

Prostate Cancer Support Association of New Mexico



LIFELINE

PCSA Quarterly Newsletter

January 2011 Volume 18, Issue 1

Issue Highlights

Laser May Reduce Prostate Surgery's Sexual Side Effects	1
Dr. Lindberg's Report	3
Male-Pattern Baldness and BPH: What's the Connection?	4
Advice on Taking Aspirin	5
Phytotherapy for BPH?	5
HIFU Knocking Out Recurring Prostate Cancer	6
PDT: Power of Light for PC	6
Talking About CyberKnife	7
How Does Vitamin D Affect the Prostate?	7
Slowing BPH	7

We now have a new website address and e-mail. www.pcsanm.org
pchelp@pcsanm.org

TIDBITS

Jameson On Immediacy
"the only way to live is to accept each minute as an unrepeatable miracle, which is exactly what it is: a miracle and unrepeatable."

Storm Jameson, writer

Descartes On Regulations

"A state is better governed which has few laws, and those laws strictly observed."

Renee Descartes, philosopher

Laser May Reduce Prostate Surgery's Sexual Side Effects

5 August 2010

New York-Presbyterian/Columbia Urologic Surgeons Reports

Newswise - One of the challenges of prostate cancer surgery is removing the cancer-affected gland without side effects. The procedure is estimated to cause long-term sexual dysfunction in half of men.

Now, new published research by urologic surgeons at New York-Presbyterian Hospital/Columbia University Medical Center presents evidence that a new laser technology used with robotic prostate cancer surgery may reduce the risk of damaging the crucial nerves necessary for erections and urinary continence.

"The precision of movement available through robotic surgery is already helping reduce the risk of sexual side effects, and the early evidence is that CO2 lasers will help us be even more accurate - especially when preserving the sensitive nerve areas necessary for sexual function and urinary continence," says Dr. Ketan Badani, director of robotic urologic surgery at New York-Presbyterian Hospital/Columbia University Medical Center and assistant professor of urology at Columbia University College of Physicians and Surgeons.

CO2 lasers are widely used to treat cancer in the head and neck. A new, flexible, fiber-based delivery system is now making the treatment approach possible with robotic prostate cancer surgery.

In the procedure, Dr. Badani uses the robotic instrumentation to remove the patient's prostate. This process is aided by the laser, which is used to dissect the plane between the nerves and the prostate, freeing the nerves and preserving them.

"Traditionally, we cut, clip or cauterize the tissue around the prostate nerves. However, these techniques can cause irreversible damage due to traction or heat injury," explains Dr. Badani. "The CO2 laser may reduce this risk because it is low-heat and doesn't require much manipulation of the nerves."

The new study describes the use of the laser in 10 cases. It reports that the technology is easy to manipulate and very accurate. Patients experienced a return of urinary continence better than the norm, something the researchers found "extremely encouraging." Future research will determine if the technology can improve outcomes with regard to the ability of men to sustain an erection, and its long-term ability to prevent cancer recurrence.

Holmes on Communication

"It is the province of knowledge to speak, and the privilege of wisdom to listen."

Oliver Wendell Holmes Sr., Physician

On Possibilities

"The Positive thinker sees the invisible, feels the intangible and achieves the impossible."

Author Unknown

FOUNDER Rae Shipp
Director Joseph Nai

Board Members

Chairman of the Board	Legislative Outreach
Bob Wood	Derald McPherson
	Jan Marfyak
Finance Committee	
Marian Bruce	Buddies Care
	Leonard Carter
Outreach	
Tom Davis	Fundraiser
Lou Reimer	Howard Banks

PCSA Contacts Around the State

City	Contact	Phone
Carlsbad	John Driscoll	(575) 393-0935
Clayton	Richard Gonzales	(575) 374-9191
Clovis	Kim Adams	(575) 769-7365
Deming	Martin Levy	(575) 544-0610
Grants	Dorie Sandoval	(505) 285-3922
Las Cruces	Ed Fernandez	(575) 522-1095
Los Alamos	Donald Keigher	(505) 662-0652
Silver City	David Schwantes or Walt Hanson	(575) 388-2331 (575) 388-1817
Socorro	George Austin	(575)835-1768

PCSA Lifeline

A quarterly newsletter addressing issues of prostate cancer

Months Published

January
April
July
October

PUBLISHER

The Prostate Cancer Support Association of New Mexico, Inc.
909 Virginia NE, Suite 109
Albuquerque, NM 87108

(505) 254-7784

(505) 254-7786 Fax

In New Mexico, Call Toll Free
(800) 278-7678

E-MAIL

pchelp@pcsanm.org

VISIT OUR WEB SITE

<http://www.pcsanm.org>

LENDING LIBRARY

Open to all

EDITOR/

MEETING FACILITATOR

Joseph Nai

GRAPHIC DESIGN/ EDITOR'S ASSISTANT

Kristie Gray

DISCLAIMERS

The PCSA of New Mexico gives medical information and support, not medical advice. Please contact your physician for all your medical concerns.

PC SUPPORT GROUP MEETINGS

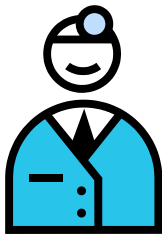
Support Meetings are usually held on the first and third Saturday of each month at 12:30 PM. We meet at the Bear Canyon Senior Center, located at 4645 Pitt NE (on Eubank go one block north from Montgomery - Right (East) on Lagrima De Oro - Left (North) on Pitt to Senior Center).

Please call ahead to verify time and dates.
254-7784 or (800) 278-7678

In Memory of

Franklin Dibble
Paul Harms
Carl Porter

With Deep Sympathy and Regret,
We List These Names



Dr. Lindberg's Report: Health News

Dr. Peter Lindberg

Abiraterone (which we've heard about for years) will probably receive FDA approval by September 2011. This drug blocks an enzyme

that controls production of male hormones by the adrenal gland. There are few side-effects of the drug which comes in tablet form to be taken orally. On October 10, 2010 in Milan, Italy, a large phase 3 trial reported that abiraterone, when given to men for whom chemotherapy and hormone therapy had failed, significantly prolonged survival. As of today when taxotere chemotherapy and a second chemotherapy (Jevtana) do not work, no treatment is proven to work. I am negotiating with Johnson and Johnson Pharmaceutical Company to make abiraterone available to New Mexico men with who chemotherapy has failed. Dr. Mark Scholz is able to prescribe the medication if you meet the qualifications (which are somewhat strict but include failure of hormones and chemotherapy in your particular case and normal liver and kidney tests). So, until I receive access, please contact Jennifer at Prostate Oncology Specialists to schedule an appointment with Dr. Scholz or Dr. Lam, phone-(310) 827 – 7707 ext. 32. Please go to clinicaltrials.gov to see if you meet qualifications:

<http://www.clinicaltrials.gov/ct2/show/NCT01217697?term=abiraterone&rank=11>

You must travel to California for this. **More news** (and I thought this was already settled) - The FDA has refused to approve Proscar, also known as Finasteride for prevention of prostate cancer because "Proscar may increase more serious high risk Gleason 7,8,9,10 cancer." Even though Proscar cut prostate cancer diagnosis by 25% from a report in the Associated Press. In a previously reported phase 3 clinical trial, men with a PSA of less than 3 were enrolled and no biopsies were done on them because it was presumed that a PSA of less than 3 ruled out prostate cancer. WRONG!!! Therefore, in the first year of the study, men taking Proscar had more high risk cancer found in the Proscar group. However, in years 2-7, there was no increase of high risk cancer. Many specialists believe that in the first year of therapy, Proscar shrinks the gland, making it easier to feel lumps and thereby getting an earlier diagnosis. In another trial using Avodart, all men had a biopsy before going on the study. This very similar drug produced no increase in

Gleason 7,8,9, or Gleason 5+5 cancers AND again cut overall prostate cancer risk by almost 25%. I am very interested in this debate because I prescribe Proscar (finasteride) as part of triple therapy® and as maintenance treatment when off Lupron (or Firmagon) and Casodex (bicalutamide). Also I recommend Avodart as prevention to men with a higher risk of getting prostate cancer (strong family history).

MORE NEWS - A lead article and editorial in the *Journal of the American Medical Association (JAMA)* December 1 issue, it confirms the benefit of active surveillance rather than a radical prostatectomy or some form of radiation for men with low risk, ie. Gleason 3+3, PSA less than 10, no or small lump (T2a), no more than 3 cores positive and less than 50% involvement of any core. In the decision analysis for a 65-year old man, active surveillance gave 11.07 quality adjusted life years versus 10.23 quality adjusted life years with immediate (We Gotta Get It Outta There RIGHT NOW) surgery. The editorial did discuss the anxiety associated with active surveillance and did say "individual patient preferences must be carefully considered" and play a central role in the decision whether to start treatment right away. I think urologists and primary care physicians should always discuss this option when the patient meets the above criteria.

And More - December 2010 issue of *The Journal of Urology* reports on hormone resistance and methods of giving Lupron (also Zoladex, etc.). Giving repeat shots of Lupron based on testosterone level rather than just giving one every 3 or 4 months allowed cancer to be controlled longer. Men do not die of prostate cancer as long as hormones work. I believe we should measure testosterone and aim for less than 20. However, I feel that Firmagon is a better choice than Lupron. See my report in the October 2010 *Lifeline* newsletter.

Finally, I highly recommend reading *Invasion of the Prostate Snatchers* by Scholz and Blum before having your prostate removed, the prostate of a special loved one or good friend, or even if your prostate is HISTORY. Happy New Year.

Shula On Responsibility

"The superior man blames himself. The inferior man blames others."

Don Shula, football coach

Arendt On Action

"In order to go on living, one must try to escape the death involved in perfectionism."

Hannah Arendt, author

2011 Fundraising Walk

We will be holding our 2nd Walk and at this time, it is in the planning stages. Our first Walk (June 12, 2010) had 400+ walkers come out, we had some great sponsors, and super support from Channel 7 and Joe Diaz. However, the costs to profit ran about 50%. For our first Walk, that is considered a success by event promoters.

Now that we kind of know what we are doing and we have an early start, the board and I are coming to you, our members, for all types of help. Our goal is to have 1,000 walkers and end up with a profit of at least \$30,000. Can we accomplish our goal? Yes! With your help.

What help do we need?

1. Would you or do you know someone who would be a financial sponsor? All sponsors, big and small, are needed.
2. We will again have a raffle table. Do you know a company that would contribute something - dinner tickets, shoes, bicycles, fruit basket, etc.
3. Very important part - get the word out that the Walk is taking place and sign people up - it is a little early for signing up but we have to get the word out so people can save the date (we'll post it as soon as we can).
4. On the day of the Walk, we will need people at the park helping with set up, registration, etc. Call 254-7784 and we will add you to the list.

We have some 700+ members in our data base. Just think if all 700 members just signed up 2 people, we would have reached our walking goal plus 400 more.

If the breast cancer ladies can raise hundreds of thousands of dollars on their Runs, the children's hospital can raise \$400,000, why can't we? WE CAN - I'm counting on all of you to make this year's Walk a BIG success.

Our support list has started with:

Legacy Church
Car Crafters
McDonald's of Taos
New Mexico Bank & Trust
Robert & Elisa Hufnagel Fund

Male-Pattern Baldness and BPH: What's the Connection?

*3 November 2010
Johns Hopkins Health Alert*

According to Spanish researchers, screenings for urinary symptoms in men with androgenetic alopecia (AGA, more commonly known as male-pattern baldness) could help with earlier identification of those who could benefit from treatment to prevent benign prostatic hyperplasia (BPH) and lower urinary tract symptoms (LUTS). Their rationale: Men with male-pattern baldness have higher than normal levels of 5-alpha-reductase, the chemical that converts the male hormone testosterone into dihydrotestosterone, the active form of male hormone within the prostate.

Male-pattern baldness, which accounts for almost all hair loss in men, results from a genetic malfunction that causes hair follicles to become more susceptible and shrink in the presence of dihydrotestosterone. Over time, the affected hair follicles stop producing hair. The chemical 5-alpha-reductase also plays a key role in the development of BPH. When testosterone is converted to the more potent dihydrotestosterone by 5-alpha-reductase, it can cause the prostate to enlarge, eventually leading to BPH and LUTS.

Prostatic enlargement that causes lower urinary complaints is often treated with finasteride (Proscar), a 5-mg dose taken daily which blocks 5-alpha-reductase and very slowly starts to shrink the prostate. Men with complaints of male pattern baldness are also treated with finasteride (Propecia), but in a 1-mg dose that effectively lowers dihydrotestosterone levels in the scalp by as much as 60% when taken daily, helping to stop hair loss in more than 85% of the men who use the drug.

With the link between male pattern baldness and BPH noted, the Spanish researchers wanted to know if the balding men also had signs of BPH, even though they may not have noticed symptoms. So they enrolled 30 men with early-onset male pattern baldness and compared several variables with a control group of men who had full heads of hair.

What they found through ultrasound examinations was that the balding men had prostates that were 34% larger than those of the men with full heads of hair; that their urine flow was 32% less; their prostate symptom scores significantly higher, and PSA scores also higher. All of these factors led the researchers to conclude that the balding men had early-stage BPH - and they didn't know it.

This study suggests that patients with male-pattern baldness should talk with their doctors about any urinary symptoms they may be experiencing so they can take preventative measures.

Advice on Taking Daily Low-Dose Aspirin

Johns Hopkins Health Alerts
30 November 2010

A daily low-dose aspirin (75 to 162 mg/dL) is recommended for men ages 44 to 79 to prevent heart attack and for all women ages 55 to 79 to prevent a stroke except for those who are at risk for gastrointestinal bleeding. Aspirin blocks thromboxane, a chemical produced by blood platelets that causes them to clump together. The clumping action of platelets is crucial - it stops you from bleeding to death - but too much of it causes blood clots, which can lead to heart attack and stroke. Aspirin reduces the risk of this happening by about 25 percent, but some people's blood platelets don't respond actively to aspirin, a phenomenon often referred to as aspirin resistance.

Your response to aspirin can be measured by a simple blood test or urinalysis of thromboxane levels (high levels indicate that aspirin is less effective), but it's not clear which levels constitute resistance. In fact, some people may derive a lot of benefit from aspirin even with an apparently poor response. Thus, many experts aren't sure that testing for aspirin resistance is a good idea. Moreover, resistance may not always be the reason that aspirin fails. Some research suggests that resistance may actually be the result of noncompliance - people forgetting to take their aspirin regularly or taking aspirin along with other nonsteroidal anti-inflammatory drugs (NSAIDs), which reduce the anti-clotting effects of aspirin. Finally, it's very difficult to separate aspirin resistance from the other factors that can lead to a heart attack or stroke in those who take aspirin. These include uncontrolled high blood pressure, high cholesterol levels, and smoking.

Some tips for getting the most out of your aspirin: Avoid taking other NSAIDs such as Advil or Motrin eight hours before or one-half hour after taking aspirin. Consider taking non-coated aspirin instead of enteric-coated aspirin, which may be less effective. If non-coated aspirin upsets your stomach, talk to your doctor about raising your dose of enteric-coated, but never take more aspirin on your own. Aspirin increases the risk of gastrointestinal bleeding and damage, especially at high doses.

Chekhov On Perseverance

Any idiot can face a crisis, it's day-to-day living that wears you out.

Anton Chekhov, writer

ADT Increases Risk for Colorectal Cancer

Zosia Chustecka, Medscape Medical News
10 November 2010

Men with prostate cancer who are taking androgen-deprivation therapy (ADT) might be at increased risk for colorectal cancer, according to a new analysis of data from more than 100,000 patients in the United States.

After adjustment for a number of potential variables, there was a 30% to 40% increased rate of colorectal cancer among men who were using ADT, compared with those who were not.

The new finding is reported in the November 10 issue of the *Journal of the National Cancer Institute*. An accompanying editorial suggests that "an elevated risk of colorectal cancer may be an additional consideration to weigh in the risk vs. benefit profile" of this therapy.

ADT is already associated with a risk for heart disease and diabetes, and the US Food and Drug Administration recently mandated that warnings to this effect appear on all these products. This might be related to other adverse effects, the researchers speculate, because hyperinsulinemia and diabetes are known risk factors for colorectal cancer.

Phytotherapy for BPH?

Saw palmetto is the most well-known remedy for BPH, but African plum, trinovin, South African star grass, flower pollen extract, soy stinging nettle, rye pollen, purple cone flower, and pumpkin seeds also are used to manage BPH symptoms, as are supplements of the minerals zinc and selenium. A dietary supplement called beta-sitosterol has shown some benefits in BPH, including improvements in urinary symptoms and urine flow rates. However, well-conducted studies of beta-sitosterol are limited.

In contrast, an analysis of 21 well-conducted studies of saw palmetto (including more than 3,000 men with BPH) found that men taking saw palmetto were 76% more likely to have experienced BPH symptom improvement than men taking a placebo. However, a randomized trial published in *The New England Journal of Medicine* found no significant differences in BPH symptoms among men taking saw palmetto or a placebo. Side effects related to saw palmetto are usually mild and infrequent. They include headache, dizziness, nausea, and mild abdominal pain.

Bottom Line: If saw palmetto is going to work, it usually does so within the first month. Therefore, saw palmetto should be stopped if symptoms do not improve after a month of use. If saw palmetto does relieve symptoms, you may want to continue taking it, but inform your doctor that you are doing so. The typical dose of saw palmetto is 160mg taken twice a day. Supplements that contain at least 85% free fatty acids and at least 0.2% sterols are the most likely to be effective.

High-Intensity Focused Ultrasound (HIFU): Energy Waves Knocking Out Recurring Prostate Cancer

UroToday
21 September 2010

Men with recurring prostate cancer can enroll in a clinical trial at NYU Langone Medical Center that uses high-intensity focused ultrasound (HIFU) - high energy sound waves - to safely destroy prostate cancer cells. Using an incision-less technique, the HIFU probe is inserted into a patient and ultrasound technology is used to target the prostate's cancerous tissue with high energy sound waves, raising its temperature up to 100 degrees Celsius in seconds, effectively vaporizing the prostate cancer. This minimally invasive procedure causes minimal damage to surrounding healthy tissue and has a low risk of side effects such as incontinence and erectile dysfunction. HIFU allows greater precision than radiation therapies and can be used as a primary treatment for prostate cancer. HIFU may be used as a salvage therapy following failed radiation therapy and safely repeated in the event that disease recurs locally. NYU Langone was the first academic site in the United States to begin enrolling men into clinical trials for HIFU and its faculty member serves as the national medical monitor for one of the FDA clinical trials for this technology.

Vascular-Targeted Photodynamic Therapy (PDT): The Power of Light for Localized Prostate Cancer

UroToday
21 September 2010

NYU Langone Medical Center has begun a clinical trial offering vascular-targeted photodynamic therapy to patients with localized prostate cancer. This novel, minimally invasive procedure, uses a light-activated drug to deliver light energy waves by way of laser fibers to destroy prostate cancer cells. This therapy offers the potential to destroy the cancer without making any incision or causing any potentially devastating sexual, urinary or reproductive side-effects. NYU Langone is the first academic medical center to offer PDT.

These are just a few of the many personalized treatment options offered by the Smilow Comprehensive Prostate Cancer Center at NYU Langone Medical Center. The Center, directed by Herbert Lepor, MD, the Martin Spatz Chairman and Professor of Urology, offers a wide range of the latest treatment options for prostate cancer including:

active surveillance, open or robotic prostatectomy surgery, brachytherapy, external beam radiation therapy and cryotherapy.

Legal, Insurance & Paperwork Assistance

The Cancer Services of New Mexico (CSNM) is offering a free LIPA Program. It is the only program in New Mexico, and one of the few in the U.S., providing comprehensive assistance with cancer-related legal, insurance, and paperwork issues. The program has four major elements:

- (1) **LIPA Clinics**, where teams of volunteers with expertise in legal, insurance, and paperwork issues provide individualized advice to clients in private sessions. Clinics are held in Albuquerque on the first and third Thursdays of each month. Individuals outside the Albuquerque area can receive assistance via our toll-free dial-in service.
- (2) **LIPA Referral Program**, through which we refer clients to other organizations that can provide direct support/assistance with their issues.
- (3) **Cancer Treatment Organizers (CTOs)**, free recordkeeping tools designed by a cancer survivor that offer patients and their loved ones a simple system for keeping their cancer-related records organized and easily accessible.
- (4) **LIPA Website - www.NMCancerHelp.org**, which provides links to a wealth of resources to assist cancer patients/survivors with legal, insurance, and financial issues, along with other cancer-related resources.

We have brochures at the office if you want more information or you can call (505) 999-9764/(888)668-2766 and talk to Stephanie Michnovicz at the CSNM.

People Living Through Cancer Update

PLTC is back. They will reassume their old name and have declined affiliation with any other national organization.

The PLTC staff:

Beth Brown - Executive Director

Renee Dodson - Administrative Assistant

Mary Ellen Kurucz - Program Director

If you are looking for help and information, call 505-242-3263. Address: 3401 Candelaria NE Ste A, Albuquerque, NM 87107. pltc.org

Talking About CyberKnife

Johns Hopkins Health Alerts
1 September 2010

CyberKnife is a type of conformal beam radiotherapy that uses implanted “seeds” in the prostate to guide and adjust the accuracy of the beam in real time during surgery. The expectation is that this will improve precision in beam delivery due to small adjustments and changes in position during treatment, and can allow for a greater, more accurate concentration of the beam to the prostate than might be available by other methods.

Like many new forms of treatment, this therapy raises expectations that prostate cancer outcomes will be improved and complications will be reduced, but this has yet to be determined. The CyberKnife hasn’t been around long enough for its effectiveness in prostate cancer treatment to be confirmed.

Like brachytherapy (seed radiation implants), CyberKnife relies in part for its accuracy of radiation delivery on target seeds that are placed by hand into the prostate, using needles and guidance systems. Conventional external beam radiotherapy relies only on CT-guided images for accuracy. The need to place seeds by hand into the prostate introduces a potential for error that is dependent on the experience and skill of the person placing the seeds.

In general, it takes a long time to prove the value of any new technology in medical care, but the public - and many members of the medical profession - are often quick to embrace new technology and make bold claims for its effectiveness.

Slowing BPH with Combination Drug Therapy

Johns Hopkins Health Alerts
15 June 2010

Although taking just one drug may relieve symptoms of benign prostatic hyperplasia (BPH) in the short term, studies have found that a combination of two drugs is better at slowing the progression of the condition. Progression is a serious problem because it can lead to an inability to urinate and the need for surgery.

The Medical Therapy of Prostatic symptoms (MTOPS) study showed that combining the 5-alpha-reductase inhibitor finasteride (Proscar) with the alpha-blocker doxazosin (Cardura) was more effective than either drug alone in reducing the risk of BPH progression and improving BPH symptoms at four years in men with BPH ranging from mild to severe.

Now the most recent results from the Combination of

Avodart and Tamsulosin (CombAT) study show good results with a different combination. In this study, published in *BJU Internations*, combination therapy with the 5-alpha-reductase inhibitor dutasteride (Avodart) and the alpha-blocker tamsulosin (Flomax) is better than either agent alone for improving quality of life and patient satisfaction with treatment. The men in this study had prostate enlargement with moderate to severe BPH symptoms and have been followed for two years so far.

How Does Vitamin D Affect the Prostate?

Johns Hopkins Health Alerts
24 June 2010

Vitamin D is the only vitamin that’s also a hormone, the only vitamin that under ideal circumstances you wouldn’t have to get from food or supplements. Your body manufactures vitamin D when your skin is exposed to the sun.

A growing body of evidence suggests that vitamin D isn’t beneficial only for bone health. It also may reduce the risk of certain cancers - including cancers of the prostate, colon, breast, and ovaries - and help prevent or even treat osteoarthritis, rheumatoid arthritis, and multiple sclerosis.

Vitamin D has both of the key mechanisms we look for in anti-cancer compounds. In our laboratory research, vitamin D has been shown to induce significant growth arrest of prostate cancer cells and to promote their death, which is called apoptosis.

While no animal studies I am aware of show complete cure of prostate cancer with vitamin D therapy, demonstrations of significant delay in cancer cell growth, delay in the progression of tumors, and prolonged survival in animals undergoing vitamin D treatment have all been completed and confirmed. This work has described the potential of vitamin D in prostate cancer therapy.

How much do you know about Vitamin D? Take this short quiz and see how much you know about the “sunshine vitamin.”

True or False?:

1. The latitude you live in can make you deficient in vitamin D.
2. Cod liver oil is the best source of vitamin D.
3. Yogurt and cottage cheese are good vitamin D sources.

Answers:

1. **True.** In the northern U.S. and Canada, there isn’t enough sunlight in the winter months to stimulate human skin to manufacture vitamin D.
2. **False.** Certainly very high in vitamin D, but poses health problems because it may contain contaminants.
3. **False.** Yogurt and cottage cheese have no vitamin D. They are not made from fortified milk.

PCSA *Lifeline* Newsletter

January 2011

Prostate Cancer Support Association
of New Mexico, Inc.
909 Virginia NE, Suite #109
Albuquerque, NM 87108

NON-PROFIT
ORGANIZATION
US Postage
PAID
Albuquerque, NM
Permit #856

RETURN
SERVICE
REQUESTED

Chairman's Corner

I want to take this column to say, in large print, a heartfelt THANK YOU to all our members for their support through this past year. And the same to the Board of Directors who have humored me these last 12 months and labored long and hard to keep this organization so viable and important to the men and families of New Mexico. A very special THANK YOU to our Director, Joe Nai, and his most capable assistant, Kristie Gray. Without them, there would not be a PCSANM.

A Very Merry Christmas and Fabulous New Year to ALL,



Robert Wood, Chairman, PCSANM