Prostate Cancer Support Association of New Mexico

LIFELINE

Supporting those with prostate cancer and their families since 1991

Quarterly Newsletter
July 2025
Volume 32, Issue 3

Issue Highlights

Scan to learn more about PCSANM or to donate

Support Group Meetings

Meetings are held at Bear Canyon Senior Center, 4645 Pitt St. NE in Albuquerque, from 12:30 p.m. to 2:45 p.m. on the first and third Saturdays of most months.

For meeting topics and information:

https://www.pcsanm.org/meetings/

Please call 505-254-7784 or email pchelp@pcsanm.org with questions.

Get in the Groove...MOVE!

By Jerry Bowe, PCSANM Board Member

For overall longevity and maintaining your health during and after prostate cancer treatments is exercise. Exercise is simply movement. It is not a task, but an activity which can be accomplished in many ways. Choose what interests you the most so that you can experience the best overall success. Varying your daily activities can keep you interested and motivated.

There are many long-term benefits from exercise, including reducing anxiety and fatigue, improving self-esteem, increasing feelings of optimism, improving heart health, maintaining a healthy weight, boosting muscle strength and endurance, and maintaining bone density/fighting bone loss.

The most frequent way people exercise is by walking. If you're a goal-oriented person like me, I enjoy walking on a 2-mile dirt trail that has some gradual ups and downs around a 9-hole golf course with half-mile markers. It has varied scenery in every direction to enjoy. Some people like fitness trackers to make sure they get 10,000 steps in.

Walking the dog counts or walking around an indoor track at a community center. Go to a park to enjoy nature. How about a trail along a lake or a pond? Change things up and walk in different neighborhoods from your home. Find a friend or relative that enjoys this type of activity to walk with you. Push each other to keep active. You can do band resistance or weightlifting exercises. Check with your doctor before you start a new exercise routine.

Community volunteering is another option to be active and socialize. Hobbies are great motivators such as bicycling, playing pickleball, dancing, fishing or gardening. Push mowing the lawn counts. Swimming, yoga and tai chi are low impact with huge benefits.

It's ok to reduce your exercise if you're not feeling well as long as it doesn't become a routine. But also know that you can overcome fatigue if you push yourself to do a little more. It sounds counterintuitive, but I can tell you from experience it works and gets you over the hump both physically and mentally!

Staying active is important for maintaining good health and a high quality of life. By finding activities that you enjoy and challenge you, you can stay motivated and make exercise a regular part of your routine. Remember, it's never too late to start reaping the benefits of physical activity. Whether you're just starting out or have been active for years, there's always something new to try and ways to challenge yourself. So, get out there and start moving! Your mind and body will thank you for it!

PLEASE SUPPORT PCSANM

To donate, visit www.pcsanm.org/donate,
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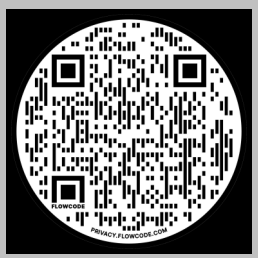

Bold for Blue– ZERO Prostate Cancer's New National Vision

Jim Whitfield, PCSANM Board Member

We are launching a new newsletter series to highlight the many changes occurring in the broader prostate cancer landscape, especially among our partner organizations. As anyone who has researched prostate cancer knows, it's a vast and continually evolving field. Our goal is to keep our readers informed about developments that are both relevant and useful—from early-stage monitoring to advanced treatment options, as well as how community-based organizations can support patients through treatment side effects, relationship challenges, and even end-of-life considerations. When possible, we will include links to the topics covered so readers can explore further.

For those seeking additional, up-to-date information on prostate cancer, please consult the trusted sources listed on our PCSANM Resources page, www.pcsanm.org/resources/. Over the past year, several of our board members and volunteers have participated in live trainings and conferences. At these events, we've encountered some of the latest advancements in diagnostics and therapies and gained tools for supporting individuals from the moment they hear the words "you have cancer" to choosing a treatment and managing its impacts. It's crucial to remind people that they are not alone.

In upcoming editions, we will spotlight some of these partner organizations and their missions. We begin with Zero Prostate Cancer and their ambitious new initiatives under the leadership of their president and CEO, Cortney Bugler, https://rb.gy/mfi95q.

Bugler recently shared Zero's expanded mission at a national awards meeting (see QR code) titled *"Bolder, bigger and louder."* Their new strategy is focused on raising awareness about early detection, guiding patients to appropriate care, reducing side effects, and offering mental and emotional support along the way.

Bugler explained their approach by asking: *"What does the community need most? What can make the biggest difference? And can we rise to the occasion?"* One major initiative, Peak Zero, emphasizes building resilient communities equipped to face the challenges of cancer. She praised the "sheer strength, relentless determination, and unwavering support" shown by survivors throughout their journeys.

A particularly powerful component of Zero's new direction is the launch of *Zero Plus 1*, a program suite that recognizes and supports caregivers—often referred to as the "Plus 1." Bugler also introduced *Blitz the Barriers,* described as the largest prostate cancer initiative in U.S. history. The project seeks to raise $20 million and has set a bold goal: *"Save 100,000 lives over the next decade."* Bugler credited Novartis with jumpstarting the effort through a generous $7.5 million donation—the largest ever made to a prostate cancer patient initiative.

The rollout of these programs will begin in Atlanta and Baltimore, then expand to ten additional cities before reaching nationwide coverage. The initiative expects to serve over 500,000 people through education, screenings, and supportive services. Messaging is projected to reach 25 million individuals, with annual education planned for 10,000 high-risk individuals.

Bugler also shared plans to "recruit, train, engage, and deploy more community-based mission volunteers than ever before." A brief video summarized Zero's new mission: *"Improve and save lives from prostate cancer through advocacy, awareness, education, and support."* Their vision: *"A future where prostate cancer detection is early, support is unwavering, and care is accessible to all… Zero stigma, zero barriers, zero prostate cancer."*

How will these efforts affect those of us in New Mexico and at PCSANM? This August, several of our members will travel to Las Vegas to participate in a conference hosted by Zero. We believe this experience will enhance our ability to serve our community by equipping us with the latest knowledge and tools, as well as developments on the national level. In turn, we'll be better prepared to help individuals navigate the complex and often overwhelming process of living with and managing prostate cancer.

Scan to view the Bold for Blue Awards presentation

National Cancer Institute, 2025 (https://www.cancer.gov/types/prostate/research)

Advances in Prostate Cancer Research

The following information, provided by the National Cancer Institute (NCI), highlights recent advances in prostate cancer research. Ongoing studies supported by the NCI aim to improve early diagnosis, develop more effective and personalized treatment options, and reduce side effects, ultimately enhancing quality of life for those affected by the disease.

Diagnosing Prostate Cancer

Improving biopsies for prostate cancer

Traditionally, prostate cancer has been diagnosed using needles inserted into the prostate gland in several places under the guidance of transrectal ultrasound (TRUS) imaging to collect samples of tissue. This approach is called systematic biopsy.

However, ultrasound does not generally show the location of cancer within the prostate. It is mainly used to make sure the biopsy needles go into the gland safely. Therefore, biopsy samples using ultrasound guidance can miss cancer altogether. Or they may identify low-grade cancer while missing areas of high-grade, potentially more aggressive cancer, particularly in Black men.

Some doctors, concerned that a systematic biopsy showing only low-grade cancer could have missed a high-grade cancer, may suggest surgery or radiation. However, in some cases these treatments will be for a cancer that may have never caused a problem, which is considered overtreatment.

Using MRI and ultrasound. Scientists at NCI have developed a procedure that combines magnetic resonance imaging (MRI) with TRUS for more accurate prostate biopsies. MRI can locate potential areas of cancer within the gland but is not practical for real-time imaging to guide a prostate biopsy. The procedure, known as MRI-targeted biopsy, uses computers to fuse an MRI image with an ultrasound image. This lets doctors use ultrasound guidance to take biopsy samples of areas of possible cancer seen on MRI.

NCI researchers have found that combining MRI-targeted biopsy with systematic biopsy can increase the detection of high-grade prostate cancers while decreasing detection of low-grade cancers that are unlikely to progress.

Testing machine learning. Researchers are testing the use of machine learning, also called artificial intelligence (AI), to better recognize suspicious areas in a prostate MRI that should be biopsied. AI is also being developed to help pathologists who aren't prostate cancer experts accurately assess prostate cancer grade. Cancer grade is the most important factor in determining the need for treatment versus active surveillance.

Finding small amounts of prostate cancer using imaging and PSMA

NCI-supported researchers are developing new imaging techniques to improve the diagnosis of recurrent prostate cancer. A protein called prostate-specific membrane antigen (PSMA) is found in large amounts—and almost exclusively—on both cancerous and noncancerous prostate cells. By fusing a molecule that binds to PSMA to a compound used in PET imaging, scientists have been able to see tiny deposits of prostate cancer that are too small to be detected by regular imaging.

The Food and Drug Administration (FDA) has approved two such compounds for use in PSMA-PET imaging of men with prostate cancer. These approvals are for men whose cancer may have spread to other parts of the body but is still considered curable, either with surgery or other treatments.

The ability to detect very small amounts of metastatic prostate cancer could help doctors and patients make better -informed treatment decisions. For example, if metastatic cancer is found when a man is first diagnosed, he may choose an alternative treatment to surgery because the cancer has already spread. Or doctors may be able to treat cancer recurrence—either in the prostate or metastatic disease—earlier, which may lead to better survival. Studies are being done to determine if such early detection can improve outcomes.

NCI researchers are testing whether PSMA-PET imaging can also identify men who are at high risk of their cancer recurring. Such imaging may eventually be able to help predict who needs more aggressive treatment—such as radiation therapy in addition to surgery—after diagnosis. Research teams are also looking at:

- whether certain patterns seen on PSMA-PET tests taken over time may indicate an increased risk of recurrence after initial treatment
- how small metastases discovered with PSMA change over time, with or without treatment.

New Prostate Cancer Treatments

Standard treatments for prostate cancer that has not spread elsewhere in the body are surgery or radiation therapy, with or without hormone therapy.

Active surveillance is also an option for men who have a low risk of their cancer spreading. This means monitoring the cancer with regular biopsies and other tests, and holding off on treatment unless there is evidence of progression.

National Cancer Institute, 2025 (https://www.cancer.gov/types/prostate/research)

Advances in Prostate Cancer Research

Hormone therapy for prostate cancer

Over the last decade, several new approaches to hormone therapy for advanced or metastatic prostate cancer have been approved for clinical use. Many prostate cancers that originally respond to treatment with standard hormone therapy become resistant over time, resulting in castrate-resistant prostate cancer (CRPC). Four newer drugs have been shown to extend survival in some groups of men with CRPC. All inhibit the action of hormones that drive CRPC:

- enzalutamide (Xtandi)
- abiraterone (Zytiga)
- darolutamide (Nubeqa)
- apalutamide (Erleada)

These drugs are now also used in some people whose prostate cancer still responds to standard hormone therapies but has spread elsewhere in the body (metastasized). Scientists are continuing to study novel treatments and drugs, along with new combinations of existing treatments, in men with metastatic and castrate-resistant prostate cancer.

Hormone therapy for biochemically recurrent prostate cancer

A biochemical recurrence is a rise in the blood level of PSA in people with prostate cancer after treatment with surgery or radiation. In 2023, the FDA approved enzalutamide, given alone or with another drug called leuprolide, for some men who have a biochemical recurrence and are at high risk of their cancer spreading but don't have signs on regular imaging that their cancer has come back. Use of this drug combination can improve how long these men live without their cancer spreading. But it's not yet known if using the drugs in this manner improves how long people live overall. Researchers are trying to determine which patients will benefit most from these types of treatments.

PARP inhibitors for prostate cancer

A PARP inhibitor is a substance that blocks an enzyme in cells called PARP. PARP helps repair DNA when it becomes damaged. Some prostate tumors have genetic changes that limit their ability to repair DNA damage. These tumors may be sensitive to treatment with PARP inhibitors. Some people also inherit genetic factors that limit their body's ability to repair DNA damage. Prostate tumors in such people can also be treated with PARP inhibitors.

Two PARP inhibitors, olaparib (Lynparza) and rucaparib (Rubraca), have been approved for use alone in some men whose prostate cancer has such genetic changes and has metastasized, and whose disease has stopped responding to standard hormone treatments alone. Ongoing studies are looking at combining PARP inhibitors with hormone therapies. Since 2023, the FDA has approved three such combinations for some men with metastatic prostate cancer:

- the hormone therapy enzalutamide (Xtandi) with the PARP inhibitor, talazoparib (Talzenna)
- the hormone therapy abiraterone (Zytiga) with the PARP inhibitor olaparib (Lynparza)
- the hormone therapy abiraterone with the PARP inhibitor niraparib (Akeega)

Immunotherapy: vaccines for prostate cancer

Immunotherapies are treatments that harness the power of the immune system to fight cancer. These treatments can either help the immune system attack the cancer directly or stimulate the immune system in a more general way. Vaccines and checkpoint inhibitors are two types of immunotherapy being tested in prostate cancer. Treatment vaccines are injections that stimulate the immune system to recognize and attack a tumor. One type of treatment vaccine called sipuleucel-T (Provenge) is approved for men with few or no symptoms from metastatic CRPC.

PSMA-targeted radiation therapy

Scientists have developed targeted therapies based on PSMA, the same protein that is used for imaging prostate cancer. For treatment, the molecule that targets PSMA is chemically linked to a radioactive substance. This new compound can potentially find, bind to, and kill prostate cancer cells throughout the body.

In a recent clinical trial, men with a type of advanced prostate cancer who received a PSMA-targeting drug lived longer than those who received standard therapies. This trial led to FDA approval of the drug, Lu177-PSMA-617 (Pluvicto), to treat some people with metastatic prostate cancer who had previously received chemotherapy.
An ongoing study is testing the use of Lu177-PSMA-617 in some people with metastatic prostate cancer who haven't yet received chemotherapy. Other clinical trials are testing PSMA-targeting drugs in patients with earlier stages of prostate cancer, and in combination with other treatments, including targeted therapies like PARP inhibitors and immunotherapy.

MedPage TODAY: April 30, 2025

Focused Ultrasound Matches Prostatectomy for Intermediate-Risk Prostate Cancer

Charles Bankhead, Senior Editor

Focused ultrasound ablation for prostate cancer proved at least equivalent to radical prostatectomy for failure-free survival, according to a randomized trial reported here.

After 3 years of follow-up, treatment failure had occurred in 5.6% of patients treated with focused ablation and 7.9% of the prostatectomy groups. The difference did not achieve statistical significance but met the trial's primary endpoint of non-inferiority for focal ablation versus surgery.

The FARP (Focal Ablation versus Radical Prostatectomy) study was the first randomized controlled trial of focal ultrasound ablation and surgery for prostate cancer and has implications for future management of intermediate-risk prostate cancer, said Eduard Baco, MD, PhD, of Oslo University Hospital in Norway, at the American Urological Association (AUA) meeting.

"Our final 3-year results met the primary endpoint of showing non-inferiority between the two arms of the trial, with the results showing a lower rate of treatment failure in the focal ablation arm compared to the robotic prostatectomy arm," said Baco. "The findings from this randomized controlled trial provide significant additional evidence that support the use of focal ablation with ultrasound energy for the management of organ-localized prostate cancer, in particular HIFU [high-intensity focused ultrasound]."

Part of a program that included studies of multiple focal ablation technologies, the FARP trial reflects the growing interest in therapeutic alternatives to surgery and radiation, said David Chen, MD, of Fox Chase Cancer Center in Philadelphia.

"We've gone from being a fringe option to being recognized as a level of treatment on par with surgery and radiation," Chen told *MedPage Today*. "All of these [technologies] are probably similar in their effectiveness, and we're gaining a better understanding of the specific scenarios that one may have some particular benefit over another."

Fielding questions after his presentation of the FARP data, Baco said 8% of patients in the focal ablation arm required repeat treatment. Patients randomized to focal ablation were treated with HIFU or transurethral ultrasound ablation (TULSA). HIFU was used for all retreatment procedures, he said.

The FARP results added to growing evidence that focal ultrasound ablation offers a safe and effective treatment option for selected patients with localized prostate cancer.

The results resembled those of a large non-randomized French study reported a year ago at AUA, showing that 89.8% of patients treated with HIFU were free of the need for salvage treatment after 30 months, as compared with 86.2% of patients who had radical prostatectomy.

Based in Norway, FARP included 213 patients with intermediate-risk, unilateral prostate cancer on MRI and biopsy. Eligible patients had >5 mm International Society of Urological Pathology (ISUP) grade 1 lesions or any ISUP grade 2-3 lesions, prostate specific antigen level ≤20 ng/mL, and age younger than 80.

Patients randomized to focal ablation received HIFU for posterior tumors and TULSA for anterior tumors. Patients randomized to surgery underwent robotic unilateral nerve-sparing prostatectomy. All patients had follow-up that included PSA measurement, and patients treated with focal ablation had MRI assessment and systematic biopsies at 1 and 3 years.

The primary endpoint was treatment failure. For the focal ablation group, failure was defined as need for secondary radical prostatectomy or radiation therapy because of high-risk prostate cancer ineligible for repeat ablation. In the prostatectomy group, failure was defined as a postoperative PSA value >0.2 ng/mL.

Subsequently, five patients refused any treatment. The crossover rate was 13%, primarily from radical prostatectomy to focal ablation. The study population had a mean age of about 65, PSA value of 8.5 ng/mL, tumor diameter on MRI of 14-15 mm, and prostate volume of 41 mL. More than 70% of patients had ISUP 2 lesions, and about a fourth had ISUP 3 lesions.

By intention-to-treat analysis, the 2.3% difference in treatment failure at 3 years fell well within the prespecified non-inferiority threshold of 15% for comparison of focal ablation versus prostatectomy. A per-protocol analysis yielded treatment failure rates of 5.3% for focal ablation and 9.1% after radical prostatectomy.

Baco previously reported that focal ablation was associated with significantly fewer serious (Clavien-Dindo ≥3) complications (2% vs 13%, $P<0.001$). Rates of Clavien-Dindo 1/2 complications numerically favored focal ablation (17% vs 25%, $P=0.18$).

MedPage Today: June 3, 2025

PARP-ARPI Combo Sets New Standard for Metastatic Hormone-Sensitive Prostate Cancer

Charles Bankhead, Senior Editor

Men with homologous recombination repair (HRR)-deficient, metastatic, castration-sensitive prostate cancer (mCSPC) lived significantly longer without disease progression when they received a PARP inhibitor in addition to standard therapy, a large randomized trial showed.

Median radiographic progression-free survival (rPFS) had yet to be reached in men who received niraparib along with abiraterone and prednisone as compared with 29.5 months for patients who received placebo along with the androgen receptor pathway inhibitor (ARPI) combo. The risk of disease progression decreased by 37% in all patients treated with the PARP inhibitor and by 48% in the subgroup with *BRCA1/2* mutations.

Niraparib also increased time to symptom worsening and yielded an early trend toward improved overall survival (OS), reported Gerhardt Attard, MD, PhD, of University College London, during a press briefing at the American Society of Clinical Oncology (ASCO) annual meeting.

"This is the first study to show efficacy of a PARP inhibitor plus androgen receptor inhibition in metastatic CSPC," said Attard. "The benefit may be greatest in patients with *BRCA* alterations. The improvements in rPFS are supported by statistically significant benefit in time to symptomatic progression and the trend toward improved overall survival. The safety profile of the combination is consistent with previous trials in end-stage metastatic castration-resistant prostate cancer, with fewer than 5% more patients in the niraparib arm discontinued treatment due to toxicity compared to placebo."

"In my opinion, the AMPLITUDE study supports niraparib and abiraterone plus prednisone as a treatment option for patients with this poor-prognosis disease group."

The trial results represent "really exciting news for our patients," said Bradley McGregor, MD, of Dana-Farber Cancer Institute in Boston, and an ASCO expert in genitourinary cancers.

"PARP inhibitors have been a mainstay in the treatment of metastatic castration-resistant prostate cancer for patients with DNA repair alterations, and this is the first time we've seen data for those in the hormone-sensitive setting," said McGregor. "This is a very poor prognostic group, so I think it's incredibly exciting."

The findings place an onus on clinicians to request testing for HRR alterations.

"It really highlights that 'you don't know if you don't test,'" said McGregor. "It's going to be incredibly important that patients who get diagnosed with hormone-sensitive prostate cancer are tested to see if they have these mutations, so they can be offered the right therapy at the right time."

A fixed-dose combination of niraparib, abiraterone, and prednisone (Akeega) was approved for *BRCA*-mutated metastatic castration-resistant prostate cancer (mCRPC) after the AMPLITUDE study began.

A fourth of patients with metastatic prostate cancer have HRR alterations, which involve *BRCA1/2* in about half of cases. HRR alterations confer an especially poor prognosis in mCSPC, leading to brief rPFS and conversion to mCRPC.

PARP inhibitors have been used for several years to treat mCRPC associated with *BRCA1/2* alterations, usually after progression on ARPI therapy. However, single-agent PARP inhibition has been associated with rPFS of less than 12 months.

The randomized MAGNITUDE trial showed that the combination of niraparib and abiraterone significantly improved rPFS in HRR gene-altered mCRPC. Metastatic CSPC is a more heterogeneous disease, said Attard. Whether combining a PARP inhibitor and an ARPI would improve outcomes in mCSPC with HRR alterations remained unclear, providing a rationale for the international, multicenter AMPLITUDE trial.

The study involved 696 patients with mCSPC and one or more somatic or germline HRR-gene alterations. They were randomized to niraparib or placebo, both combined with abiraterone and prednisone. The primary endpoint was investigator-assessed rPFS. Time to symptomatic progression and OS were key secondary outcomes.

The time to symptomatic progression was reduced by 50% in the overall analysis (95% CI 0.38-0.69, $P<0.0001$) and by 56% in the *BRCA1/2*-mutated subgroup (95% CI 0.29-0.68, $P=0.0001$). A preliminary OS analysis showed a 21% reduction in the hazard for the overall population treated with niraparib and a 25% reduction in the *BRCA1/2* subgroup.

Prostate Cancer Support Association of New Mexico

PCSANM *Lifeline* Newsletter
Celebrating 34 years of supporting individuals with prostate cancer and their families

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A Message From the Chairperson

July 2025

Dear Readers,

On behalf of the Board of Directors of PCSANM, I want to thank each of you for being part of our community. Whether you attend our support meetings, reach out for information, or share your experiences with others, your presence and trust are the heart of our mission.

We also want to acknowledge Dave Turner, who recently stepped down from the Board after seven years of dedicated service. Many of you know Dave for leading support group meetings, offering one-on-one support, and serving as our treasurer. His knowledge, commitment, and sense of humor have been instrumental in helping PCSANM expand its reach and provide meaningful support. While he's stepping back from leadership, we're grateful he'll remain involved.

I'm also excited to share that our 3rd Annual Dave Riddle Memorial Golf Tournament will take place on Saturday, September 13, at Santa Ana Golf Club. This special event honors the memory of Dave Riddle, a devoted, local family man and entrepreneur who lost his battle with prostate cancer in 2021, and raises vital funds for our programs. You can support the tournament by donating items for the raffle, registering a team, volunteering, or becoming a sponsor. Learn more at https://daveriddlegolfmemorial.com or call the PCSANM office with questions.

Your continued support ensures we can keep offering free services to those facing prostate cancer. Thank you.

Warm regards,

Rod Geer
Chairperson of the Board, PCSANM