your biggest annual celebration is again your birthday, and not the day you were diagnosed.
1. When you use your Visa card more than your hospital parking pass.

All of the November 5 Conference Main Session slide show presentations are posted on our website www.pcsanm.org on the Fall Conference Page. DVD's of the talks should be available for check-out in the office by now.

Cancer Drug Monographs Available here from CancerTherapyAdvisor.com

There are FIVE more pages of detailed information on treatment regimes located here, much too large to put in newsletter, but Click **Here** to see it, or go our own website/news you can use section to see it.

In the electronic Lifeline that is mailed out, and on our website's pdf version, these links are clickable, but you need to sign up for a FREE account at www.CancerTherapyAdvisor.com in the Haymarket Medical Network in order to see the individual drug monographs

Drugs for Prostate And Other Male Cancers: click on links		
Casodex	Cosmegen	Delestrogen
Eligard 22.5mg 3-Month	Eligard 30mg 4-Month	Eligard 45mg 6-Month
Eligard 7.5mg 1-Month	Emcyt	Estrace
Etopophos	Firmagon	Ifex
Ifex w. Mesnex Combi-	Jevtana	Lupron Depot 7.5mg
Lupron Depot-3 Month	Lupron Depot-4 Month 30mg	Lupron Depot-6 Month 45mg
Menest	Nilandron	Novantrone
Provenge	Taxotere	Toposar
Trelstar	Vantas	Vinblastine for injection
Vinblastine injection	Zoladex	Zoladex 3-Month 10.8mg
Zytiga		

Data provided by the *Monthly Prescribing Reference (MPR) Hematology/Oncology Edition.*

10 Tips on Surviving the Holidays with Cancer

Bonnie Annis November 9, 2016 Cure Today
http://www.curetoday.com/community/bonnie-annis/2016/11/tips-on-surviving-the-holidays-with-cancer?eKey=cGNoZWxwQHBjc2FubS5vcmc=

The holidays are around the corner. While these occasions are meant to be filled with joy, sometimes they become stressful. Expectations and emotions are high. Pressure is placed on having the perfect holiday.

For the person affected by cancer, feelings of being overwhelmed and confused may be debilitating. Feelings of stress, worry, sadness and even anger are normal.

Remembering the past can be frustrating. Thanksgiving and Christmas are painted as perfect times of the year where all is right with the world. People are jovial and kind, but what happens when those holidays are filtered through the lens of sickness and suffering? Those idealist views are easily skewed. A cancer patient can feel disconnected. It can be scary to understand unconventional thoughts.

No matter where you are in your treatment plan, you'll be affected in some way. But here are some tips to help:

- Use your words. Talk to loved ones. Tell them how you're feeling. Be honest. If you're overwhelmed and stressed, say so!
- Say yes. Accept offers of help. People want to assist you. Let them. Give them suggestions. Both giver and receiver will be blessed.
- Learn to be present in the moment. Don't focus on what was or what should be, focus on what is. Enjoy the moment and relax. Practice mindfulness.
- Prioritize. There will be many activities this season. It is a good idea to consider which ones are most important to you. Since your energy level may be low, choose wisely.
- Make a list. Lists are helpful for organizing and remembering. In the midst of treatment, sometimes it's difficult to think about anything other than getting through the day. Making a list of tasks and categorizing them into "need to" and "want to." Lists can help lighten the load of personal expectation. Cross off items as you complete them and don't worry about those left undone.
- Do what you feel like doing. Plan tasks around your energy. Start with plan A and go to plan B if necessary. If you enjoy shopping, shop. If you can't get out and do it yourself, make a list, order online or ask others to pick up items for you. Doing things that were important to you before the diagnosis can help keep your spirits up.
- Set limits. Help others understand. Some family members or friends may not understand how fatigued you feel.
- Leave your options open. Some days you may feel energetic; others you may not feel up to doing much at all. Allow yourself to make last minute decisions.
- Surround yourself with others. It's easier to maneuver through the holidays with those who love and care about you. Let them encourage you and offer comfort. Try not to isolate yourself.

Look for the positives. Focus on blessings and forget the failures. Take time to be intentionally grateful.

This time of year can be challenging, but shouldn't be dreaded. Cancer doesn't have to steal your holiday joy.

Please share this info with anyone with any type of cancer who has to travel to get treatment.

American Cancer Society Lodging Programs

Getting the best care sometimes means cancer patients must travel away from home. This can place an extra emotional and financial burden on patients and caregivers during an already challenging time.

Hope Lodge Each Hope Lodge offers cancer patients 18 and older and their caregivers a free place to stay when their best hope for effective treatment may be in another city. Currently, there are 31 Hope Lodge locations throughout the United States. Accommodations and eligibility requirements may vary by location. **Find a location or learn more about Hope Lodge.**

Hotel Lodging The American Cancer Society, in a cooperative effort with hotels across the country, provides overnight accommodations to cancer patients who must travel for outpatient treatment and need assistance with lodging. The program is open to cancer patients of all ages, including pediatric patients accompanied by a parent, and patients traveling with children. All accommodations are provided based on eligibility requirements and are subject to availability and to restrictions imposed by the participating hotels. Requests for lodging are met on a first-come, first-served basis. **For more information or to request hotel lodging, please contact the American Cancer Society at 1-800-227-2345.**

We wish all our members the Happiest of Holidays; Merry Christmas, Happy New Year, Happy Hanukkah, Happy Kwanzaa, and a 2017 full of hope, health, and happiness.

Study Suggests More Men With Prostate Cancer Would Choose Active Surveillance if it Were Offered

Joyce Pagan October 24, 2016 http://www.oncologynurseadvisor.com/study-suggests-more-men-with-prostate-cancer-would-choose-active-surveillance-if-it-were-offered/printarticle/567857/

Less than half of men with early stage prostate cancer for whom active surveillance is an option choose it, according to a new report on Swedish men with nonaggressive prostate cancer published in the *Journal of the American Medical Association (JAMA) Oncology*.[1]

However, an international team of researchers concluded that when *active surveillance* is presented as an option, men with early stage prostate cancer are likely to choose it. This approach uses regular blood tests, physical examinations, and periodic biopsy to monitor for signs of tumor growth before considering therapy. Active surveillance averts the risks of sexual dysfunction and bowel and bladder problems frequently associated with traditional treatments for men with very low-risk, low-risk, and intermediate-risk disease.

Because recent studies suggested that some men with early stage prostate cancer who opted to undergo treatment later regretted their decision related to lingering issues with incontinence and impotence, an international team led by researchers from NYU Langone Medical Center and its Perlmutter Cancer Center sought to determine whether more men would choose a nonaggressive treatment option such as active surveillance if it were presented to them.

For the study, the researchers analyzed data from the National Prostate Cancer Register (NPCR) of Sweden, which has data on 98% of prostate cancer cases in Sweden, to determine the extent of use of active surveillance for favorable-risk prostate cancer. The cross-sectional study included data on 32,518 men, median age 67 years, with very low-risk (4693 men), low-risk (15,403 men, including the men with very low-risk disease), or intermediate-risk (17,115 men) prostate cancer.

The study findings demonstrate that from 2009 to 2014 an increasing number of Swedish men with very low-risk prostate cancer (57% to 91%) or low-risk prostate cancer (40% to 74%) chose active surveillance, whereas the number of men in both groups who choose the passive practice of *watchful waiting* decreased by more than half. Watchful waiting is to simply wait — no further testing or therapy — unless symptoms develop.

The authors hope their findings will encourage cancer care clinicians to offer active surveillance to their patients with low-risk disease. If more American men with prostate cancer chose active surveillance, the harms of screening could be reduced by minimizing overtreatment of nonaggressive disease, the authors state.

Furthermore, recent studies showed no difference in death rates 10 years after diagnosis between patients who opted for active surveillance and those who opted for immediate treatment. Risk of side effects is greater among men who chose to undergo treatment; however, this effect was not confirmed among the Swedish men in this study

Second opinions from urologists for prostate cancer: Who gets them, why, and their link to treatment

Authors: Archana Radhakrishnan MD, MHS and many others First published: 7 November 2016
http://onlinelibrary.wiley.com/doi/10.1002/cncr.30412/full

BACKGROUND
Cancer patients are encouraged to obtain second opinions before starting treatment. Little is known about men with localized prostate cancer who seek second opinions, the reasons why, and the association with treatment and quality of care.

METHODS
We surveyed men who were diagnosed with localized prostate cancer in the greater Philadelphia area from 2012 to 2014. Men were asked if they obtained a second opinion from a urologist, and the reasons why. We used multivariable logistic regression models to evaluate the relationship between second opinions and definitive prostate cancer treatment and perceived quality of care.

RESULTS
A total of 2386 men responded to the survey (adjusted response rate, 51.1%). After applying exclusion criteria, the final analytic cohort included 2365 respondents. Of these, 40% obtained second opinions, most commonly because they wanted more information about their cancer (50.8%) and wanted to be seen by the best doctor (46.3%). Overall, obtaining second opinions was not associated with definitive treatment or perceived quality of cancer care. Men who sought second opinions because they were dissatisfied with their initial urologist were less likely to receive definitive treatment (odds ratio, 0.49; 95% confidence interval, 0.32-0.73), and men who wanted more information about treatment were less likely to report excellent quality of cancer care (odds ratio, 0.70; 95% confidence interval, 0.49-0.99) compared with men who did not receive a second opinion.
CONCLUSIONS

Although a large proportion of men with localized prostate cancer obtained a second opinion, the reasons for doing so were not associated with treatment choice or perceived quality of cancer care. Future study is needed to determine when second opinions contribute to increasing the value of cancer care. ***Cancer* 2016.**

Understanding Drug Naming Nomenclature

Lisa A. Thompson February 02, 2016
http://OncologyNurseAdvisor.com

Why do the antibody drugs have such long names? Does any of that gobbledygook mean anything?

The generic names of most medications indicate their structure and pharmacological class (eg, peni*cillin* and amoxi*cillin*). Monoclonal antibodies are similar, and their names are quite descriptive once you are familiar with the nomenclature. Antibody names are comprised of four main sections: Prefix / Target class / Source / Stem

When breaking down an antibody name, I usually start with the *stem*, or end of the word. Most currently marketed antibody names end with –mab, which indicates that the drug is a monoclonal antibody.

The next-to-last syllable refers to the *source* of the antibody.

This is not referring to the organism that was used to synthesize the antibody, but to the species on which the structure of antibody was based (eg, to look like an antibody observed in mice). Some commonly used source terms include:

- -o-: nearly 100% mouse source for the antibody structure
- -xi-: antibodies that are partially human-like and partially other organism-like in structure
- -zu-: antibodies that are humanized, or approximately 90% human-like
- -u-: antibodies that are fully human in nature

The next preceding syllable is the *target class*, referring to the therapeutic use of the drug and/or the targeted types of disease states. Note, these may not always match up with all the uses of a drug in clinical practice, but are typically associated with the targeted disease states at the time the drug was in development. Some commonly used examples include:

- -tu- or –tum-: drugs used to treat cancer
- -li-: drugs that impact the immune system
- -ci-: drugs that affect the circulatory or cardiovascular system

The *prefix* is the first 1 or 2 syllables, which are designated by the manufacturer developing the drug. These must follow certain guidelines, and should also be designed in a way that reduces the risk of look-alike sound-alike medication errors.[1] Here are two examples of how the above nomenclature is used in drugs currently on the market

Rituximab (Rituxan) is a monoclonal antibody (-mab) that is chimeric (-xi-) and one of its uses is to treat cancer (-tu-).

Knowing that the drug is *chimeric* can be beneficial; typically drugs that are less human-like (eg, chimeric or mouse) may have higher rates of infusion reactions than antibodies with more human components (eg, humanized or human).

Bevacizumab is a monoclonal antibody (-mab) that is humanized (-zu-) and has some effects on the cardiovascular system (-ci-). Knowing that the drug impacts the cardiovascular system makes sense when we consider that hypertension is an adverse effect of bevacizumab.

Study Shows Effects of 2012 USPSTF Recommendation Against PSA Screening

Jason Hoffman November 04, 2016
http://www.oncologynurseadvisor.com/study-shows-effects-of-2012-uspstf-recommendation-against-psa-screening/printarticle/570785/

The rates of prostate biopsy and radical prostatectomy have decreased significantly since the US Preventive Services Task Force (USPSTF) issued its 2012 recommendation against prostate-specific antigen (PSA) screening, according to a study published in JAMA Surgery.1

Studies have demonstrated that use of PSA screening decreased following the USPSTF 2012 recommendation; however, its effect on practice patterns in the prostate cancer diagnosis and treatment remain unclear.

To evaluate the volumes of prostate biopsy and radical prostatectomy, investigators analyzed data from a sample of urologists across practice settings and a nationally representative sample of all radical prostatectomy discharges. A total of 5173 urologists performed at least 1 prostate biopsy and 3748 performed at least 1 radical prostatectomy.

Results showed that following the USPSTF 2012 recommendation, median biopsy volume per urologist decreased from 29 to 21 ($P < .001$).

Researchers also found that biopsy volume decreased by 28.7% after 2012 ($P < .001$). Similarly, median prostatectomy volume per urologist decreased from 7 to 6 ($P < .001$) following the USPSTF recommendation, corresponding to a 16.2% reduction in radical prostatectomy volume ($P = .003$).

Of note, researchers observed regional variation in radical prostatectomy volume, with urologists in New England performing the fewest number of radical prostatectomies and those in the North Central United States performing the most. Despite these findings, further evaluation is needed to fully assess the long-term impact of the 2012 USPSTF recommendation with respect to stage at presentation, outcomes following treatment, and disease-specific mortality in patients with prostate cancer.

Sexual Recovery after Prostate Cancer: 9 Tips from a Sex Therapist

September 7, 2016 from www.pcri.com website

Erica Marchand, PhD Erica Marchand, Ph.D. is a licensed psychologist specializing in sexual and relationship concerns. She earned her Ph.D. in counseling psychology from the University of Oregon, and arrived in sunny Los Angeles in 2010 for postdoctoral training at UCLA. She fell in love with southern California and never left. She has conducted research in the areas of family influences on sexual behavior, and sexual adjustment after cancer. She helped to develop and deliver a workshop called Life after Breast Cancer in her role as Project Scientist at UCLA, and is currently co-authoring a book chapter called 'Sex and Cancer' in the Textbook of Clinical Sexual Medicine, due out next year. She has a private practice in Los Angeles.

If you or your partner have experienced prostate cancer, you might have questions and concerns about sexual recovery and rebuilding your sex life. This article will help identify things you can do now, wherever you are in your recovery, to start to create a sex life you want. With prostate cancer, as with many things in life, there are the physical realities of the situation, and there are options for dealing with those realities. How we deal with the realities influences how they affect our lives. Try to adopt the mindset that you will do your best to create what you want sexually, within the boundaries of what's physically possible.

What do you think of when you think of life after prostate cancer? For many people, sexual concerns are at the top of the list. What are some common concerns related to sexual functioning after prostate cancer?

Erectile dysfunction	**Loss of desire**
Changes in orgasm & ejaculation	**Fatigue**
Feeling less masculine	**Partner communication issues**
Fear or anxiety	**Sadness or loss**

Let's talk about physical care first. For many people, there's a period of physical healing from 6-24 months after surgery or radiation. During that time your doctor may prescribe medications or activities that are intended to help with healing and sexual recovery. Be sure to do the things your doctor has recommended. Be consistent. This will give you the best chance of recovering full sexual function. If your doctor hasn't talked to you about sexual recovery, ask him or her about it specifically.

For many people, there's also a period of mental and emotional adjustment after treatment. You and your body have been through a lot. Give yourself time and space to feel whatever you feel. Sadness, fear, loss, worry, grief, anxiety, anger, and other difficult emotions might be part of your experience.

We can place a lot of pressure on ourselves to minimize difficult feelings and "push through" or "keep your chin up." However, it's not possible to skip over hard feelings when something difficult happens. They're still there, and if we don't acknowledge them, they tend to come out in other ways. So if you're feeling shaken up, know that it's normal, and give yourself time to process it. You might talk with a friend, write about it, make some art, play some music, move your body, or just sit with yourself and experience what's going on inside. Trust that the feelings won't consume you, and you'll come out the other side stronger.

9 TIPS FOR SEXUAL RECOVERY

When you're ready to think about sex again, these tips can help:

Define what you want. What do you value and want in your sex life? It's easy to get caught up in fearing what we don't want, but it's more helpful to define what we want. Even with physical changes, how would you like your sex life to be following prostate cancer? Think of some adjectives – hot, fun, pleasurable, sexy, active… Think of some activities you'd like to include, and how you'd like to feel. Spend some time visualizing all this, so you'll know what you're aiming for.

Manage fear and anxiety. Notice what happens when you visualize what you want. You might feel a mix of emotions, including fear and anxiety. You might be thinking about how you're ever going get back to what you want sexually. Accept these thoughts and feelings, but don't let them stop you. If you have doubts and fears, try thinking of them as your inevitable companions on this journey back to better sex.

It's normal for them to be there. You might think of them as passengers in your car. You get to drive the car down the road toward where you want to go, and your doubts and fears can accompany you, in the back seat. Notice that you don't have to kick doubts and fears out of the car entirely. In fact, you probably can't. But you can bring them along for the ride rather than having them stop you. They don't get to sit up front or drive the car. They have to sit in the back seat while YOU drive the car. You get to be in charge of envisioning what you want regarding sexual recovery, and try your best to get it.

Talk with your partner. If you're concerned about changes in sexual function, or differences in how you feel, or wondering what your partner might be thinking, the best thing to do is to talk about it. Pick a good time, when you're not tired, not pressed for time, and your partner is available to talk—maybe over coffee or a glass of wine. You might start by saying something like, "Hey honey, I want to talk to you about something… Our sex life is really important to me and I know that prostate cancer has changed things… I want to talk about what's on my mind, and anything that might be on your mind, and where we should go from here." You might tell your partner about what you want in your sex life at this stage, and ask what they want as well.

Explore your body. Once you've healed enough that it's safe to do so, spend some time with sexual self-stimulation to see how your body responds. What do you notice about what kind of stimulation you need to get aroused? The amount of time needed to get aroused? How your physical response matches your mental response? How orgasm feels? Try to do this with an open mind and a sense of exploration. This will help you know what to expect in a sexual encounter, and any changes you might want to tell your partner about.

Identify what would feel good. What might you want to do with your partner, after knowing a little more about how your body is responding right now? For many guys, erections don't return right away, or they may return but be different that what you're used to. It can be tempting to put off sexual activity until things feel more "normal" again. In doing so, though, you and your partner might be missing out on opportunities for pleasure and connection. If you're willing to experiment, identify some activities you and your partner might enjoy that don't necessarily require an erection. Then, try them. And enjoy.

Play. Take a deep breath and try to mentally take the pressure off of yourself to perform or achieve anything. Try to re-frame your role in sex to something less achievement-oriented – a participant, not a performer. Especially when you're re-learning and adjusting to changes in your body, internal pressure to achieve can be counterproductive. It can be helpful to give yourself permission just to play -- participate, experiment, and see what feels good to you and your partner, with no particular outcome in mind.

Start from neutral. One of the top complaints I hear about prostate cancer treatment is loss of desire for sex. This might be from androgen-deprivation therapy, physical, and psychological effects of surgery or radiation, or just garden-variety stress and fatigue. If you're not spontaneously desiring sexual activity but know that you want sex back in your life, consider starting from neutral. This means making a conscious choice, based on your own vision for your sex life, that you would like to engage in sexual activity, regardless of how much desire you feel at the outset. For many people, desire can emerge in the process of starting to be sexual and experiencing arousal, even if the desire wasn't present at the beginning. If you're accustomed to your sex life being driven by spontaneous desire, this might be new for you. I'd encourage you to give it a try and see what happens.

Be extremely kind to yourself. Again, your body and mind have been through a lot. It can be vulnerable to open up sexually to a partner after all of this, and it helps to be on your own team, cheering yourself on through the changes. If you tend to be self-critical, watch out for this tendency during sexual recovery. Try to congratulate yourself instead for small successes, and especially for showing up and trying to get what you want.
Take good care of yourself. This goes along with the previous tip, and it's fundamental. Eat well, sleep, exercise, give yourself downtime when you need it, talk to your support system, do things you enjoy. Sexual recovery is easier with a good foundation of self-care.

CONCLUSIONS

Hopefully, this gives you some ideas for how to regain and re-create the sex life you want after prostate cancer. If you get stuck, or you and your partner run into problems you can't solve, remember that a little bit of counseling can go a long way to helping you get past those bumps. Don't hesitate to seek out a good therapist if you think it could help you create a more enjoyable, satisfying sexual recovery.

Movember Beards and Brews

As part of the Movember Grow a Beard Prostate Cancer Awareness Program, The Barber's Shop and Dialogue Brewing Company put on the 2nd Annual Beards & Brews Event on Thursday, November 10, from 6 PM to 10 PM at Dialogue Brewing, 1501 1st St NW, Albuquerque.

There was a Beard and moustache competition as part of No Shave November, to benefit the Prostate Cancer Support Association of New Mexico.

They had a live band; 2 food trucks, an auction which benefited our organization and a portion of the entry fee for the contests went to our organization as well.

We also set up a table and handed out information and spoke about our organization to men on the evening of the event. $120.00 was raised and donated to us.
We appreciate and thank these businesses for their support. More pictures on website tab.

PCSANM *Lifeline* Newsletter
January 2017

Celebrating 25+ years of supporting men
Prostate Cancer Support Association
of New Mexico, Inc.
2533 Virginia St. NE, Suite C
Albuquerque, NM 87110

Chairman's Report January 2017

If you missed our "Quality of Life" conference on November 5th you missed a lot. I really think this was the best conference we've put on to date and I have to thank, especially, Lou Reimer and the team he put together for the speaker selection, the recruiting of the guest moderators and the venue selection. Attendance was the highest ever and what's even better is I think everyone got something out of the experience. And now we're already talking about plans for the next one.

What I got out of the experience was a renewed excitement about the future of prostate cancer treatment, the involvement of our members and their desire to learn more to make better decisions, and the opportunity to reach out to men who are just beginning their prostate cancer journey. But this excitement needs boots on the ground to bear fruit. Because we're adding men to our mailing list regularly we need more help. Most of you know that PCSANM is an all volunteer run organization and that the Board of Directors do almost all the work including manning the office, planning and running the weekend sharing sessions, preparing the newsletter, maintaining the website, paying the bills and all the other myriad little things that an organization needs to have done. My point is, we need your help!

If you have an office or administrative skill, could make presentations and lead meetings, could talk to others about yours and their prostate cancer, or just have a desire to help we need you. We're in the process of forming subcommittees to accomplish specific tasks that don't require board membership as well as defining office tasks that can be accomplished in a few hours. If you can give us a little of your time you will be helping us reach more men with information and support. And volunteering for PCSANM will improve your "Quality of Life", too.