Prostate Cancer Support Association of New Mexico

Celebrating 25+ years of supporting men

LIFELINE

PCSANM Quarterly April 2017 Volume 24, Issue 2

Issue Highlights

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

Meeting Place:

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

GOOD NEWS

The Board of Directors has just hired an Office Administrative Assistant.

Art from clipartfest.com

She will start work on March 1, and undergo training for a week. We will keep the office, and our Library, open four days a week, Mondays **thru** Thursdays, excluding holidays, from 10 am to 2 pm. She will handle the day to day office duties, phone, emails, library, referrals, etc.

If a newly diagnosed person, or a member, comes in for information or guidance, she will call the Board Member on call that week to set up an appointment to visit or call that person. This will give the Board more time for Outreach activities and other duties.

Her name is Ann Weinberg. She has a strong background in government and social service work. She has 2 children, her husband works for a family foundation, and she also volunteers with a Hospice group.

Come in for our expanded hours to say hello or use the Library.

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

Board Members

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

Dave Ball **Rod Geer**

Gary Cable **Eli Maestas**

Jerry Cross **Lou Reimer**

Ann Weinberg, Office Administrative Assistant

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Grants	Dorie Sandoval	(505) 285-3922
Los Alamos	Randy Morgan	505-672-3486
Las Cruces	John Sarbo or Ron Childress	(915) 503-1246 (575) 522-1083
Silver City	Herb Trejo or Walt Hanson	(575) 538-3522 (575) 388-1817

In Memory of

William Martinez

Robert A. White

With deep sympathy and regret, we list these names

Thru the year we need people to attend health fairs, man our table, pass out our flyers, answer questions. Most are in the fall, as people enter change/add insurance sign up windows. First week of October is Prime Time Expo, Embassy Suites, 3 or 4 people to split the day.

PCSANM's annual conference will be held on Nov 4.We will need about 12-14 volunteers before the conference to distribute fliers, probably early to mid October.
At the conference we will need 2-4 ushers who will show people to seats and during Q & A sessions pass out microphones.
4-6 people to handle registration and DVD sales.. , 2-4 greeters
As many people as possible for set up and as general helpers.. Finally, helpers to get coffee, soft drinks, and other food stuffs before the conference. Let us know if you can help.

PCSANM *Lifeline*

A quarterly newsletter addressing issues of prostate cancer
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Jerry Cross

MEETINGS Lou Reimer

A Thank you to Dave Schwantes

Written by Herb Trejo

Dave Schwantes is one of the founders and group facilitator of the Grant County Prostate Cancer Support group. The group has been an organized and functioning cancer support group in Silver City, NM for over 12 years. It has a membership of twenty four members. The group is an US TOO affiliated organization. Dave has assigned the Group's Mission Statement to state; "We enable men and their families to make informed decisions about prostate cancer detection, treatment and its side effects through support, education and advocacy and to listen without judgement."

It is the message in this mission statement, that through Dave's leadership and his motivation of the group's membership, during all those years, that we are still able to successfully be present and make a difference not only to those cancer survivors who we encounter at our meetings but also to those men and their families that we encounter in our daily lives. Dave always said that being a Hospice volunteer for 15 years at GRMC, laid down the foundation that enabled him to facilitate the Prostate support group in a very meaningful manner. The group strives to carry on the mission statement with various yearly functions. We advertise in local media. We pay for a monthly newsletter from US TOO that keeps us up to date on the latest Prostate Cancer issues. Occasionally we bring a speaker in to the local area to promote prostate cancer awareness. A few years ago, we had Joe Diaz, the Albuquerque weatherman, share his journey with prostate cancer.

The most successful activity we had was a yearly free prostate screening day. For four years running 2011-2014 we held free prostate screening in conjunction with GRMC. We had an average of 115 men show up; out of that number the 4-year average showed that 15% of those who had a PSA test were over the baseline of 4.0. We felt that if we saved one life it was well worth our efforts. This year we were able to send two men to the Prostate Cancer Support Association of New Mexico's "**Making the Best of a Prostate Cancer Diagnosis**" Conference in Albuquerque.

This prostate cancer support group can be proud of how far it has come under Dave's leadership. Many years ago, Dave and 3 or 4 support members would be the only ones to show up for a meeting. Dave never faltered in his dream of building an organization to fill the void of a

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Treatment Lowers Testosterone Level in Advanced Prostate Cancer Patients in Phase 3 Trial

Ines Martens, PhD January 17, 2017

www.prostatecancernewstoday.com

Foresee Pharmaceuticals has reported positive results from its Phase 3 clinical trial assessing FP-001 LMIS — a ready-to-use, testosterone-lowering treatment — in patients with advanced prostate cancer. Suppressing serum testosterone was the single-arm study's primary goal.

The active agent in FP-001 LMIS, leuprolide mesylate, is a long-acting gonadotropin-releasing hormone (GnRH) agonist. Using GnRH agents for short periods can cause testosterone levels to rise, while sustained use is known to desensitize GnRH receptors and reduce testosterone production to castration levels.

GnRH agonists that are on the market have complicated dosage forms and must be mixed right before they are used, Foresee said on its website. The company said its product is more stable than other treatments, and it can be manufactured in a ready-to-use syringe.

In the open-label, Phase 3 trial (NCT02234115), 137 patients received two doses of FP-001 LMIS, one on the first day and one six months later. Of the initial participants, 124 completed the study.

The primary efficacy endpoint was the percentage of patients whose serum testosterone was suppressed to 50 nanograms per deciliter (ng/dL) by day 28, and from day 28 to 336. Ninety percent of the patients had to hit that mark for the study to reach its endpoint, and results showed 97% of patients did.

By day 28, mean testosterone concentration was suppressed to 17.6 ng/dL — below castrate levels — and 135 patients achieved medical castration. There was no mean increase in testosterone after the second injection.

Overall, the treatment was found to be well-tolerated, with safety data similar to marketed GnRH agonists.

"We are excited about the successful top-line results of FP-001 LMIS," Ben Chien, PhD, chairman and CEO of Foresee, said in a news release. "Our Stabilized Injectable Formulation platform technology. overcomes the technical barriers that our competitors have had over the years in generating a stable, premixed, prefilled version of leuprolide depot for injection."

Hormone Blockers Can Prolong Life if Prostate Cancer Recurs

By DENISE GRADY FEB. 1, 2017 www.NYTimes.com

Men whose prostate cancer comes back after surgery are more likely to survive if, along with the usual radiation, they also take drugs to block male hormones.

The finding, published Wednesday in The New England Journal of Medicine, comes from a long - running study that experts say will help clarify treatment for many patients.

After surgery to remove the prostate, more than 30 percent of men have a recurrence, and until now there has not been clear evidence about the best way to stop the disease from killing them. Most are given radiation, but prescribing drugs to counter the effects of male hormones has been inconsistent. The study, paid for by the National Cancer Institute, showed that among men who received radiation and hormonal treatment, 76.3 percent were still alive after 12 years, compared to 71.3 percent who had radiation alone.

At 12 years, the men who had both treatments were also much less likely to have died from their prostate cancer — 5.8 percent versus 13.4 percent — or to have the cancer spread around their bodies — 14.5 percent versus 23 percent.

"This is a big deal," said Dr. Ian M. Thompson Jr., of the Christus Santa Rosa Health System in San Antonio, who was not part of the study but wrote an editorial accompanying it.

"There are so many things we do in prostate cancer that we don't know if they make a big difference in survival. This is one of the things where now we can say for sure." He added that he hoped the findings would change medical practice.

The medical term for blocking male hormones is chemical castration, and the treatments can cause hot flashes, sexual problems and other side effects. So to put a man through it, said Dr. Anthony L. Zietman, an author of the study, "you'd better have some decent justification." Dr. David F. Penson, the chairman of urologic surgery at Vanderbilt University Medical Center, said the study "gives more credence to the concept that you have to treat the whole patient," rather than just irradiating the area where the cancer used to be.

He said the idea of blocking hormones in men like those in the study was finding its way into medical practice.

About 161,360 new cases of prostate cancer and 26,730 deaths are expected in the United States in 2017, according to the American Cancer Society. The average age at diagnosis is 66.

Globally, there were 1.1 million cases and 307,000 deaths in 2012, the most recent data available from the World Health Organization.

The study, begun in 1998 and led by Dr. William U. Shipley, a radiation oncologist at the Massachusetts General Hospital, had an ambitious goal: to follow the patients long enough to find out whether hormone blocking treatment would affect their survival. Prostate cancer grows slowly, so it took well over a decade for answers to emerge. Researchers and patients from 150 sites in North America participated. The patients were 760 men who had their prostates removed for cancer that had not spread, but who then had a sign of recurrence — a rise in their blood levels of prostate specific antigen, or PSA, a protein associated with prostate cancer.

The men in the study had PSAs of 0.2 to 4 nanograms per milliliter.

"That's just like the first wisp of smoke," said Dr. Zietman, who is a professor of radiation oncology at Massachusetts General Hospital and Harvard Medical School. "There'll be fire someday."

The fire might take five, 10 or 15 years to break out, but Dr. Zietman said, "Many are in their 50s or 60s, and will live long enough to get into trouble." The traditional practice for a rising PSA after surgery has been to give radiation, which targets only the pelvis.

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The idea of the study was to add hormonal treatment, which might stop minute clumps of cancer that had spread to other parts of the body. All the men in the study had radiation for six and a half weeks. For two years, half also received a hormone -blocking drug, bicalutamide, and the other half were given placebos. They were followed, on average, for about 13 years.

"This is the first trial that's shown, if you follow these patients long enough, there is a real difference," Dr. Zietman said. "More people survive 15 years later." Men who had more aggressive cancers — reflected by higher PSA readings after surgery and by the pathology and surgical reports on their tumors — had the most to gain from the hormone -blocking treatment.

The results do not mean that every man with a rising PSA after surgery should have hormone treatment, Dr. Zietman said. Men 75 or older may not need it, because they may die from other causes before the cancer can catch up with them.

"But if they're younger and with a longer life expectancy, treatment is reasonable," he said. Bicalutamide causes men to develop breasts and potentially other problems, and the high dose given in the study is no longer used in the United States. Other hormone -blocking drugs like Lupron have mostly taken its place, and may be even more effective, Dr. Zietman said.

The study proved the concept hormone blocking increases survival, he added, so other drugs that do the same thing should also help patients live longer. Another study in progress in Canada and Europe uses the newer drugs, and is trying to determine whether taking them for six months, rather than two years, might be enough.

Scientists discover 'Achilles' heel' of tumor suppressing protein that drives prostate cancer metastasis

February 13, 2017

http://www.news-medical.net/news/20170213/

Researchers at Cold Spring Harbor Laboratory (CSHL) have discovered that a protein called Importin-11 protects the anti-cancer protein PTEN from destruction by transporting it into the cell nucleus. A study they publish today in *The Journal of Cell Biology* suggests that the loss of Importin-11 may destabilize PTEN, leading to the development of lung, prostate, and other cancers.

PTEN prevents tumor cells from growing uncontrollably, and mutations in the gene encoding this protein are commonly found in many different types of cancer. Some patients, however, show low levels of the PTEN protein even though their PTEN genes are normal. CSHL Associate Professor Lloyd Trotman and colleagues discovered that this may be due to defects in Importin-11, which transports PTEN into the nucleus, sheltering PTEN from proteins in the cell's cytoplasm that would otherwise target it for degradation.

Several cytoplasmic proteins -- NEDD4-1, NDFIP1, and UBE2E1 -- combine to tag PTEN with the small molecule ubiquitin. PTEN tagged with multiple ubiquitin molecules can then be recognized and destroyed by the cell's protein degradation machinery. Trotman and colleagues found that Importin-11 protects PTEN from degradation by escorting not only PTEN but also UBE2E1 into the nucleus, thereby breaking up the cytoplasmic ubiquitination apparatus.

Mice lacking Importin-11 showed lower levels of PTEN protein and developed lung adenocarcinomas and prostate neoplasias. Mutations in the gene encoding Importin -11 have been identified in human cancers, and Trotman and colleagues found that tumors from lung cancer patients lacking Importin-11 tended to show low PTEN levels as well. The researchers estimate that loss of Importin-11 may account for the loss of PTEN in approximately one-third of lung cancer patients lacking this key anti-cancer protein.

In prostate cancer, loss of Importin-11 predicted disease relapse and metastasis in patients who had had their prostate removed. "We think that the degradation of PTEN after loss or impairment of Importin-11 is a very effective driver of human prostate cancer," says Trotman. "Our results suggest that Importin-11 is the 'Achilles' heel' of the ubiquitination system that maintains the correct levels of PTEN inside cells."

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

GARD: A Move Toward Precision Radiation Therapy

Bryant Furlow February 07, 2017 www.OncologyNurseAdvisor.com

Despite important technological innovations to allow more accurate and precise targeting for external-beam radiotherapy, such as intensity modulated radiation therapy (IMRT), and better consideration of patient and tumor characteristics, radiation oncology still has not yet developed tools analogous to HER2/neu testing to identify breast tumors that might respond to the targeted agent trastuzumab (Herceptin).[1] But that might be changing.

Most cancer patients undergo radiation therapy but efforts to personalize radiation oncology have lagged behind advances in other treatment modalities, such as anticancer agents that target specific tumor mutation-affected gene pathways.

Intensity modulated radiation therapy and other beam targeting technologies, and advances in planning algorithms and imaging, represent important advances in more precisely delivering radiation to tumors while sparing healthy nontarget tissues.[1] These advances are expected to improve tumor responses and reduce patient toxicity risks. But the therapeutic ratio could be improved further still if molecular tools were available for predicting patient and tumor radiosensitivities.[1-4]

Knowing tissue radiosensitivities in the target volume and candidate beam pathways would allow treatment planning that is better tailored to a particular patient's biology and tumor biology. Tumor and nontumor cell genotypes can influence responses to radiation, affecting tumor-control efficacy and radiotoxicities.

"Despite its common use in cancer treatment, radiotherapy has not yet entered the era of precision medicine, and there have been no approaches to adjust dose based on biological differences between or within tumors," wrote Javier F. Torres-Roca, MD, of the Moffitt Cancer Center and Research Institute, Tampa, Florida.[3]

That partly reflects scarce funding; less than 2% of federal health research money goes to radiation oncology.[1]

But Torres-Roca and colleagues' findings suggest a new path toward part of radiation therapy's Holy Grail: predicting tumor radiosensitivity.[3]

They have developed a clinical **genomic-adjusted radiation dose** (GARD) model for individualizing radiotherapy based on their previously developed gene-expression radiosensitivity index.[1,3] The clinically validated radiosensitivity index score is based on expression of 10 tumor genes: *AR*, *c-Jun*, *STAT1*, *PKC-β*, *RelA*, *cABL*, *SUMO1*, *PAK2*, *HDAC1*, and *IRF1*.[1,3]

The radiosensitivity index was validated for patients with breast, esophageal, head and neck, and rectal tumors.[1,3,5]

Using 8271 tumor samples, the researchers calculated GARD using radiosensitivity index

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Prediction of intrinsic radiosensitivities has been called the Holy Grail of radiobiology

scores and a statistical-extrapolation model to predict radiotherapeutic effect on tumors at 20 disease sites.[3]

They then tested GARD associations with 538 radiotherapy patients' outcomes using 5 clinical cohorts (the Erasmus Breast Cancer Cohort, The Cancer Genome Atlas Glioblastoma Patient Cohort, the Karolinska Breast Cancer Cohort, Moffitt Lung Cancer Cohort, Moffitt Pancreas Cancer Cohort).[3]

"GARD independently predicted clinical outcome in breast cancer, lung cancer, glioblastoma, and pancreatic cancer," the Torres-Roca team reported.[3]
For example, for the Erasmus Breast Cancer Cohort, high GARD scores were associated with significantly longer 5-year distant-metastasis–free survival times (hazard ratio [HR] 2.11; 95% CI, 1.13-3.94; *P* =.018).[3]
Among patients with head and neck cancer, median GARD scores were higher in those with oropharyngeal tumors than other tumors (GARD 39.71 vs. 32.56; *P* =.042).[3] That was consistent with better radiation therapy outcomes for patients with oropharyngeal cancer.[3]

"Precision medicine encompasses all therapeutic applications for patient care," they noted.[3] "With multidisciplinary care becoming standard for most patients with cancer, it is crucial that precision medicine is expanded beyond medical oncology.

GARD potentially provides a clinically actionable framework that could allow the integration of biological differences into radiotherapy dose."

GARD is the first tool that could allow radiation therapy planning to "depart from the uniform application of radiotherapy."[3]

The authors called for genomically guided clinical trials of radiation therapy.

"Their results show that GARD is superior to radiosensitivity index alone in predicting the radiotherapy effect of a given dose," noted Philip Poortmans, MD, of the Radboud University Medical Center, Nijmegen, the Netherlands, and coauthors, in a companion essay published alongside the paper from Torres-Roca's team.[1]

But GARD is not yet ready for broad clinical use, and intratumor genetic heterogeneity might pose a challenge, Poortmans' team warned.[1] "We should be cautious not to generalize the current findings, especially in cases of unconventional radiotherapy (ie, hypofractionation, ablative radiotherapy, intraoperative radiotherapy, and particle therapy)," they wrote.[1]

Even if GARD does see adoption in clinical radiation therapy, real individualization of radiation oncology will still require consideration of clinical and pathological variables.[1]

Dave Schwantes **continued from page 3**

much-needed service-that of helping men and their families deal with such a dreaded disease. He is now taking a breather as leader of the group.

The Grant County Prostate Support Group meets every third Wednesday of the month, 6:30-7:30, In Silver City at the Gila Regional Medical Center Conference Room.

Dave is married to Jayme. They have two grown boys and five grandchildren. Dave and Jayme are originally from the Chicago area and relocated to Silver City 40 years ago.

"Clear Crisis in Cancer Prevention Awareness," Says AICR

Reprinted from Medscape, February 9, 2017

Many Americans remain unaware of key risk factors for cancer, despite the fact that these risk factors can be reduced by making lifestyle changes, says the American Institute for Cancer Research (AICR).

Reporting results from its latest survey of awareness among the general public, the group notes that fewer than half of the respondents were aware of well-established lifestyle-related risk factors for cancer, including inactivity, consumption of alcohol, diets high in red meat, diets low in vegetables and fruits, and consumption of processed meats. In contrast, the vast majority (87%) of respondents believed that genetic disposition had a significant effect on whether or not the average person will develop cancer.

In reality, an estimated 90% to 95% of cancers develop in individuals who lack these genes, the AICR notes.

"There is a clear crisis in cancer prevention awareness," said Alice Bender, RDN, AICR head of nutrition programs, in a statement. "It's troubling that people don't recognize alcohol and processed meats increase cancer risk."

"This suggests the established factors that do affect cancer risk are getting muddled with headlines where the research is unclear or inconclusive," she added.

The latest AICR survey involved 1004 respondents, who were asked: "Which of the following do you believe has a significant effect on whether or not the average person develops cancer?" They were then given a list of 29 risk factors that were randomly ordered. The AICR highlighted the lack of recognition of obesity as a risk factor for cancer. Only 1 in 2 respondents (50%) were aware of this risk, despite the fact that, aside from not smoking, having a healthy body weight is the single greatest factor in lowering cancer risk, the group emphasizes.

Another alarming result, the group notes, was that only 39% of respondents were aware of the connection between alcohol and cancer. Of particular concern is that awareness of alcohol's role as a cancer risk factor has declined during the past 16 years, since AICR began conducting this survey, it adds. The AICR has conducted this survey every other year since 2001. They have also published several reports on the effect of diet, nutrition, and/or physical activity on risk for several cancer types.

For example, 2 years ago, the group issued a report that provided evidence for a link between the risk for liver cancer and obesity and alcohol consumption. The report also indicated that drinking coffee helped curb that risk.

In 2013, the group reported that physical activity, or the lack thereof, played a prominent role in the risk for endometrial cancer. Their report estimated that 59% of the cases of endometrial cancer (about 29,500 annually) could be prevented if women engaged in physical activity for at least 30 minutes per day and maintained a healthy body weight.

And in 2011, an AICR report confirmed the link between consumption of red and processed meat and a higher risk for colorectal cancer, suggesting that about 45% of colorectal cancer cases could be prevented if people consumed more fiber-rich plant foods and ate less meat.

The AICR also looked at trends in awareness during the 16 years since they started the survey, and the result was mixed.

- Awareness about diets low in plant-based food declined after 2009 and is now similar to awareness levels in 2001.
- Awareness that alcohol is linked to cancer had been trending upward for the past two surveys but has now declined to a rate lower than in 2001 (39% vs 42%).
- Awareness that physical activity plays a role in cancer risk has dropped to 39%, after peaking at almost 50% in 2009.
- Recognition of the cancer risk from a diet high in red meat has fluctuated over the years but has remained almost unchanged since 2013 and is slightly lower than it was in 2009 (35% vs 39%).
- Only 1 in 10 respondents were aware that coffee can lower the risk for two cancer types.

AICR article continued, page 9, bottom

Put Life Back in Your Life!

Manage Your Chronic Disease (MyCD)

Cancer: Thriving and Surviving (CTS) Program

A FREE Workshop for Cancer Survivors and Caregivers

Week 1 - Session Activities:
- Introduction to workshop
- Group Introductions
- The Mind-Body Connection
- Fatigue Management and Getting Help
- Introduction to Action Plans

Week 2 - Session Activities:
- Feedback and Problem-Solving
- Dealing with Difficult Emotions
- Getting a Good Night's Sleep
- Regaining Fitness During and After Cancer Treatment
- Making an Action Plan

Week 3 - Session Activities:
- Feedback
- Managing Pain
- Living with Uncertainty
- Making Decisions
- Future Plans for Health Care
- Making an Action Plan

Week 4 - Session Activities:
- Feedback
- Cancer and Changes to Your Body
- Healthy Eating
- Communication Skills
- Problem-Solving
- Making an Action Plan

Week 5 - Session Activities:
- Feedback
- Endurance Exercise
- Making Decisions about Treatment and Complementary Therapies
- Dealing with Depression
- Positive Thinking
- Making an Action Plan

Week 6 - Session Activities:
- Feedback
- Cancer and Relationships
- Guided Imagery
- Working with Your Health Care Professional and System

Days:	**Mondays**
Dates:	**April 17 and running through May 22, 2017**
Time:	**5:15 p.m. to 7:45 p.m.**
Location:	North Domingo Baca Multigenerational Center, located at 7521 Carmel NE, Albuquerque, NM 87113

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NEW MEXICO DEPARTMENT OF HEALTH

Prostate Cancer Support Association of New Mexico

AGING & LONG-TERM SERVICES DEPARTMENT

AICR REPORT, continued

About a quarter of respondents (28%) said that sugar will cause cancer to develop, and 44% felt that high-fat diets were linked to cancer. Both topics received recent attention in the media, but evidence is inconclusive.

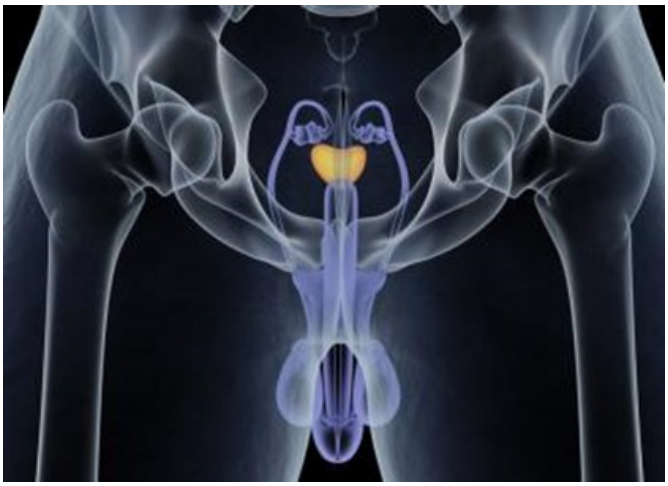
The full 2017 AICR Cancer Risk Awareness Survey Report is not yet available online, but the 17 page 2015 report can be seen here: **http://www.aicr.org/assets/docs/pdf/education/aicr-awareness-report-2015.pdf**

Light therapy 'a huge leap forward' for early prostate cancer treatment

Honor Whiteman December 20, 2016 MedicalNewsToday.com

http://www.medicalnewstoday.com/articles/314830.php

The results of a phase III clinical trial suggest that light therapy may be an effective, nonsurgical therapy for men with low-risk prostate cancer, after finding that almost half of study participants with the disease went into complete remission after treatment with the novel procedure.



Researchers say VTP may be a promising treatment for localized prostate cancer.

In a study of more than 400 men with localized prostate cancer, researchers reveal that the new treatment - called vascular-targeted photodynamic therapy (VTP) - can kill prostate cancer cells, without damaging the healthy surrounding tissue.

Furthermore, VTP was found to significantly reduce the need for radical therapy, such as the removal or irradiation of the entire prostate.

Lead investigator Prof. Mark Emberton, dean of medical sciences and a consultant urologist at University College London in the United Kingdom, and colleagues recently reported their findings in *The Lancet Oncology*.

After skin cancer, prostate cancer is the most common cancer in men in the United States, with around 180,890 new cases expected to have been diagnosed in 2016.

For men with localized prostate cancer - cancer that is considered low risk and has not spread beyond the prostate - "active surveillance" is often the first port of call. This is where the cancer is closely monitored through prostate-specific antigen (PSA) tests, digital rectal exams, or prostate biopsies, and it is only treated if it becomes more severe.

If the cancer does worsen, treatment may involve radical prostatectomy - which is the surgical removal of the prostate and nearby tissues - or radiation therapy. These procedures can pose a number of side effects, including bowel issues, urinary incontinence, and lifelong erectile dysfunction.

However, Prof. Emberton and colleagues suggest that VTP could reduce the need for such treatments by combatting prostate cancer in its early stages.

VTP was developed by researchers from the Weizmann Institute of Science in Israel, in collaboration with biotechnology company STEBA Biotech.

The treatment involves the injection of a light-sensitive drug called WST11 - derived from bacteria found at the bottom of the ocean - into the bloodstream. Upon activation with a laser, the drug releases free radicals that destroy cancer cells in the prostate.

For their phase III trial, Prof. Emberton and colleagues enrolled 413 men from 47 treatment sites across 10 European countries, all of whom had been diagnosed with early localized prostate cancer and were under active surveillance.

Of these patients, 206 were randomized to receive VTP, while the remaining 207 patients continued with active surveillance (the control group).

Patients were followed-up for 2 years, undergoing PSA testing and assessment of urinary and erectile functions every 3 months, as well as prostate biopsies at 12 and 24 months.

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At the end of the 2-year follow-up, the researchers found that 49 percent of patients treated with VTP had entered complete remission, compared with only 13.5 percent of patients who received active surveillance.

Additionally, the researchers found that only 6 percent of men treated with VTP required radical therapy, compared with 30 percent of men in the control group. The team also reports that VTP-treated patients were three times less likely to have their cancer progress, and VTP was found to double the average time to progression from 14 months to 28 months.

Noting the side effects of VTP, the researchers report that some men experienced urinary and erectile problems, but these resolved within 3 months of treatment initiation. At 2 years, no significant side effects were present.

The researchers believe that the findings of their phase III trial indicate that VTP is a promising non-surgical approach to the treatment of localized prostate cancer.

"These results are excellent news for men with early localized prostate cancer, offering a treatment that can kill cancer without removing or destroying the prostate," notes Prof. Emberton.

"This is truly a huge leap forward for prostate cancer treatment, which has previously lagged decades behind other solid cancers such as breast cancer.

In 1975 almost everyone with breast cancer was given a radical mastectomy, but since then treatments have steady improved and we now rarely need to remove the whole breast. In prostate cancer we are still commonly removing or irradiating the whole prostate, so the success of this new tissue-preserving treatment is welcome news indeed."

Prof. Emberton points out that prostate cancer can now be identified using magnetic resonance imaging and targeted biopsies, meaning that it is possible to identify men who are most likely to benefit from VTP and therefore deliver more precise therapy.

"With such an approach we should be able to achieve a significantly higher remission rate than in the trial and send nearly all low-risk localized prostate cancers into remission," he adds.

"We also hope that VTP will be effective against other types of cancer - the treatment was developed for prostate cancer because of the urgent need for new therapies, but it should be translatable to other solid cancers including breast and liver cancer."

While VTP is currently being reviewed by the European Medicines Agency for the treatment of prostate cancer, the researchers say that it is likely to be a number of years before the therapy becomes widely available.

Scientists Discover Why Some Cancers May Not Respond to Immunotherapy

Reprinted from ***Medical Express*****,** February 7, 2017

UCLA scientists have discovered that people with cancers containing genetic mutations JAK1 or JAK2, which are known to prevent tumors from recognizing or receiving signals from T cells to stop growing, will have little or no benefit from the immunotherapy drug pembrolizumab. This early-stage research has allowed them to determine for the first time why some people with advanced melanoma or advanced colon cancer will not respond to pembrolizumab, an anti-PD-1 treatment. The study was conducted over a two-year period and used biopsies from people with melanoma and colon cancer who received pembrolizumab. The researchers also studied the effects of genetic mutations in 48 previously studied melanoma cells lines.

For more information, go to**:** **https://medicalxpress.com/news/2017-02-scientists-cancers-immunotherapy.html?utm_source=nwletter&utm_medium=email&utm_campaign=daily-nwletter**

PCSANM *Lifeline* Newsletter
April 2017

Celebrating 25+ years of supporting men

Prostate Cancer Support Association
of New Mexico, Inc.
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Chairman's Report April 2017

It has been a busy quarter for PCSANM with much good news. I would like to thank the Board for all their support during my transition to Chairman. Our meetings are energetic and productive and everyone associated with PCSANM should be proud of the efforts by our volunteers. We have completed the first phase of our re-write of our mission/vision and have started implementing actions toward our goals. This includes expanding our office presence with the hiring of Ann Weinberg as our administrative assistant. We believe she will help us get better organized and free the board up for more outreach. We have already seen increased opportunity for outreach with meetings scheduled with medical professionals and presentations at civic/community groups. Getting the word out will help us help more men and their caregivers. And speaking of getting the word out, two of our member volunteers have completed updating and organizing our library and have added some new titles. Now that the office will be open more days there should be no excuse for not coming in and checking out a title. But don't despair, there are plenty of other volunteer opportunities that you can help us with and we can find a perfect place for you.

As far as educational/support opportunities go besides our bi-monthly meetings, our next annual conference planning is well underway and the date is November 4th. We have chosen a theme and have already secured some of the speakers. More information will be forthcoming. In addition I have completed training to lead Cancer Thriving and Surviving workshops to help cancer survivors and their caregivers better cope with and actually thrive beyond their cancer. The workshop was designed by Stanford University and has a proven track record at helping people. There is a flyer inside this newsletter announcing the next workshop dedicated to just prostate cancer survivors. Check it out.

Steve Deming