Prostate Cancer Support Association of New Mexico

LIFELINE

Supporting those with prostate cancer and their families since 1991

Quarterly Newsletter
October 2025
Volume 32, Issue 4

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.

14th Annual Free Prostate Cancer Conference

Saturday, November 1, 2025
Sandia Preparatory School Theater

Mark your calendars for Saturday, November 1st from 8:30 to 12:45! You're invited to join the Prostate Cancer Support Association of New Mexico (PCSANM) for our free conference—a valuable event for anyone affected by prostate cancer.

Whether you're a patient, survivor, caregiver, or advocate, this half-day event offers an opportunity to learn from medical experts who are there to share the latest insights on treatment, emotional support, and life after prostate cancer.

What's in Store?

1. **Better Treatment, Fewer Side Effects: Updates in Radiation Therapy**. Dr. Thomas Schroeder, Radiation Oncologist at UNM Comprehensive Cancer Center, kicks off the day with updates that offer hope and better outcomes for those undergoing radiation therapy.

2. **Hormone Therapy for Prostate Cancer: What to Expect and How to Thrive**. Gain clarity on one of the most common prostate cancer treatments with Dr. Jose Avitia, Medical Oncologist at New Mexico Cancer Center, as he explains how best to manage side effects.

3. **Mental Health Matters: Navigating the Emotional Impact of Prostate Cancer**. Emotional well-being is just as important as physical health. Dr. Christopher G. Manschreck of UNM School of Medicine helps attendees explore the emotional toll of diagnosis and recovery, and how to thrive mentally and emotionally.

4. **Beyond Survival: Addressing Intimacy and Sexual Health After Treatment**. Let's talk about an important issue *after* survival. Thanks to our Platinum Premier Sponsor, Pfizer's Christi Capers will lead an open and compassionate discussion about intimacy and sexual health post-treatment—a topic that deserves attention and support.

There may be an option to attend virtually. Please visit https://www.pcsanm.org/fall-conference-2021/ for information.

PLEASE SUPPORT PCSANM

To donate, visit www.pcsanm.org/donate,
or send a check payable to:
PCSANM
2533 Virginia St. NE, Suite C
Albuquerque, NM 87110

Board of Directors

Prostate Cancer Support Contacts Around the State

City	Contact	Phone
Clovis	Kim Adams	(575) 769-7661
Farmington	Deb Albin	(505) 609-6089
Los Alamos	Michael Smith	(505) 709-5021
Las Cruces	John Sarbo and Ron Childress	(915) 503-1246 (602) 312-9289
Santa Fe	Guy Dimonte	(505) 699-2139

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In Memory

With deep sympathy and regret, we list these names:

James Thomas Parsons (Passed away 7/11/25 due to prostate cancer-related complications)

Erik Rigler (Passed away 4/12/25)

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

(505) 254-7784
(505) 254-7786 (fax)
(800) 278-7678 (toll free in NM)

Office is open
Monday-Thursday
10 a.m. - 2 p.m.

EMAIL
pchelp@pcsanm.org

VISIT OUR WEBSITE
http://www.pcsanm.org

EDITOR
Rod Geer

MEETING MODERATORS
Jonathan Brown
Jim Whitfield

FACEBOOK

https://aspatients.org/

Active Surveillance Patients International

Jim Whitfield, PCSANM Vice Chairperson

For this publication I am following a series that was reviewing prostate cancer related groups and their focus. In this issue, I am looking at Active Surveillance Patients International.

For men navigating a prostate cancer diagnosis, the path forward can be filled with anxiety and difficult decisions. Many grapple with the choice between immediate, aggressive treatment and a strategy of watchful waiting, known as active surveillance. This is precisely where Active Surveillance Patients International (ASPI) offers invaluable support.

ASPI is a non-profit organization founded by men with prostate cancer, for men with prostate cancer. It was conceived at a Prostate Cancer Research Institute (PCRI) annual conference by Thrainn Thorvaldsson, Mark Lichty, Howard Wolinsky, and Gene Slattery, all of whom were on active surveillance (AS). They recognized a crucial need for guidance amidst over-treatment and confusion surrounding AS monitoring, creating ASPI to help others navigate this complex journey.

Thousands of men worldwide are diagnosed yearly with early-stage prostate cancer, specifically Gleason 3+3 and favorable intermediate Gleason 3+4, who might consider AS as their primary approach. Over 50% of men with low-grade prostate cancer now practice AS. However, the decision to opt for AS is often complex, with fear and anxiety leading many to choose surgery or radiation without fully understanding all available options and their associated risks, such as urinary incontinence and erectile dysfunction. Living with the word "cancer" can be emotionally challenging, making the decision to monitor rather than treat particularly difficult.

ASPI bridges this gap by offering a vital non-clinical forum for patients. Through monthly virtual meetings, ASPI demystifies complex medical topics with presentations from some of the world's best experts. These sessions cover critical AS protocol topics like PSA testing, advanced imaging (e.g., 3TmpMRIs and ultrasounds), contrast agents, and biopsy types and frequencies. Recent meeting topics, for example, have included "Active Surveillance in 2023" presented by Dr. Matthew Cooperberg and an upcoming session on "BPH Today: What's New, What's Next."

By providing this science-based information and fostering peer support, ASPI empowers men to engage in informed discussions with their healthcare team, promoting shared decision-making and better adherence to their chosen care path.

On their home page they start off the encouraging state of "Be informed to choose the best path for you. Then they follow with the question, "Active surveillance or treatment?" This is often the key question people on active surveillance are faced with. Moving down the home page they explore questions AS patients and care givers may have. They offer a downloadable file, "ASPI 2024 Brochure" where one can find most of the questions and answers a concerned person may have.

Returning to the home page, two menu items stood out: **"Video"** and **"Resources."** The **Video** section features a variety of content, including recorded meetings, brief informational clips, and videos aimed at teaching the basics. Whether you're newly diagnosed or have been managing your condition for some time, you're likely to find valuable insights relevant to your experience.

The **Resources** section is equally valuable, offering a collection of articles, research summaries, decision-making tools, and links to trusted external organizations. These materials are designed to support informed decision-making and provide up-to-date information for patients, caregivers, and healthcare professionals alike.

I've attended several of ASPI's monthly online meetings and have been consistently impressed by the caliber of the presenters—many of whom are leading experts in the field of AS. Attending live offers a unique opportunity to ask these specialists questions directly, making it an exceptional way to engage with some of the top minds in the world on this subject.

Overall, I've found both the website and the team behind it to be highly informative and deeply committed to patient education. The content is relevant, well-curated, and aimed at empowering individuals with the knowledge they need to make informed decisions.

Prostate Cancer Foundation (pcf.org/patient-support/patient-profiles/): August 20, 2025

What I Learned After Prostatectomy and Wish I Had Known Ahead of Time

Camilla Martinez

Prostatectomy, or the surgical removal of the prostate gland and seminal vesicles, is one of the main treatment options for prostate cancer. It offers a strong chance of controlling or even curing the disease, but recovery can present its own set of challenges.

Peter* knows this firsthand. In 2024, at age 63, his annual PSA screening blood test showed a concerning jump from 3 to nearly 7 in just one year. Biopsies revealed high-grade Gleason 9 (5+4) prostate cancer—a fast-growing form of the disease with a high risk of metastasis (spread to other places in the body). Peter was otherwise healthy, working full time, and had no obvious symptoms.

After weighing his treatment options with his urologist, Peter chose a robot-assisted prostatectomy. Eighteen months later, he's sharing what he wishes he'd known *before* surgery—and how he managed the ups and downs of recovery.

Immediately After Surgery

Following surgery, you'll most likely go home with a urinary catheter, a thin tube inserted in your urethra to drain urine into a small bag strapped to your leg. The bag needs to be emptied several times a day, and everything should be kept clean to prevent infection.

Peter advises men to follow discharge instructions closely and speak up if something doesn't feel right. In his case, he started having severe pain when urinating with the catheter in place.

"I spent most of my career working in pain management, and felt I had a pretty strong pain tolerance," he says. "But I called the urologist's office three times because the pain was so bad."

It turned out that the screen at his catheter's tip was clogged with blood, causing a buildup of bladder pressure and severe pain, as he could only empty his bladder by leaking urine around the catheter. Once the clog was removed, Peter's pain improved immediately. Being seen sooner would have spared him days of suffering.

"I should have been even more proactive about demanding to be seen," he says now. If something doesn't feel right or hurts more than you think it should, don't wait to ask for help. If necessary, keep contacting your care team until you are seen.

"You're going to leak—get ready for it."

Once Peter's catheter was removed, he found it helpful to return to his usual routine and social life as soon as he was ready. But to do so, he needed strategies to deal with urine leakage (incontinence), a common side effect of prostatectomy that can last for weeks or even longer.

"You're going to leak," Peter says. "Get ready for it." He recommends stocking up on male "guards" (absorbent pads that go in your underwear) and incontinence underwear, starting with the "maximum hold" pads. To skip the awkwardness of purchasing them in a brick-and-mortar store, he orders online. He advises getting them *before* surgery—and buying more than you think you'll need—to avoid uncomfortable last-minute trips.

It's normal to feel self-conscious about these products, especially at first. But no one else can tell you're wearing them, Peter stresses. He recommends wearing black pants to help hide any leaks and carrying extra pads when going out, just in case. He also used a penile incontinence clamp, a device that fits around the penis and applies gentle pressure to the urethra to help control leaking. Peter explored several different iterations of a so-called "Cunningham Clamp" before eventually pursuing a more circumferential cuff, the "Pacey Cuff", that he found to be more comfortable. *(Note: Talk to your doctor about whether an incontinence clamp might be right for you, and if so, which brands or types they may recommend. Make sure to carefully follow instructions for use to avoid injury. Learn more.)*

Peter also shares this travel tip: If you're flying, keep in mind that airport scanners might flag a clamp or even a wet pad. To avoid a pat-down, be sure your pad is dry and remove any devices before going through security.

See Incontinence, page 5

Prostate Cancer Foundation (pcf.org/patient-support/patient-profiles/): August 20, 2025

What I Learned After Prostatectomy and Wish I Had Known Ahead of Time

Camilla Martinez

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Incontinence is a common part of recovery, but everyone's experience is different. Post-surgery recommendations can vary. Pelvic floor exercises, called Kegels, can help many men and are sometimes recommended even *before* surgery. Learn more.

What to Do About Long-Term Incontinence

Eighteen months after surgery, Peter still experiences significant urinary incontinence—a reality for many men. In fact, 5–20% of men continue to have symptoms one to two years post-surgery.

To address the problem, he has opted for an artificial urinary sphincter. This is a small, surgically placed device that helps control urine flow by mimicking the function of a biological sphincter muscle. Looking back, he wishes he had acted sooner. "There's no need to wait a year or longer to explore solutions," he says. "Advocate for yourself."

Since there are different types of urinary incontinence, it's important to get a comprehensive evaluation for long-term symptoms. If the urologist treating your prostate cancer doesn't specialize in managing incontinence, seek out a clinician who does. Non-surgical options include pelvic floor physical therapy and bladder training; lifestyle adjustments such as timed voiding and managing fluids and caffeine; and a range of products and external devices. Surgical options include a male sling or an artificial urinary sphincter. Explore options.

Talking about Sexual Health

"To not discuss sexual health and recovery is to not address the elephant in the room," Peter says.

He encourages men to speak openly with a urologist who specializes in men's sexual health. For erectile dysfunction, treatment options include medications, vacuum erection devices (pumps), injections, and penile implants. "Be an advocate—there are options out there," Peter says. Learn more.

Sexual recovery takes time and varies for each person and relationship. Emotional intimacy and honest communication with your partner can help you navigate the changes together.

Beyond Physical Recovery, Reconnecting Socially

Recovery isn't just physical, it's emotional too. For Peter, one of the biggest surprises was how isolated he felt: Despite having a large and supportive social circle, "I was really surprised at how few people reached out to me."

He explains that when you're treated for cancer, even close friends may not know how to approach you. Some may not know what to say, while others may assume that you're 'fine now that the cancer is gone.'

This taught Peter an important lesson about how he supports others. Now, when a friend faces bad news, he doesn't wait for them to contact him. He picks up the phone first, knowing how hard it can be to start that conversation.

Peter also recommends thinking about how to answer questions ahead of time—whether those pertain to your treatment, how you're feeling, or next steps.

"For me, I'm pretty transparent with a lot of my guy buddies," he shares. "Some people can deal with it, and some can't. And you know, we often end up using humor in strange ways to help get around some of these awkward things—and that's okay."

In sharing his story, he hopes to break the stigma that often keeps men from talking about challenges after prostatectomy. "Be as transparent as you want to be," he concludes. "Your friends are there to help you. They want to know how you're doing, so don't be afraid to share what's going on. You're not alone, you're not less of a man, and you're not a victim. You're a survivor."

"Millions of men have lived through this—and so will we. That said, don't fail to advocate for yourself!"

** Name has been changed to protect privacy.*

MedPage TODAY: July 23, 2025

Fracture Risk Down with Osteoporosis Drug in Metastatic Prostate Cancer

Charles Bankhead, Senior Editor

Fractures associated with androgen deprivation therapy (ADT) for metastatic prostate cancer decreased significantly in men who received a bisphosphonate in addition to standard of care (SOC), data from a large randomized trial showed.

The 10-year relative risk of fracture decreased by 27% in men with metastatic (M1) prostate cancer who received zoledronic acid in the STAMPEDE trial, a finding that supports giving zoledronic acid with ADT plus docetaxel chemotherapy for patients with M1 disease, reported Ashwin Sachdeva, PhD, of the University of Manchester in England, and coauthors in *Annals of Oncology*.

"Secondary analysis of the STAMPEDE trial using linked healthcare systems data demonstrates a high cumulative incidence of fracture-related hospitalizations in both non-metastatic and metastatic participants," the authors stated. "Treatment with zoledronic acid significantly reduced the risk of fracture in patients with metastatic disease, evidence providing strong support for a change in clinical practice whereby bone-protective agents for de novo metastatic prostate cancer are used routinely as a standard of care."

In contrast, those with high-risk non-metastatic (M0) disease did not derive a significant benefit from the bisphosphonate.

ADT has a long history as SOC for high-risk non-metastatic and metastatic prostate cancer. However, the hormonal manipulation increases the risk of bone loss and fracture. Indeed, the STAMPEDE study population receiving SOC had a high fracture incidence: 11% and 23% at 5 years for M0 and M1 disease, respectively, increasing to 26% and 32% at 10 years.

Current clinical guidelines do not recommend zoledronic acid for metastatic hormone-sensitive prostate cancer (mHSPC), noted Christopher Wee, MD, of the Cleveland Clinic, who was not involved with the study.

The National Comprehensive Cancer Network (NCCN) does not recommend osteoclast inhibitors to prevent symptomatic skeletal-related events (SREs) based on a study showing that early intervention with zoledronic acid (prior to development of castration resistance) did not reduce SRE risk.

Additionally, the American Society of Clinical Oncology (ASCO) has endorsed Cancer Care Ontario guidelines stating that available evidence does not support early use of an osteoclast inhibitor, but it should be considered for patients with castration-resistant disease.

"Outside of metastatic castrate-resistant prostate cancer, both NCCN and ASCO do note that an osteoclast inhibitor (at osteoporosis-indicated dosage) may be beneficial for patients (both non-metastatic or metastatic) with osteoporosis or at high risk for fracture," Wee told *MedPage Today*.

With regard to the choice of bone-protecting agent, denosumab (Xgeva) improved bone density and reduced fracture risk in a placebo-controlled trial involving men with non-metastatic HSPC. Denosumab outperformed zoledronic acid for preventing SREs in men with metastatic castration-resistant prostate cancer.

"Given the body of evidence for denosumab is stronger than that of zoledronic acid, denosumab is the preferred agent," said Wee. "However, due to cost considerations and dose schedule flexibility, zoledronic acid is a reasonable alternative."

STAMPEDE was designed to have participants randomized 2:1:1:1 to groups receiving SOC only, SOC plus zoledronic acid, SOC plus docetaxel, or SOC with both zoledronic acid and docetaxel. Investigators previously reported that additional zoledronic acid did not improve survival. The addition of docetaxel to ADT did improve survival in men with non-metastatic and metastatic disease.

In the present secondary analysis, Sachdeva and colleagues had trial records linked with health systems data to assess long-term treatment effects. The new analysis examined the impact of zoledronic acid on hospitalizations related to fractures.

See "The analysis," page 7

MedPage Today: July 23, 2025

Osteoporosis Drug in Metastatic Prostate Cancer

Charles Bankhead, Senior Editor

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The analysis included 2,042 patients with linked data, 734 with M0 disease and 1,308 with M1 disease. The cohort comprised 817 participants assigned to SOC (ADT), 404 to SOC plus zoledronic acid, 407 to SOC plus docetaxel, and 414 to SOC plus docetaxel and zoledronic acid.

The entire cohort had a median follow-up of about 10 years, and the primary endpoint was time to first fracture-related hospitalization (FRH). Overall, 26.7% of men with non-metastatic disease had at least one FRH, as did 29.5% of men with metastatic HSPC.

Treatment with zoledronic acid was associated with an FRH hazard of 0.73 in men with metastatic disease (95% CI 0.55-0.97), whereas the 0.88 hazard among men with non-metastatic disease did not achieve statistical significance (95% CI 0.59-1.32). An analysis limited to non-pathological fractures did not show a significant benefit of zoledronic acid in the M1 subgroup (HR 0.82, 95% CI 0.61-1.11).

Osteonecrosis of the jaw, a known risk of treatment with zoledronic acid, occurred in 2.8% of patients treated with the bisphosphonate versus 0.8% of the remaining patients (P<0.001).

The authors stated that their failure to detect a benefit of zoledronic acid in the M0 subgroup might reflect the smaller sample size of that group and the study's focus on fractures leading to hospitalization, a relatively small proportion of vertebral fractures. Fractures that do not lead to hospitalization still have a significant effect on quality of life.

"It may be that with longer follow-up and accrual of additional events, these effects may become more evident," the authors noted. "Patients with non-metastatic disease may therefore benefit from fracture risk assessment ... with those at increased fracture risk considered for early zoledronic acid treatment."

Docetaxel did not have a significant effect on fracture in either M0 or M1 subgroup.

Prostate Cancer Foundation: https://www.pcf.org

Mental and Emotional Support

"Prostate cancer can bring with it a lot of negative emotions and experiences: fear, worry, mood changes, distress, sleeplessness, irritability, and fatigue. Research has shown that 6 in 10 men with prostate cancer experience mental health distress, with 10%–40% having significant depression. Depression itself can affect sleep, appetite, and memory. Some of the treatments for prostate cancer themselves can also have effects on mental health. For example, hormone therapy can affect mood and thinking.

If you are struggling with stress, worry, and/or mood, know that this is common, and that you are not alone. It can be hard to raise the topic with your doctor; during an office visit that is focused on managing your cancer, he or she may not proactively ask about how you are coping. Ask your doctor or oncology nurse about resources such as support groups, social workers, chaplains, therapists, and psycho-oncologists. In addition, you can try strategies on your own to manage your response to stress, such as exercise, spending time with family and friends, and meditation."
— ***Prostate Cancer Foundation*** (https://www.pcf.org/patient-support/mental-emotional-support/)

Related Prostate Cancer Foundation articles/videos:

Andrew Roth, MD, on Mental Health:

https://www.pcf.org/patient-support/patient-resources/webinars/andrew-roth-on-mental-health/

Patient Experience - Hormone Therapy:

https://www.pcf.org/patient-support/patient-resources/webinars/hormone-therapy-side-effects-2/

Prostate Cancer Support Association of New Mexico

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

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

A Message From the Chairperson

October 2025

Dear Readers,

This is my last column. I joined the board in the spring of 2017, about a year after my prostatectomy. Since then, PCSANM has evolved in countless meaningful ways.

Participation in our twice-monthly support group meetings at Bear Canyon Senior Center has grown significantly. One of the most striking changes has been in the demographics of our attendees. Back in 2017, it was rare to see a woman in the audience. But in 2025, a significant percentage of participants are women — and what a welcome evolution that has been. Their presence has made our conversations livelier, more diverse, and more insightful.

Our dedicated board members and volunteers work every day to share the latest information on prostate cancer and offer vital support to men and their families throughout their journey. They receive more training than ever before to ensure they provide the highest quality, up-to-date support to those in need.

As I step away from my role, I'm filled with gratitude and confidence in the future of this organization. If you're looking for a meaningful way to help others, consider joining this passionate group. There's always room for more people who want to further our mission of providing prostate cancer support and information to those in need—whether it's lending a hand at events, offering peer support, or helping spread awareness in the community.

Warm regards,

Rod Geer

Rod Geer
Chairperson, PCSANM Board of Directors