Prostate Cancer Support Association of New Mexico

LIFELINE

PCSANM Quarterly **April 2015** **Volume 22, Issue 2**

Issue Highlights

Our website address
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Meeting Place: As of January 4, 2014, 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. Remodeling has been completed to the facility. Meetings are usually the first and third Saturdays of the month; 12:30-2:45 pm.
Map at http://binged.it/1baQodz

Activating the Mind/Body Connection

BY RALPH BLUM 24 Feb 2015 From http://prostatesnatchers.blogspot.com

Once you have found a medical team you trust, and have decided which treatment option is best for you (and that may be *no* immediate treatment), the single most important thing you can do is take an active role in your own recovery. Respected psychiatrist and cancer researcher Dr. David Spiegel wrote, "Medicine has focused so much on attacking the tumor that it has tended to ignore the body coping with the tumor, and the social and psychological variables that influence the somatic response to tumor invasion."

As your immune system is the most powerful defense your body has against cancer, it is your task to do everything you can to support it. We all know that exercise and proper diet contribute to general good health and, therefore, to a healthy immune system. And most cancer survivors agree that vitamins and herbal supplements support maximum immune function and have made them a part of their recovery program. But your task doesn't stop there.

Research in the field of psychoneuroimmunology attests to the central role our emotions play in supporting our immune system and promoting healing. What you think and feel can directly impact your health. And it is generally agreed that the most potent immune suppressor is chronic emotional stress that floods the body with adrenaline and cortisone derivatives that interfere with the immune system's ability to seek out and destroy cancer cells. Of course this is a *Catch 22*, because a cancer diagnosis inevitably triggers a roller coaster of negative emotions—fear, anger, anxiety, resentment, grief, despair—all of which, when held onto, act to suppress the immune system. You can't expect to prevent these negative feelings. The trick is to acknowledge them, and then refuse to get stuck in them.

Blood tests have shown strikingly improved immune function among people who emote, and even those who confide their feelings to a diary show better immune function. Having an intimate group of supportive friends, or simply meeting with others in a support group once a week can improve your chance of recovery. Practicing simple meditation and visualization (there are dozens of pre-recorded guided imagery and relaxation tapes available) supports your immune system and promotes healing. And then there's my favorite immune booster: laughter. When you laugh, natural killer cells increase, as do T cells and B cells that make disease-fighting anti-bodies. So whatever other supplements you take, be sure to include laughter.

Above all, the will to live, a sense of optimism, and your *belief* in your chosen treatment play a huge role in your recovery. Combining the will to live with hope—the deeply confident expectation that you can beat this cancer—has a profound healing effect..

FOUNDER Rae Shipp, established 1991

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In Memory of

Tom Gallegos
Robert Gordon
Harold A. Johnson
Konrad M. Lipp
John Sheldon
Charles Weislander

With Deep Sympathy and Regret, We List These Names

Adaptive Kayaking at Hotel Cascada, I-40 and Carlisle
http://www.kayaknewmexico.org/hotel-cascada/

Sponsored by Kayak New Mexico, a 501(c)3 tax-exempt non-profit corporation. Adaptive Kayaking builds courage, confidence and character for people with cancer, or physical or developmental disabilities one stroke at a time! Our motto "Come as you are!" encourages people of all ages and abilities to come kayaking with us! Whether the goals are physical, cognitive, social or emotional, adaptive kayaking can assist individuals on their journey to a superior quality of life! By adaptive the environment, equipment or teaching method, we are able to accommodate most people into our programs! Four 2 hour sessions held once a month on Thursdays. $10 per person in the water; Pre-registration is advised. $15 at the event.

PCSANM *Lifeline*

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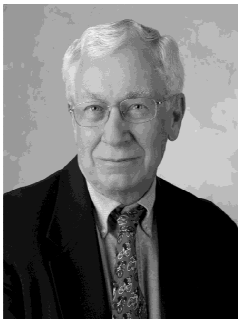
DISCLAIMER

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. Peter Lindberg is accepting new patients. See below for current information.

I recently attended the Genitourinary Cancers Symposium in Orlando, sponsored by medical, radiation, and surgical urological societies that deal with prostate cancer. This is a brief overview of many important discussions and abstract presentations.

The PCA three test done on a urine sample after a rectal exam with prostate massage assists in deciding who should have a biopsy. A number above 60 at biopsy is likely to find significant prostate cancer. If a previous biopsy was negative or a number under 20, a repeat prostate biopsy is unlikely to be positive. The 4 K SCORE test is a blood test that predicts finding high risk cancer. At our group, we will try to start doing this in the near future.

Prostate cancer specific membrane (PCSM) is the target for an antibody attached to a toxic chemo drug. This treatment demonstrated reduced circulating cancer cells and decreased PSA in up to 45% of men treated. Still a long way from a proven, FDA approved treatment, but maybe in 3 or 4 years. PCSM was the target in the diagnostic test using Prostascint that gave confusing, inaccurate results, and is almost never used currently.

Two studies documented that statin use (lipitor, simvastatin, Crestor etc.), when hormone treatment for prostate cancer is begun, gives improved prostate cancer survival, a longer time until the cancer advances, and allowed longer time in the off period of hormone therapy (lupron, bicalutamide , flutamide etc.). A newly described protein transports the male hormone DHEAS into the cancer cell where it is converted into dihydrotestosterone. This same protein carries statin drugs inside the cell. Perhaps the statin interferes with male hormone uptake.

A retrospective look back at 143 men who had cardiovascular disease and were given lupron or the LHRH antagonist Degarelix to reduce testosterone, found 8 men in the lupron group had a cardiovascular event such as a heart attack, but only 3 treated with Degarelix, that has a different manner of lowering testosterone, a significant difference which should be considered when deciding on treatment according to author Celeste Higano, from the Fred Hutchinson Cancer Research Center in Seattle.

When using radiation to cure prostate cancer, Lupron or Degarelix plus Bicalutamide should be given to all high risk men and intermediate risk (4+3) Gleason score men. Also to men with Gleason (3+4) and PSA >10 and/or >50% of biopsy cores positive. If a 3+4 is the only intermittent risk factor, hormone therapy can be omitted. For high risk disease, there is much more evidence supporting radiation plus hormones than for a radical prostatectomy.

Several lectures and posters discussed the concept of treatment directed at the prostate even when bone scans or CT showed disease outside the prostate . Removing or radiating the prostate reduces the risk of tumors invading the bladder or blocking urine flow. Removing cancerous nodes or radiating them in addition to hormone treatment can give long term cancer control or maybe even cure. High dose stereotactic surgery can obliterate a bone metastasis as happened in one of my patients. A recent tumor registry analysis was published in late 2014. It also demonstrates better survival in the more aggressive approach in men with lower tumor volume metastatic disease (2-4 lymph node mets or just a few bone mets).

An abstract from the University of California San Francisco describes a multi disciplinary clinic set up to help reduce the side effects of taking away a man's testosterone. All men on initiating this treatment get detailed counseling and advice to prevent bone loss, proper diet to prevent weight gain and diabetes, depression and fatigue. There is a big emphasis on aerobic and weight training. One man recently came to me from the mecca of John Hopkins in Baltimore, and complained to me of muscle and arm weakness, but had never been told to exercise to combat these problems .

Finally, leech saliva was given to the LNcaP model tumor exograft and showed "striking benefit" equal to the effect of Taxotere chemo drug. I have no idea how they convinced the leeches to give up their valuable saliva.

As of August 2014, I am in practice in Albuquerque, and have joined the excellent doctors and staff at New Mexico Cancer Center 4901 Lang Ave NE, Albuquerque, NM 87109 Phone 505-842-8171 http://www.nmcancercenter.org/

Is Cancer Risk Mostly Affected By Genes, Lifestyle, Or Just Plain Bad Luck?

Experts say the findings highlight "the importance of secondary prevention, like early detection."

While cancer can strike anyone — young or old, unhealthy and healthy — we do have some idea of what can affect risk. Genetics often play a role, for instance, as do lifestyle habits. But according to a new study from Johns Hopkins University researchers, much of cancer risk may actually be due to mere chance.

Cancer develops when stem cells of a given tissue make random mistakes, mutating unchecked after one chemical letter of DNA is incorrectly swapped for another — the equivalent of a cell "oops." It happens without warning, like the body's roll of the die.

For the new study, published in the journal Science, researchers wanted to see how much of overall cancer risk was due to these unpreventable random mutations, independent of other factors like heredity and lifestyle.

"There is this question that is fundamental in cancer research: How much of cancer is due to environmental factors, and how much is due to inherited factors?" Cristian Tomasetti, PhD, a biomathematician and assistant professor of oncology at the Johns Hopkins University School of Medicine and Bloomberg School of Public Health, tells Yahoo Health. "To answer that question, however, the idea came that it would be important to determine first how much of cancer was simply due to 'replicative chance.'"

To measure this, the researchers plotted the number of stem cell divisions in 31 types of tissues over the course of a lifetime against the lifetime risk of developing cancer in the given tissue. From this chart, the scientists were able to see the correlation between number of divisions and cancer risk — and from that correlation, researchers were able to determine the incidence of cancer in a given tissue due to replicative chance.

Ultimately, researchers found that roughly two-thirds of the cancer incidence was due to this replicative chance, or simply "bad luck." (However, it's worth noting researchers did not examine some cancers, such as breast and prostate cancers, because of lack of reliable stem-cell turnover information.)

But don't assume you're simply doomed to the hand fate deals you. After additional analysis, researchers found that of the 31 cancers examined, 22 could be explained by "bad luck" — but for the other nine, there was *another* factor aside from simple chance that likely contributed to the cancer.

This is presumably because environmental and hereditary factors play a role in development. "There are many cancers where primary prevention has huge positive effects, such as vaccines against infectious agents, quitting smoking or other altered lifestyles," says Tomasetti.

Incidentally, the cancers where risk could be lowered by primary preventive practices were ones you may expect — diseases like skin cancer, where limiting sun exposure can lower your risk, as well as lung cancer, where avoiding smoking is key.

Tomasetti says we can still lower our odds of developing cancer in any and all cases, though, especially as preventative research moves forward. Their analysis just indicates that, for many types of cancers, primary prevention like healthy lifestyle habits may not work as well. "This however does not imply at all that there is not much we can do to prevent those cancers," he says. "It just highlights the importance of secondary prevention, like early detection."

Since so much of risk is based on random cell division, identifying a mutation before replication goes unchecked throughout the body is, and will continue to be, essential. "It is still fundamental to do what we can in terms of primary prevention to avoid getting cancer, but now we understand better what causes cancer and how relevant the 'bad luck' component is, because we have a measure of it," Tomasetti explains. "This work tells us that randomness plays an important role in cancer, possibly much larger than previously thought. And therefore early detection becomes even more important."

You can also look at this new research another way, though, according to Tomasetti. "On one side, it actually strengthens the importance at the individual level to avoid risky lifestyles," he explains. "If my parents smoked all their lives and did not get lung cancer, it is probably not because of good genes in the family, but simply because they were very lucky.

"I would be playing a very dangerous game by smoking," Tomasetti says. See? Healthy habits *do* count.

https://www.yahoo.com/health/is-cancer-risk-mostly-affected-by-genes-106664147472.html

Medicare Reimburses 3 Prostate Cancer Diagnostic Tests

Mary K. Caffrey www.ONClive.com

After months of delay, the Medicare Administrative Contractor (MAC), with jurisdiction over most molecular diagnostic tests used to treat cancer, made a series of decisions this fall that will allow Medicare reimbursement for several well-known tests, including 3 used in the treatment of prostate cancer.

On September 23, 2014, Palmetto GBA's MolDx program issued a draft local coverage determination (LCD) for the ConfirmMDx test, made by MDxHealth, which is designed to avoid repeat biopsies. On October 16, 2014, Palmetto GBA issued an LCD for Myriad's Prolaris test and for Decipher Prostate Cancer Classifer, made by GenomeDx Biosciences, for different indications.

Myriad's Prolaris test received draft language for reimbursement for approximately 50% of prostate cancer patients defined as low and very low risk, while the Decipher test received draft reimbursement language for using the test with men who have undergone radical prostatectomy. Per Medicare rules, the draft LCD is subject to a minimum 45-day public comment period; once comments are considered, the final language goes into effect after a minimum notification period of 45 days.

Ten days after Medicare's reimbursement announcement, Myriad announced that Prolaris had been included in the prostate treatment guideline of the National Comprehensive Cancer Center (NCCN), regardless of risk category. In its statement, Myriad said NCCN guidelines are considered the "gold standard" in cancer treatment.

Palmetto GBA's action on reimbursement for molecular diagnostic tests for prostate cancer drew plenty of attention across the industry, given this year's disputes with CMS on reimbursement issues. In recent years, CMS generally, and Palmetto GBA, specifically, have been under scrutiny over the MolDx program, which was developed to handle reimbursement questions involving this emerging industry. MolDx increasingly required testing companies to build evidence that demonstrated "clinical utility," a standard that means a test makes a difference in physicians' treatment decisions.

But what should be required became a matter of disagreement. On April 18, 2014, the California Clinical Laboratory Association sued the HHS, of which CMS is a part, over what the plaintiffs claimed was an unlawful transfer of CMS' authority to set reimbursement policy and, especially, to allow diagnostic companies to appeal an unfavorable LCD.

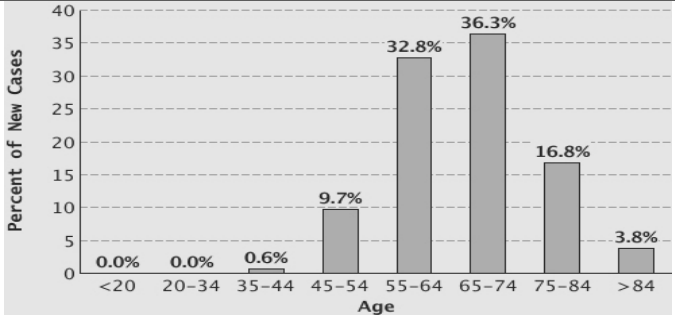
ConfirmMDx. Last year, during a presentation at Oral Oncolytics in Philadelphia, Pennsylvania, MDxHealth officials said ConfirmMDx still uses an initial biopsy as the "gold standard," while recognizing the standard 12-core method might miss cancerous tissue. ConfirmMDx seeks to confirm the presence of an epigenetic "halo" that exists around a tumor, which might be present even though the cells look normal under a microscope.

The test relies upon DNA methylation, a biochemical process that can alter gene expression as cells divide and result in the silencing of tumor suppressors. When DNA methylation goes awry, unfolding either too quickly or too slowly, cancer can result. This process does not happen all at once; thus, DNA methylation can be used as readout for a precancerous or cancerous state.

If a patient has a negative biopsy but a positive result with Confirm- MDx, the doctor can either treat as if the patient had a positive pathology result, or limit additional cores to the area of known "hot spots," reducing costs, discomfort, and side effects. Thus, the ConfirmMDx test can not only limit costs but also improve quality of life.

Prolaris. The Prolaris test, which came on the market in 2010 and costs $3400, is a 46-gene test designed to gauge the aggressiveness of prostate cancer in individual patients, based on the expression of cell cycle regulator genes. Unlike the prostate-specific antigen (PSA), which offers a snapshot of the cancer on a given day, Prolaris' supporters say it offers a window into the future, assigning a score that increases along with the risk of progression.

Decipher. GenomeDx describes Decipher as a "unique genomic test intended for men who have had prostate surgery and are considered by guidelines to be at high risk for their cancer returning." It is designed for men with specific risk factors for cancer recurrence, including positive surgical margins, stage T3 disease (seminal vesicle invasion, extraprostatic extension, and bladder neck invasion), or rising PSA after an initial drop-off.



Average age of diagnosis of Prostate Cancer = 65.5

Scientific American Health After 50

One in six American men will be diagnosed with prostate cancer during their lifetime, and many will go on to be treated with surgery, radiation or a hormone regimen known as androgen-deprivation therapy (ADT)

Each of these treatments comes with significant side effects and risks that can include sexual dysfunction, urinary incontinence, bowel dysfunction and bone loss. While the pros of these treatments may outweigh the cons for those with aggressive prostate cancers, older men (typically 65 and up) with prostate cancers that appear early or are considered low risk are often better suited to an active surveillance program that keeps a close eye on their prostate cancer as an alternative to immediate treatment.

According to H. Ballentine Carter, M.D., Professor of Urology and Oncology at Johns Hopkins Medicine, "Men who have early-stage prostate cancer should not ask their doctors, 'What treatment would be best?' but instead ask, 'Do I need treatment at all?'"

"A patient's personal preference and concerns are always critical when making a decision. Some men are OK with side effects if it means we can eradicate their cancer; others simply can't cope with having the lower quality of life that can come with surgery or radiation, and they opt for surveillance."

"Because prostate cancer tends to grow very slowly, patients have time to think through their decision. I encourage them to discuss the treatment experience, not only with their doctors but with other patients who have been through it, just to be sure they are comfortable with the realities of post treatment life."

Take-away message. If you've been diagnosed with prostate cancer, fully discuss your options with your oncologist or urologist. If he or she feels observation isn't appropriate, find out why -- and get a second opinion.

When discussing surgery as treatment, ask how it will be performed. For example, some doctors prefer to perform procedures robotically, which has been touted as an option that minimizes damage to normal, surrounding tissue and organs, and reduces complications. However, most studies have found little difference between traditional surgical techniques and robotic ones in terms of outcomes and complications, and many studies have found more complications with robotic surgery.

The doctor's experience should be a major consideration. Generally, it's best to choose a doctor and center that regularly treat prostate cancer. Your doctor should also be able to answer questions about how he or she handles complications during treatment (should they arise), how effective the treatment is and what your prognosis is.

Posted in Prostate Disorders on January 8, 2015

http://www.scientificamerican.healthafter50.com/alerts/prostate_disorders/Prostate-Cancer-Treatment_7216-1.html?s=W2R_150104_001&st=email

Targeted MRI-ultrasound is better than standard biopsy at detecting high-risk prostate cancer

Kathy Boltz, PhD ONCOLOGY NURSE ADVISOR February 10, 2015

Among men undergoing biopsy for suspected prostate cancer, targeted magnetic resonance (MR)/ ultrasound fusion biopsy, compared with a standard biopsy technique, was associated with increased detection of high-risk prostate cancer and decreased detection of low-risk prostate cancer, according to a study in *JAMA* (2015; doi:10.1001/ jama.2014.17942).

The current diagnostic procedure for men suspected of prostate cancer is a standard extended-sextant biopsy (ie, standard biopsy). Advances in imaging have led to the development of targeted magnetic resonance (MR)/ultrasound fusion biopsy (ie, targeted biopsy), which has been shown to detect prostate cancer. The implications of targeted biopsy alone compared with standard biopsy or the two methods combined are not well understood, according to background information in the article.

Peter A. Pinto, MD, and M. Minhaj Siddiqui, MD, of the National Cancer Institute (NCI), National Institutes of Health in Bethesda, Maryland, and colleagues examined the outcomes of 1,003 men who underwent an imaging procedure to identify regions of prostate cancer suspicion followed by targeted biopsy and concurrent standard biopsy from 2007 through 2014 at NCI. Patients were referred for elevated level of prostate-specific antigen (PSA) or abnormal digital rectal examination results, often with prior negative biopsy results.

Targeted biopsy diagnosed a similar number of cancer cases (461 patients) to standard biopsy (469 patients). There was exact agreement between targeted and standard biopsy in 690 men (69%) undergoing biopsy. However, the two approaches differed in that targeted biopsy diagnosed 30% more high-risk cancers than standard biopsy (173 vs 122 cases) and 17% fewer low-risk cancers (213 vs 258 cases).

Adding standard biopsy to targeted biopsy lead to 103 more cases of cancer (22%); however, of these, 83% were low risk while only 5% were high risk; 12% were intermediate risk. Thus, the usefulness of combining these methods was found to be limited. The number needed to biopsy by standard biopsy in addition to targeted biopsy to diagnose one additional high-risk tumor was 200 men.

The predictive ability of targeted biopsy for differentiating low-risk from intermediate- and high-risk disease in 170 men with whole-gland pathology after prostatectomy (surgical removal of the prostate gland) was greater than that of standard biopsy or the two approaches combined.

"This study demonstrated that targeted biopsy could significantly change the distribution of risk in men newly diagnosed with prostate cancer toward diagnosis of more high-risk disease," wrote the authors. "Although these improvements in risk stratification could translate into substantial clinical benefits, it is important to recognize that this study is preliminary with regard to clinical end points such as recurrence of disease and prostate cancer-specific mortality. These findings provide a strong rationale for the conduct of randomized clinical trials to determine the effect of targeted biopsy on clinical outcomes."

Ken Burns Presents CANCER: The Emperor of all Maladies; PBS Cancer Documentary Project Draws Widespread Support

Three-part 'Cancer: Emperor of All Maladies' documentary to debut on Monday-Wednesday, March 30, 31, April 1, at 8-10 pm, KNME-5

by Eric T. Rosenthal , Special Correspondent, MedPageToday
Movie trailer is at http://video.pbs.org/viralplayer/2365362396/

The oncology "community" is apparently jumping at the chance to show support for documentary filmmaker Ken Burns' latest PBS project -- a 6-hour film examining the history of cancer.

Genentech, Bristol-Myers Squibb, Siemens, Cancer Treatment Centers of America, the American Cancer Society, the Leukemia and Lymphoma Society, and the American Association for Cancer Research -- have either helped bankroll or support the production and/or the publicity effort around the film, titled "Cancer: the Emperor of All Maladies."

And in the run-up to the scheduled airing in late March, a number of those supporters are organizing pre-screening events -- starting with a special half-hour program hosted by Katie Couric, the global news anchor for Yahoo! News and a Stand Up To Cancer (SU2C) co-founder. The Couric program will be available at CancerFilms.org and will be broadcast later by about 30 PBS affiliate stations.

The documentary itself is based on the 2010 Pulitzer prize-winning book "The Emperor of All Maladies: A Biography of Cancer" by Siddhartha Mukherjee, MD, PhD.

The Entertainment Industry Foundation (EIF) and its SU2C initiative and WETA-TV, the Washington, D.C., PBS station, spearheaded the production and are coordinating outreach efforts.

EIF obtained the television and film rights for Mukherjee's book soon after its publication (and prior to its Pulitzer) at the urging of the late producer Laura Ziskin, one of SU2C's co-founders, who read the book when she was undergoing treatment for metastatic breast cancer. EIF then persuaded Burns to produce a documentary based on it.

Not a Typical Burns' Project

Of note, this is the first Ken Burns project that was not the filmmaker's own idea, said Dalton Delan, executive vice president and chief programming officer of WETA-TV, the longtime producing partner of Burns' documentaries. In another break with Burns' standard operating procedure, "Emperor" has 15 production supporters.

"We expect that on April 2 millions more Americans will be talking about cancer, and the conversation will be different than it is today," EIF senior vice president Tom Chiodo said during a telephone interview.

"There was initial concern if Ken would be able to undertake this project in this very special way, [especially since his production schedule is planned 10 years in advance], but there was extraordinary synchronicity as the pieces began to fall in place with Sid [Mukherjee] and Laura [Ziskin]," Delan said, adding that Burns had a personal interest in the subject since his mother had died of breast cancer when he was 11 years old.

"Of all the pieces coming together editorially and institutionally it was Stand Up To Cancer's ability to sell and upsell a number of major partners to this project [that helped make it happen] ... especially since the outreach aspect is significant and rivals the production budget," he said.

Part of that outreach budget has been dedicated to $10,000 grants awarded to 60 PBS stations around the country for screenings and other activities related to previewing *Emperor* throughout February and March.

In addition to the groups listed earlier, other production supporters included the Arthur Vining Davis and Alfred P. Sloan foundations, the industrial magnate and political activist David H. Koch, and the Corporation for Public Broadcasting.

In all, a total of 80 screenings or events are currently planned by outreach initiatives involving partnerships of PBS stations, documentary supporters, and cancer institutions, and many will feature discussions including Mukherjee, Burns, or director Barak Goodman.

In addition, WETA has launched a dedicated website to "Emperor," which includes more than 20 self-contained short films produced in addition to the actual documentary series, as well as an interactive "Story Wall," for the public to share personal connections to cancer, and a "Producers' Blog," providing behind-the-scenes information.

Be sure to Watch it or set the Recorder to record it.

From Scientific American Health After 50 One in six American men will be diagnosed with prostate cancer during their lifetime, and many will go on to be treated with surgery, radiation or a hormone regimen known as androgen-deprivation therapy (ADT)

Each of these treatments comes with significant side effects and risks that can include sexual dysfunction, urinary incontinence, bowel dysfunction and bone loss. While the pros of these treatments may outweigh the cons for those with aggressive prostate cancers, older men (typically 65 and up) with prostate cancers that appear early or are considered low risk are often better suited to an active surveillance program that keeps a close eye on their prostate cancer as an alternative to immediate treatment.

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http://www.scientificamerican.healthafter50.com/alerts/prostate_disorders/Prostate-Cancer-Treatment_7216-1.html?s=W2R_150104_001&st=email

Our Affiliate organization, Cancer Support Now, is holding their Fourth Annual Long-Term Effects of Cancer Survivorship Conference on Saturday, March 28, 2015, 8:30 to 4:30, at Central United Methodist Church, 201 University NE, Albuquerque. Keynote Speaker: Dr. Michael Linver; A noon panel discussion on post-treatment rehabilitation topics will address concerns & issues of interest to survivors & their caregivers. including Urological issues; Four breakout sessions, choose 1 for am and 1 for pm: Fatigue/Sleep Issues, Lymphedema, Creative Movement/Visual Arts, and End of Life Compassionate Choices Morning/ End of Life Planning and Support Afternoon. Conference is free, includes continental breakfast, and lunch free. Preregistration is required by March 24, go to www.cancersupportnow.org and go to conference page to register online, or email ptorn@comcast.net, or call 317-3414. The days' schedule is 8:30 – 9:00 am Check-in/Continental Breakfast; 9:00 – 9:15 am Introductions; 9:15 – 10:15 am Keynote Speaker; 10:15 – 10:30 am Break; 10:30 - Noon- Morning Breakout Sessions; Noon – 1 pm Lunch; 12:45 – 2 pm Post Cancer Rehabilitation Panel; 2 pm to 2:15 pm Break; 2:15 pm to 3:45 pm Afternoon Breakout Sessions; 3:45 pm to 4:00 pm- Break; 4:00 pm to 4:30 pm- Feedback/ Door Prizes.

FOODS THAT ARE BLADDER IRRITANTS AND FOODS GOOD FOR THE BLADDER

I recently asked my new urologist about stress incontinence, slight leakage problem, and having to urinate every 2 hours or so. She gave me this list, and said to give it a try. I have no problem with the good foods, but it is very hard to go along with many of the foods on the list to be avoided. There is always a tradeoff in life, including what do I want to give up to get such results. I had never seen such a list before. As always, do your own research and make the decision that is right for you. Your results may vary. Editor

FOODS TO BE AVOIDED—BLADDER IRRITANTS

Artificial Sweeteners
Carbonated Drinks
Coffee (including Decaffeinated)
Tea
Tomatoes and all products containing tomatoes
All Alcoholic Beverages
Caffeine: Sodas including decaf
Tobacco products
Apples/Applesauce/Apple Juice
Cantaloupes
Chiles/spicy foods
Chocolates
Citrus fruits/juices
Cranberry fruit, juice, pills
Grapes
Guava
Peaches
Pineapple
Plums
Strawberries
Vinegar
Vitamin B Complex
Watermelon

FOODS THAT ARE GOOD TO EAT AND DO NOT IRRITATE BLADDER

Apricots
Artichokes
Asparagus
Avocados
Bananas
Bamboo Shoots
Beans
Beef
Beets
Bell Peppers
Blueberries and juice
Celery
Chamomile tea
Cheese
Cherries
Chestnuts, Almonds/Pine nuts/Cashews
Chicken
Coconuts
Coffee subs kava, postem, pero
Corn
Cucumber
Eggplant
Fish
Figs
Ginger
Greens
Honeydews
Jicama
Kiwis
Lentils
Lettuce
Mangos and juice
Milk/Dairy
Okra
Papaya and juice
Parsnip
Pears
Peas
Peppermint tea
Pork
Potatoes/rice/pasta/bread
Pumpkin

TAKE ME OUT TO THE BALLGAME…PCSANM will have another outreach event at the Isotopes Park on FATHER' DAY, Sunday, June 21; it is a 6:05 pm game vs Tacoma. It also has several other special promotions going that night: BBQ Grill Aprons courtesy of Arby's (first 2,000 fans 18 & older); Father's Day Pre-Game Catch on the field, and Fireworks presented by Arby's.

We hope to have information table(s) on the concourse, have our name on the scoreboard, and we will have a group seating area. Bring your family, wear blue, and have some fun with the gang. We have blue PCSANM shirts for sale at the office, and could use some helpers to share the work so the Board has a chance to sit down and enjoy a few innings. Call, write, or email the office to let us know by early June, as tickets will need to be purchased. And watch the website or Facebook page for more info, as this event may occur too early for the next Lifeline newsletter.

Prostate Cancer: What You Should Know About Screening and Diagnosis

FACT SHEET from OncologyNurseAdvisor.com April 2012

Cancer of the prostate gland is the most common cancer affecting men. Most of the time when prostate cancer is diagnosed, the tumor is still confined to the gland. Prostate cancer screening is important in the early detection of prostate cancer. This is because many men diagnosed with prostate cancer do not have symptoms. And the earlier cancer is found, the more treatable it is.

What screening tests are available?

The following tests are used to check for prostate cancer:

Prostate exam For this test, also called a digital rectal exam, the doctor inserts a lubricated, gloved finger into the rectum and feels the surface of the prostate for any lumps, swelling or other abnormalities.
PSA blood test PSA refers to "prostate-specific antigen,"a protein produced by the prostate gland. Older men generally have higher levels of PSA than younger men, as prostate gland size and PSA levels increase with age. Your doctor can tell you if your test results are normal for your age. High blood levels of PSA may indicate the presence of prostate cancer. Generally, levels under four nanograms per millimeter (4 ng/mL) of blood (a very tiny amount) are considered normal.

What are the screening recommendations for prostate cancer?

All men should talk with their doctor about the pros and cons of being screened for prostate cancer. The following guidelines may help you in talking with your doctor about prostate cancer screening:

Men at average risk of prostate cancer Start talking with your doctor about prostate screening at age 50.
Men who are at higher risk of prostate cancer Starting at age 45, talk with your doctor about what screening schedule is right for you.
Men at highest risk (for example, those who have had several relatives diagnosed with prostate cancer at an early age) Ask your doctor about screening starting at age 40.

What are the risk factors for prostate cancer?

All men are at risk of developing prostate cancer based on their having a prostate gland. The following are some of the other known risk factors. Talk to your doctor about your risk.
Age Prostate cancer is more common in men over 50. Most cases of prostate cancer (about 80%) are diagnosed in men age 65 or older.
Race African-American men are at a higher risk of developing prostate cancer. The reasons for this are not fully understood.
Family history Having a father, grandfather, uncle or brother with prostate cancer increases your risk. Having several close relatives diagnosed with prostate cancer at an early age puts you at a higher risk.
Diet A diet high in animal fat and red meat may increase the risk for prostate cancer.

PLEASE SHARE WITH YOUR RELATIVES, FRIENDS, COWORKERS

For the vast majority of men with a recent diagnosis of prostate cancer the most important question is not what treatment is needed, but whether any treatment at all is required. Dr. Jonathan Oppenheimer www.Yananet.org

PCSANM *Lifeline* Newsletter
April 2015

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

Chairman's Message, April 2015

I hope this edition of Lifeline finds everyone in great spirits and enjoying the springtime in New Mexico.

PCSANM continues to work on being the clearing house for patient information on prostate cancer diagnosis and treatment in New Mexico. We are pleased that several of the new members have found us on the Web and Facebook. Some have been referred to us by their doctors (thank you Doctors) and by our members (thank you members for your endorsement). To help spread the word we have recently opened a Twitter account, #ProstateSupportNM. Check it out. We hope it will be a useful adjunct to our existing media efforts.

We continue to grow our efforts to get the word out so that men don't have to go through the process of deciding what to do about their prostate cancer alone. Our organization recognizes that the ultimate choice regarding what to do still remains with the patient and his doctor, but we want the patient to be educated as to his choices so he can be an active participant in his treatment and make the best choice for him and not go with some generalized cookbook treatment. .

You can help us get the word out by offering our services to make a presentation to your organization such as men's groups, churches, senior centers, Pueblos, Indian Reservations, and health fairs; and with maintaining our office and manning the phones.

With your help, I hope our group will continue to be **the place** for Prostate Cancer patients go to for good advice and help in their battle with this disease.

I wish all our members good health and well being.

Lou Reimer Chairman of the Board