

Prostate Cancer Support Association of New Mexico



Celebrating 25
years of
supporting men

LIFELINE

PCSANM Quarterly

October 2016

Volume 23, Issue 4

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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>

Full Conference Schedule on page 7 Inside

It's all about living well.

QUALITY OF LIFE

After a
Prostate Cancer
Diagnosis



A conference featuring eight experts presenting information and answering questions about issues affecting prostate cancer survivors and those who care about them.

November 5, 2016

Central United Methodist Church
201 University Blvd NE, Albuquerque, NM

9:00 AM to 4:30 PM

Registration is free at the door

Lunch can be ordered at registration



Presented by

The Prostate Cancer Support Association of New Mexico

www.pcsanm.org

(505) 254-7784

toll free 1-800-278-7678

FOUNDER Vonrae Shipp, established 1991,
celebrating our 25th year of supporting men

Board Members

Steve Denning, Chairman Charles Rowland, Treasurer
Jan Marfyak, Secretary

Dave Ball Eli Maestas

Gary Cable Lou Reimer

Jerry Cross

Prostate Cancer Support Contacts Around the State

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Clovis	Kim Adams	(575) 769-7365
Farmington	Fran Robinson	(505) 609-6089
Grants	Dorie Sandoval	(505) 285-3922
Los Alamos	Randy Morgan	505-672-3486
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
Arthur B Aragon

Andy E Baca

Edward Sweeney

With deep sympathy
and regret, we list
these names

On Thursday, October 6, come to the FREE Prime Time 50+ Expo, 8:30 am to 2:30 pm, at the Embassy Suites, Lomas and I-25. We will be there with dozens of exhibitors, talks, entertainment, flu shots, screenings, and fun. Did I mention FREE?

PCSANM Lifeline

A quarterly newsletter addressing
issues of prostate cancer

Months Published

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VISIT OUR WEB SITES

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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.

Dr. Lindberg's Take

Dr. Lindberg has had to suspend his medical practice as he deals with some medical issues. We wish Dr. Lindberg and his family the best, and we wish him a full and rapid recovery.

He was kind enough to submit an article. All of Dr. Lindberg's Lifeline articles from 2007 and later are posted on our website.

We will be recognizing him at our November 5 Quality of Life after a Prostate Cancer Diagnosis Conference. Please plan on attending, and help us honor him.



For a number of years, official dogma has been not to start hormone (Lupron) treatment too early. So for the man with rising PSA after radical prostatectomy or after primary radiation therapy, holding off on hormones was par. At our national meeting this year, the TROG 03.06 and VCOG PR 01-03 randomized phase 3 trial showed better survival and better disease progression with early treatment. <http://meetinglibrary.asco.org/content/150983-156>

At this early stage, bone scans, CT scans and MRI will not show anything. The recurrent tumor is "microscopic", and sensitive to taking away male hormone with Lupron. An off/on approach - intermittent seems best.

In my practice, I used early Lupron+ Casodex, 3 pills daily, plus Avodart or Finasteride in the off treatment period. Another approach is to wait until the PSA is 1.0, do a c-11 acetate scan in Phoenix and show the tumor location, then treat for cure. Sometimes the c-11 approach can be delayed until after the 3rd cycle of hormone treatment. For the man who has metastatic prostate cancer as the first sign of problems, adding 6 months of chemo to hormone treatment is PROVEN to increase survival by up to 17 months. At one year after starting hormones or hormones+chemo, quality of life is equal.

An update of the clinical trial announced in 2016 that stated no benefit to PSA testing. A national panel, the United States Preventative Services Task Force, <http://www.uspreventiveservicestaskforce.org/>, made a strong recommendation against testing.

At the 2016 meeting of the American Urological Association, this update showed that 10% of men in the no PSA testing did not get PSA test, BUT 90% of men on the no-test arm got more PSA tests than the men in the annual test group. Therefore, the national recommendation is incorrect.

The new standard should be any man who has an 8-10-year life expectancy and wants to be tested should have the PSA test. If the PSA value is above the norm for his age, repeat the test; If still elevated, consider a biopsy. The 4-K score can help with the decision to biopsy, according to Dr. Scott Eggener, University of Chicago urologist, but nothing is perfect, not even a prostate MRI, or Dr. Duke Bahn color Doppler biopsy.

I continue to check Uro updates daily and will try to pass along important info.

We would like your help on a new website feature on our News You Can Use page, under the helpful Hints from Members tab: <http://www.pcsanm.org/wp-admin/post.php?post=509&action=edit>

We want to start a new feature on this page where members can give suggestions and helpful hints, to share it with other survivors, regarding their treatment. As always, remember we are not doctors, but sharing as survivors from our own experiences. You should always check with your own Doctor about advice provided, your mileage may vary. Email hints to office pchelp@pcsanm.org or post on website comments tab.

Prostate Cancer Support Association 25th Anniversary Review

by Marian Bruce, Past Board Member, Past Treasurer, Past Chairman, and Past Lifeline Editor



The Prostate Cancer Support Association of New Mexico (PCSANM) celebrates its 25th Anniversary this year. In 1991, we came into being because our founder, Vonrae Shipp, had a great vision.

Photo courtesy of the Shipp Family

He had trouble finding an organization that concentrated on prostate cancer. His answer was to form a group on his own. Rae put together a group of 4 or 5 men who met around his kitchen table and developed the goals that pretty much remain to this day. The goal was to provide support and education to men who were diagnosed with PCa and their families. The group began to hold meetings to present and share that information.

By 1993 the organization had grown to 250 members and the group had enough money to support an office. An office was opened at 133 Eubank NE Suite 5, staffed by volunteers. The same year, PCSA was incorporated as a 501 (c) 3 tax-exempt organization.

In 1996, the PCSA, Inc. Mission Statement was: “to provide information, education, support programs, and literature for the members and their families to enable them to make informed decisions about treatment and improve their quality of life”. Meetings were held at Bear Canyon Senior Center to provide the members a place to share their experiences and learn about prostate cancer. Meetings today remain at that venue.

The years between 1993 and 1997 were very aggressive in providing help for men facing prostate cancer. Prostate cancer screenings were conducted in 1996 with 726 men screened and in 1997, 510 men were screened. A 1997 forum on prostate cancer was held with 150 attendees.

The forum was the first contact the organization had with NM State Sen. Ben Altamirano, who became a great supporter of PCSA. During this time, we initiated early discussions with the national support organization for prostate cancer, UsTOO. Eventually we received a charter in December of 2000 as the Albuquerque chapter.

The newsletter was started in September of 1995 as the Pros Can Newsletter. The next issue was in Spring 1996 and called the Lifeline, and the name continues to this date. The first quarterly issues started in 1997. Past Editors have included Robert Wehrli, Lyle Ware, Steve Fish, Ann Martin-McAllen, Marian Bruce, Joe Nai, Kristie Gray, and for the last five years, this Editor, Jerry Cross. It was increased in size from 8 pages to 12 in 2012. Circulation has been as high as 1500 copies printed per issue. And it is emailed to members who have an email on file, and posted online in full color and with articles hot linked. We have 950 people on our mailing list. For those eagle-eyed readers who notice that this is Volume 23 in just 21 years, there were some numbering discrepancies in the first three years. This issue is the 81st Edition of our newsletter.

In the period from late 1997 through mid-1998, a lot of changes occurred within the organization. Our Chairman and founder Von Rae Shipp passed away in December 1997, and Raymond Tower stepped in as Chairman. During Raymond’s chairmanship the office was moved to 909 Virginia Street NE, Suite 109.

Through the sponsorship of State Sen. Altamirano, a \$100K appropriation was made to UNMH for prostate cancer education and awareness; \$65K was received by PCSA to promote its’ activities. Paid staff was hired. The Office remained at the 909 Virginia address until 2013.

In an effort to spread the word about PC throughout New Mexico, contacts were made in communities around the state. We had contacts in Belen, Carlsbad, Clayton, Farmington, Grants, Las Cruces, Los Alamos, Raton, Rio Rancho, Santa Fe, Santa Rosa and Socorro. This effort was assisted by hiring a full time outreach coordinator to direct, educate, support and inform people throughout the state. As funding decreased and, especially travel funding decreased, this program suffered and the coordinator left PCSANM.

A lot of efforts were made to further the mission of PCSA under the chairmanships of Marian Bruce (1999-2004), Al Gillespie (2004 –until his death in August 2005), and Bob Wood (2005- 2012). (It should be noted that Al Gillespie was generous to PCSA and left 10% of his assets to PCSA in his will).

Prostate cancer screenings were held in 2001, 2002, 2005, 2012, and 2013, with 279, 330, 453, 110, and 92 men screened, respectively.

Between 2006 and 2013, 143 support meetings were held for an average of 20.4 attendees per meeting. This example was used because prior years' records are spotty. During that period there were 949 one-on-one contacts with newly diagnosed or concerned individuals.

A speaker bureau was set up to make presentations to 103 groups. In addition, a buddies list was developed of members who were willing and able to discuss their specific treatment and how satisfied they were with that treatment. To further our efforts to reach the men at risk, with, or about to be diagnosed with prostate cancer, a joint symposium was held with the doctors of the New Mexico Cancer Center in 2011. Approximately 85 attendees benefitted from the panel discussion by three doctors.

Initially in 1997, the State of New Mexico was generous in supporting our efforts, but as time went on, the State found itself short of funds and they were unable to provide as much funding as in the past. We have been fortunate that our members have been generous with their donations. Fund raising walks were held on June 12, 2010 and June 11, 2011.

Unfortunately, these fundraising efforts did not raise enough funds to cover the loss of State funding, and by the end of 2011, due to a shortage of funds and the desire to continue providing information to men and their families about PCa, the decision was made to let the paid staff go and become an all-volunteer organization. Office hours were reduced and staffed by board members. As a result, the financial position of the organization has become more stable.

During the Chairmanship of Lou Reimer (2012 - 2016), the office was moved to 2533 Virginia NE, Suite C, in October 2013, where it continues today. Annual conferences were held starting in 2013 and continue through the current day. Attendance was 68, 83 and 80 people at these conferences. The conferences are designed to share current information from doctors who are key players in their specialty. We are fortunate to have many of those experts in New Mexico and are able to attract other experts from elsewhere to supplement the local expertise.

The organization still provides the necessary support meetings where presentations are made of interest to educate members on different aspects of prostate cancer. PCSA continues to pride itself on being able to help provide newly diagnosed men and their families the one-on one guidance they need. In the past 3 years, we have conducted 132 such sessions.

Steve Denning was elected to the Chairmanship in July 2016 to carry forward the goals that our founder Vonrae Shipp envisioned for our Prostate Cancer Support Association. His initial message to the readership is on page 6 of this issue.



Photo courtesy of Steven L. Sanchez, grandson

**From a very wise Doctor:
Don't cry because it is over,
smile because it happened.
Dr. Seuss**

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The Cancer Center
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Phone 505-559-6100

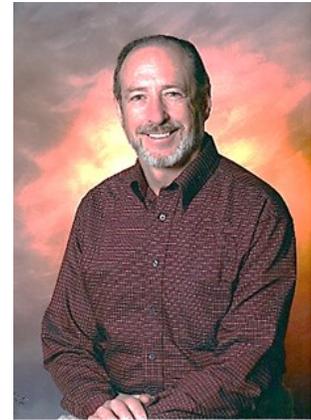
Chairman's Message, October 2016

First, I would like to thank Lou Reimer for his excellent work as Chairman of the Board of PCSANM. Lou decided that after three years and untold hours it was time to step down as Chairman effective July 20th and give another man a turn at the wheel. That turned out to be me so let me introduce myself.

My name is Steve Denning, I'm married with 2 grown children and 5 granddaughters. I've been an Albuquerque resident since 1974 and I love New Mexico. I started attending PCSANM weekend sessions in March 2009 shortly after being diagnosed with prostate cancer. At the time I was working for Intel and was treated first with brachytherapy, and then salvage with cryotherapy when the brachy didn't have the desired result. My PSA is now stable around .3. After retiring in 2011 I decided I needed to be more active but I wasn't ready to jump in with both feet until 2013 when I joined the Board of Directors. Since then I've been trained as a support group peer facilitator (as are all the Board members) and am active in a number of functions.

PCSANM has been an all-volunteer organization since I've been on the Board. You may not know that the current Board members do almost all of the work of the Association from staffing the office, making presentations, manning health fair tables, creating and mailing the

A message from the newest PCSANM Board Chairman, Steve Denning



quarterly newsletter, maintaining the library, running the bi-monthly meetings, accounting, database management, and putting on the annual conference. (Phew!) The enthusiasm and dedication of the Board has been great but our availability is limited.

As Chairman of the Board I want to free up Board members and other volunteers to do what our volunteers should be doing; i.e. sharing their knowledge and experiences with the newly diagnosed and getting the word out about early detection and treatment options. To do so we are exploring the possibility of a part-time paid staff person in order to expand our hours, take the administrative load off of current Board members, and coordinate volunteer activities.

I also want to break up the work load so volunteers can take on simpler, more manageable tasks without having to make a long term commitment, like helping with publicity for the conference, delivering flyers to doctors' offices, moderating a weekend session and so on. If you have a skill and desire to be of help to PCSANM and the newly diagnosed, please consider becoming a volunteer. And if you have a desire to help us steer the ship, please consider applying for the Board. The work is not done and men and their caregivers need to hear what we have to say.

PROSTATE CANCER SUPPORT ASSOCIATION OF NEW MEXICOConference: **Quality of Life after a Prostate Cancer Diagnosis**

Saturday, November 5, 2016

9:00 am to 4:30 pm

Central United Methodist Church

201 University Blvd NE, Albuquerque, NM

Morning9:00 – 9:15 **Welcome** PCSA—Steve Denning, Chairman

Intro to Moderator - Joe Diaz (Meteorologist Channel 7)

- 9:15 – 10:00 - Does PSA Testing Result in Overtreatment? - Dr. Tom Schroeder (UNMCC -Radiation)
- 10:00 - 10:45 - Sexual side effects from PCa treatments - TBD but someone from NMCC -Radiation)

10:45 – 11:00 Break

11:00 – 11:45 Erectile Dysfunction and Urinary Problem Solutions - Dr. Andrew Grollman (AUA-Urology)

Afternoon11:45 – 12:40 **Lunch** Box lunches from Jason's Deli will be available for purchase the day of the event, so you don't have to go out and find lunch. Cost about \$7.00

12:40 PCSA-

Intro to Moderator – John Traub (General Manager, Albuquerque Isotopes)

12:45 – 1:30 - Recovering Intimacy after Prostate Cancer Treatment - Dr. Mark Pugsley (Independent Psychologist)

1:30 - 2:15 HIFU A New Treatment for Localized PCa – Dr. Robert Pugach (Pacific Coast Urology - Urologist)

2:15 – 2:30 Break2:30 – 4:10 **Breakout sessions** - (2 cycles of 45 min each, plus 2 cycles of 5 min shift time) each session on a different topic

Nutrition - Jan Esparza (Presbyterian - Registered Dietitian)

Physical Fitness - Don Hoover (Physical Therapist, Rio Rancho Physical Therapy)

Stress Management – Dr. Victor LaCerva (Men's Wellness)

Sharing Session – PCSA Moderator

- 4:10 Thank you for attending - Closing remarks PCSA, Door prize drawing
- 4:30 Shut down - Clear the building

Exhibitors (to be invited).

AccumetRx/Urology Group of New Mexico

Albuquerque Urology Associates

Bayer

Cancer Center at Presbyterian

Genomic Health

Janssen Biotech (Zytiga)

Medivation Inc. (Xtandi)

New Mexico Cancer Center

Santa Fe Radiology

UNM Cancer Center

UsTOO

Cannabis for Cancer

The Verdes Foundation spoke at one of our Spring meetings, and submitted this report for publication

Cancer patients in New Mexico are fortunate to live in a State with a medical cannabis program. Medical cannabis provides an alternative or adjunctive option for cancer patients who are suffering from pain, hemo-induced nausea and vomiting, insomnia, anxiety, depression, and neuropathy. Many oncology patients use cannabis as a supplement because of the plant's anti-cancer properties. Cannabis has an impressive safety profile and has never resulted in a lethal overdose.

Cannabis works through multiple mechanisms to provide symptom relief and inhibit cancer cell proliferation. The cannabis plant has over 100 cannabinoids that work together to produce a wide variety of effects¹. The two most well-known cannabinoids are CBD (cannabidiol) and THC (tetrahydrocannabinol). CBD is not psychoactive and helps prevent neuropathy from chemotherapy². CBD is a potent anti-inflammatory and helps to balance and enhance the immune system³. It is also an anti-depressant and is highly effective on combating feelings of anxiety. THC is mostly known for its psychoactive, mind-altering effects but its anti-cancer properties extend well beyond its ability to induce feelings of bliss. THC has been shown to lyse cancer cells in vitro, induce apoptosis (cancer cell death), inhibit angiogenesis (formation of new blood vessels) and metastasis^{4,5}. Inhaled cannabis is remarkably effective for treating nausea and vomiting.

Cannabis has so much to offer but there are challenges with obtaining the medicine. The application process is lengthy and can be expensive if an agency is used. The application for the medical cannabis card can be downloaded from the New Mexico Department of Health's website. The Registered Nurses at The Verdes Foundation suggest you ask your oncologist or primary care physician for their signature on the application. Many physicians are reluctant to recommend medical cannabis, so if your physician will not sign the paperwork for your card there are other agencies that can assist you with this process.

At the Verdes Foundation we understand that a cancer diagnosis can be devastating. It is life-changing and the fear of the unknown is frightening. The Registered Nurses at the Verdes Foundation will provide support and guidance during this difficult time. The Verdes Foundation offers a comprehensive nursing-based program that provides direction and mon-

itoring to patients in need. Our nurses will conduct an hour-long consultation to review medical history and medications, and will provide individualized guidance with written instructions. We also provide follow-up services for monitoring and to ensure success with the medical cannabis program. During the consultation, we will assess your personal goals of care and provide education specific to your needs. If you are interested in the medical cannabis program, contact Briana Perez, RN at The Verdes Foundation for additional guidance.

Briana Perez, RN, B.S.N. The Verdes Foundation
505-280-2814

nurse@verdesfoundation.org



References

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2. <http://www.ncbi.nlm.nih.gov/sites/pubmed>. J Neuroimmunology 2007 Mar; 184 (1-2): 127-35. E pub 2006 Dec 28. Immune control by endocannabinoids—new mechanisms of neuroprotection? Ullrich O, Marker K, Timm J, Tauber S. Institute of Immunology. Medical Faculty, Otto-Von-Guericke-University Magdeburg, Leipziger Str. 44, 39120.
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4. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1766198/> Public Access: A house divided: ceramide, sphingosine, and sphingosine-1-phosphate in programmed cell death. Tarek A. Taha, Thomas D, Mullen, and Lina M. Obeid. Division of General Internal Medicine, Ralph H Johnson Veterans Administration Hospital, Charleston, South Carolina 29401; and Department of Medicine, Medical University of South Carolina, 114 Doughty St., P.O. Box 250779, Charleston, South Carolina 29425.
5. The Antitumor Activity of Plant-Derived Non-Psychoactive Cannabinoids. McAllister SD, Soroceanu L, Desprez PY. J Neuroimmune Pharmacol. 2015 Jun;10(2):255-67. doi: 10.1007/s11481-015-9608-y. Epub 2015 Apr 28. Review. PMID: 25916

Letter to the Editor

Dear Editor, the article on page 4 of July, 2016 *Life-line* by Deepak A. Kapoor is one of the most biased I have ever seen in Lifeline. <http://www.pcsanm.org/wp-content/uploads/2016/06/July-2016.pdf>

He says "The good news is that we've made great strides in the past five years in our ability to predict the behavior of prostate cancer." Where is the proof of these great strides? Are the number of PC deaths going down? No.

He predicts that "nearly 28,000 will lose their lives to the disease this year alone." This is true, the actual deaths from prostate cancer have been in a narrow band since 2003. The range has been between 27K and 30K most of these years. In 2006 they were under 27K. The next year they were over 29K. In 2011,-12, -13, they were below 28K. In 2014, they were 28,344. There is No trend going down.

Dr. Kapoor chides the USPSTF for not including a single urologist in their committee. Prostate Snatchers are not statisticians, or objective. Of course, he wants to treat as many men as possible. He is making his living treating PC.

Doctor K. describes the European study for screening (with no citation) showing that screened men had 21% fewer PC deaths than unscreened men. This study has been criticized for some poor protocol and administration. Dr. K. fails to mention the US study showing "Screening was associated with no reduction in prostate cancer mortality." [ANDRIOLE, NEJ Med, 2009; 360: 1310-1319.]

Best Regards, Lyle Ware

Editor: Thank you Lyle. We welcome discussion of items published. I am always looking for different viewpoints. I read a lot of webpages and articles to get news that looks relevant and interesting.

I bet almost every other issue of Lifeline had had an article on PSA, its confusion, and debate, and no two articles agree.

Many of us tend to agree with the recommendations on the overflow page 5.

Resources

Sometimes we find or receive articles that are too big to publish, are too late, have a short shelf life, or event is too close to the deadline for mailing.

I encourage members to check the website frequently, and especially the Resources page, where these links are posted

http://www.pcsanm.org/?page_id=204

Member Bob Clark wrote a lengthy report on his Proton Beam treatment at Loma Linda, CA 12 years ago. It is posted there. <http://www.pcsanm.org/wp-content/uploads/2015/08/My-Experiences-.pdf>

Lyle Ware submitted a 2 page article on Medical Cannabis. It is posted also.

<http://www.pcsanm.org/wp-content/uploads/2015/08/My-Experiences-.pdf>

PCSANM is an active member of the New Mexico Cancer Care Alliance and the Albuquerque Cancer Coalition, which meets to share information and publish the Albuquerque Cancer Coalition Support and Treatment Directory.

Thousands of copies are passed out by the groups involved.

The 2016 English online edition is [Here](#)
The 2016 Spanish online version is [Here](#)

The 2016 English Edition hard copies are now available, we have a few in the office.

Patient Resource, where information equals hope, is an excellent website with guides to 25 types of cancer, an email newsletter, and understanding cancer and managing side effects webpages. Please go to
<http://www.patientresource.com/Welcome.aspx>

The Editor found this [Slide show](#) on WebMD about PCa

http://www.webmd.com/prostate-cancer/ss/slideshow-prostate-cancer-overview?ecd=wnl_spr_081016&ctr=wnl-spr-081016_nsl-promo-v_3&mb=TYDIks6aLJGjKG8pSLY6jOHnVevli mbCI5iMM%2fE6MH0%3d

PCSANM Library

PCSANM has a library with a couple hundred books, and DVD's from national conferences, our own conferences, and many of our regular meeting speakers, for free loan. The lists are being updated to be posted online.

Cancer Support Now has a library of almost 1,000 books, which is located at our office. Their library is more extensive in having books on all types of cancers (including a shelf on Prostate Cancer), and many books on psychology, coping, technology and applied sciences, and reference books.

Their online catalogue can be seen here <https://www.librarything.com/catalogCancerSupportNow>

Their books can be checked out anytime our office is open. Map to our site is at <http://goo.gl/maps/EUg9S>

The VA Medical Center has a program called Warrior to Soul Mate, Making a Difference Workshops

The W2SM program represents an efficient and effective way to positively impact our Veterans relationships, as well as their overall health and well being. Relationships are important!

Through the W2SM program, we can bring hope and healing to Veterans and their loved ones.
Raymond G. Murphy Medical Center
1501 San Pedro Dr. SE Albuquerque, NM 87108
(505) 265-1711

Restoring Veteran Relationships
There is clear evidence that healthy relationships decrease episodes of stress-related illness, divorce, mental health issues including depression, suicide, abuse, neglect, addictions and homelessness – all vital concerns of our Veterans.

W2SM WORKSHOPS: Oct. 22-23
Register Today to Ensure a Space
No Charge to Veterans

CONTACT INFORMATION
Chaplain: Richard Hansen
Email: Richard.Hansen@va.gov
Tele: 265-1711 X 2735

Please share this with your veteran friends

Entire flyer is online at <http://www.pcsanm.org/wp-content/uploads/2015/08/W2SM-Flyer.pdf>

Changes in the Leading Cause of Death: Recent Patterns in Heart Disease and Cancer Mortality

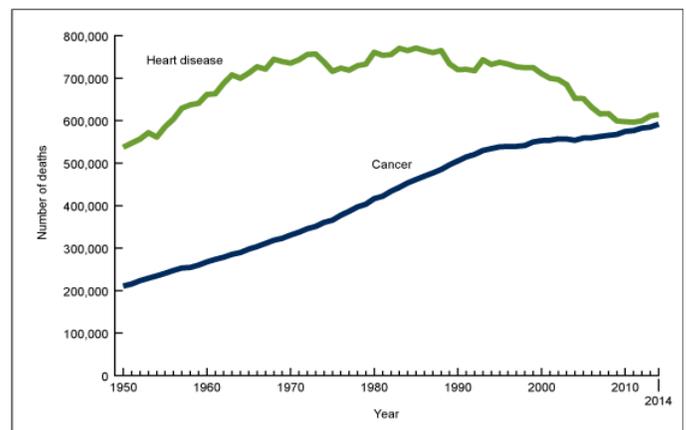
By Melonie Heron, Ph.D. and Robert N. Anderson, Ph.D.
A summary, Full article at <http://www.cdc.gov/nchs/data/databriefs/db254.pdf>

For the total U.S. population, heart disease has been the leading cause of death for decades, with cancer the second leading cause. However, the ranking of these causes has varied across demographic group and geographic unit over time. Rankings are based on the number of deaths and reflect mortality burden rather than risk of death. This report highlights changes in the mortality burden of heart disease and cancer and presents findings by state, race, and Hispanic origin.

Data from the National Vital Statistics System
Heart disease has consistently been the leading cause of death in the United States and remained so in 2014. The gap between the number of heart disease and cancer deaths generally widened from 1950 through 1968, narrowed from 1968 through 2012, and then slightly widened again from 2012 through 2014.

The mortality burden of cancer has surpassed that of heart disease in several states. In 2000, there were only 2 states where cancer was the leading cause of death; in 2014, there were 22. **New Mexico is one of those 22 states.** Heart disease remained the leading cause of death for the non-Hispanic white and non-Hispanic black populations in 2014.

Cancer is now the leading cause of death for the non-Hispanic Asian or Pacific Islander and Hispanic populations. The timing of the leading-cause crossover varied by group.



Deaths: Cancer to Heart Disease Over Time

Also from CDC: New state maps on obesity epidemic are now available from CDC. You can find the maps and other valuable resources at this link <http://www.cdc.gov/obesity/index.html>

Current Clinical Trials at AccumetRx Clinical Research/Urology Group of New Mexico

Contact Jim Taylor jtaylor@accumetrx.com 505-872-4091

4161 Montgomery Blvd NE Albuquerque, NM 87109

STUDY	INDICATION	KEY POINTS	WHO?
PROSTATE CANCER STUDIES			
BHR: This study tests an estradiol cream for testosterone suppression in men with advanced androgen-sensitive prostate cancer.	Prostate Cancer	This is a dermal administration (versus oral in other medications). Eligible patients may receive medication or placebo.	Men who are starting or restarting Lupron. Patients who have been on testosterone suppression therapy for at least 2 months but no more than 3 years.
MACE: This study compares the cardiovascular effects of two testosterone suppression medications for prostate cancer. MACE study provides free treatment for one year, so this may benefit patients who cannot afford to pay for Eligard or other expensive medications. They need to have a history of cardiac issues. If they are not sure they should not exclude themselves - better to just talk to one of us.	Prostate Cancer	Eligible patients are randomly assigned to one medicine or the other, then are in study for 1 year.	Men who are going to start hormone therapy for the first time and have had a cardiovascular event within the past 5 years.
TRUMPET: This is a Registry for patients who have Castrate Resistant Prostate Cancer.	Castrate Resistant Prostate Cancer (CRPC)	Registry for eligible, castrate-resistant patients. Interview by phone on quarterly basis.	Patients who have CRPC or hormone refractory prostate cancer or evidence of metastatic disease and are starting any advanced prostate cancer intervention.
INCONTINENCE AND BLADDER STUDIES			
Vicinium: Efficacy testing of Vicinium in bladder cancer patients previously treated with BCG.	Bladder Cancer	Study is open label, so all eligible patients receive medication.	Recurrence with higher grades TCCa after 5 induction BCG and 2 maintenance BCG.
Spectrum: Study of Surgical adjuvant post-operative to TURBT	Bladder Cancer	Eligible patients may receive medication or placebo.	Patients who have low grade bladder tumors with negative cytology.
Ipsen: Evaluating Dysport for the treatment of urinary incontinence in subjects with neurogenic detrusor overactivity due to spinal cord injury or multiple sclerosis	Urinary Incontinence	Eligible patients may receive either medication or placebo initially for 1st treatment, but receive the medication 12 weeks after the first treatment.	MS or SCI, on SIC with persistent incontinence despite OAB meds (antimuscarinic or β -3 agonists).
Adelphi: Pain and quality of life survey of individuals with advanced bladder cancer	Bladder Cancer	Observational study.	Advanced bladder cancer: metastatic, node progression or T4b, or patients being sent for chemotherapy or radiation.

This is a worthwhile class for survivors and caregivers, and it is free



Put Life
Back in Your Life!

Cancer: Thriving and Surviving Program A Free Six-Week Workshop

Adapted from Stanford University's Chronic Disease Self-Management Program (CDSMP)

Dates: Tuesdays, October 18th thru November 22th
Time: 1:30pm - 4:00 p.m.

Location: Presbyterian Kaseman Physicians' Office Bldg.,
Kaseman Aggies Conference Room
Address: 8300 Constitution Ave. NE, Bldg. D, ABQ, 87110

Call at 880 - 2800 TO REGISTER. Workshop limited to 20 people
and is for adults of all ages. Registration Required prior to October
18th. Minimum of 12 participants needed for workshop to be held.

Sponsored by the:



In partnership with



TOPICS INCLUDE:

WEEK 1

- Introduction to workshop
- Group introductions
- The mind-body connection
- Fatigue management and getting help
- Introduction to action plans

WEEK 2

- Feedback and problem-solving
- Dealing with difficult emotions
- Getting a good night's sleep
- Regaining fitness during and after cancer treatment
- Making an action plan

WEEK 3

- Feedback
- Managing pain
- Living with uncertainty
- Making decisions
- Future plans for health care
- Making an action plan

WEEK 4

- Feedback
- Cancer and changes to your body
- Healthy eating
- Communication skills
- Problem-solving
- Making an action plan

WEEK 5

- Feedback
- Endurance exercise
- Making decisions about treatment and complementary therapies
- Weight management
- Positive thinking
- Making an action plan

WEEK 6

- Feedback
- Cancer and relationships
- Guided imagery
- Working with your health care team
- Looking back and planning for the future

Learn new skills to coordinate all the things needed to manage your health, as well as to help keep you active in your life and relationships. Family members and caregivers are welcome to attend too. Sign-up today! Call 880 - 2800 TO REGISTER...MUST HAVE 12 PEOPLE ENROLLED BY OCTOBER 18TH.

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The CDSMP is known as the Manage Your Chronic Disease (MyCD) Program in New Mexico