Prostate Cancer Support Association of New Mexico

LIFELINE

Celebrating 28 years of supporting men and their families

PCSANM Quarterly
October 2019
Volume 26, Issue 4

Issue Highlights

Our website address:
www.pcsanm.org

Email us:
pchelp@pcsanm.org

Support Meetings:

PCSANM meets 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 or 5, at the west end of the building. Meetings are usually the first and third Saturdays of the month from 12:30-2:45 pm. Map is at **http://binged.it/1baQodz**

PCSANM will hold its eighth annual, free conference from 9 a.m. to 5 p.m. on November 9, 2019 at Sandia Preparatory School in Albuquerque. We have a great lineup of speakers (see full program page 3) and encourage you to attend. Please pre-register by calling PCSANM's office at 505-254-778 or by visiting our website at www.pcsanm.org (those who pre-register will be given a coupon for a free breakfast burrito at the conference). Although pre-registration is encouraged, same-day registration will also be available.

The conference doors will open for registration at 8 a.m. We are expecting to have many exhibitors present with products and services of interest to prostate cancer patients and caregivers.

Lunch will be available for a modest charge on site prepared by the Sandia Prep staff.

We're excited by the lineup and we know you won't want to miss this year's conference.

Special thanks to Presbyterian Healthcare Services for their generous support of this newsletter.

Board Members

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Silver City	Herb Trejo	(575) 574-0225 C (575) 538-3522 H

In Memory of

With deep sympathy and regret, we list these names:

Robert Ingalls

Carl Koestner

William Silva

DISCLAIMERS:

PCSANM gives education, information and support, not medical advice. Please contact your physician for all your medical concerns.

Articles are selected from a variety of sources to give as wide a range of content as possible.

PCSANM does not endorse or approve, and assumes no responsibility for, the content, accuracy, or completeness of the information presented.

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A quarterly newsletter addressing issues of prostate cancer

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Ann Weinberg

Annual PCSANM Conference:

November 9, 2019

"What's New for Diagnosis and Treatment for Prostate Cancer"

Put this great event on your calendar!

PCSANM is proud to present our eighth annual, free conference to be held from 9 a.m. to 5 p.m. at Sandia Preparatory School in Albuquerque.

9:00–9:15 — Welcome, Intro to Morning Moderator (Joe Diaz, Action 7 News**):**
Steve Denning, PCSANM Board Chairman

9:15–10:15 — Supplements—What Works and What Doesn't:
Mark Moyad, MD, University of Michigan and Prostate Cancer Research Institute

10:15–10:30 — Break

10:30–11:15 — Cancer Care in the Current Health Ecosystem:
Barbara McAneny, MD, President of American Medical Association

11:15–12:15 — Updated Treatments for Castration-Resistant Prostate Carcinoma (CRPC):
Pranshu Bansal, MD, New Mexico Cancer Center

12:15–1:15 — Lunch Break

1:15–1:30 — Intro to Afternoon Moderator (Thomas Schroeder, MD, UNM Comprehensive Cancer Center)
Steve Denning, PCSANM Board Chairman

1:30–2:30 — Axumin: Mark Depper, MD, X-Ray Associates of New Mexico

2:30–2:45 — Break

2:45–3:45 — New Diagnostic Tools and Treatments for Initial Stages of Prostate Cancer:
Speaker TBA, Lovelace Urology

3:45–4:30 — PSMA Trial and Radiopharmaceuticals:
Gregg Franklin, MD, New Mexico Cancer Center

4:30–4:45 — Thanks/Closing Remarks: Steve Denning

Grand Rounds in Urology: April 11, 2019, https://grandroundsinurology.com/progress-in-prostate-cancer-grading/

Progress in Prostate Cancer Grading

By M. Scott Lucia, MD

Summary:

M. Scott Lucia, MD, reviews the historical utilization of the Gleason grading score as an indicator of prostate cancer prognosis and the refinements the system has undergone to improve predictive accuracy. He examines changes to the grading of cribriform carcinoma, as well as an improved 5-tier grade classification system.

Abstract:

Dr. Don Gleason developed, validated, and refined the Gleason grading system for prostate cancer during the 1960s and 70s. Since that time, the Gleason grading system has proved to be one of the most important prognostic factors for prostatic carcinoma.

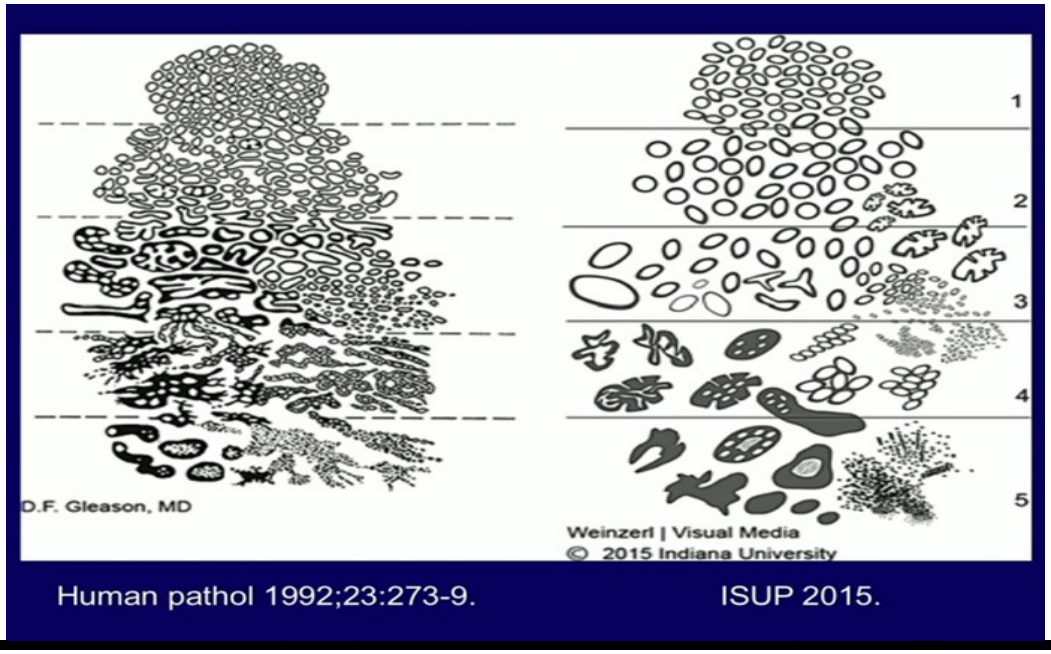
The Gleason system relies on the architectural characteristics of the neoplastic glands and their degree of invasiveness to determine grade. The system uses 5 tiers of increasing aggressiveness. As tumors often present more than one grade pattern, the system historically combines the two most prevalent patterns, or doubles the pattern if only one is present, into an overall Gleason score (GS) ranging from 2 (1+1) to 10 (5+5). Experience has shown that the relative amount of patterns 4 and 5 in a tumor affect its aggressiveness.

In two consensus conferences of the International Society of Urologic Pathologists (ISUP), in 2005 and again in 2014, over 80 genitourinary pathologists from around the world met to further refine the grading system. These conferences addressed issues with the Gleason system, such as problems with patterns 1 and 2 largely proving to be benign, improving the separation of patterns 3 and 4, the grading of certain variants of cancer, and reporting issues. Although these changes resulted in a shift towards higher tumor grades, the prognostic power of the Gleason system improved.

In 2014, with accumulating data, the ISUP recognized that cribriform carcinoma represents an aggressive cancer corresponding to Gleason grade 4.

The ISUP also endorsed an improved 5-tier grade classification that groups GS≤6, 3+4, 4+3, 8, and 9-10 into prognostic grade groups I-V, respectively. This new classification eases understanding to aid with patient counseling. When combined with all grading refinements, multiple studies have validated this classification to have excellent prognostic significance.

(*The reader is recommended to access the presentation on the web and see the rational for much of the new simplified ISUP Prostate Cancer Grading system)*



Newswire: May 9, 2019

A New Method to Select the Right Treatment for Advanced Prostate Cancer

Researchers at Karolinska Institutet in Sweden have identified blood-based biomarkers that may determine which patients will benefit from continued hormonal therapy for advanced prostate cancer. The results are published in the journal JAMA Oncology. The researchers envision that this discovery may eventually result in a test that contributes to a more personalized treatment of the disease.

Prostate cancer is the most common male cancer in Sweden. Approximately one in four will be diagnosed with or progress to metastatic prostate cancer. Initial systemic hormonal treatment works well for most patients with metastatic prostate cancer. But over time, the tumour develops resistance, resulting in metastatic castration-resistant prostate cancer (mCRPC).

A continued hormonal treatment for the mCRPC condition with drugs such as Zytiga (abiraterone acetate) and Xtandi (enzalutamide) provides additional clinical benefit, however not all patients respond to these treatments. Thus, in order to avoid unnecessary side effects and pharmaceutical expenses, it is necessary to identify those men who will benefit from the medicines before treatment is started.

This problem is now closer to being resolved through new results by researchers at Karolinska Institutet.

“Our method can identify patients who are likely to have a poor outcome to these treatments and therefore should be offered other alternatives, if available,” says lead author Bram De Laere, postdoc at the Department of Medical Epidemiology and Biostatistics.

The researchers’ methodology is based on an analysis of prognostic biomarkers, with known associations with therapy resistance, in the blood of patients with mCRPC.

In prostate cancer, treatment resistance can be caused by changes in genes such as the androgen receptor (AR) and a gene called TP53. Most often, these resistance markers have been studied on a one by one basis, which has led to conflicting results between independent scientific publications.

Instead, the researchers at Karolinska Institutet have developed a method for investigating all known resistance markers in AR and TP53 simultaneously. This was first done in a larger patient cohort, in a study published last year, where the researchers were able to show that individual markers in AR were not independently associated with outcome, when correcting for clinical characteristics, circulating tumour burden estimates and mutations in TP53.

They now show that in the subset of the patients without TP53 mutations, the number of AR resistance markers can indeed provide independent prognostic information.

“We see that the prognosis is poorest for men with three or more resistance markers in AR,” says Johan Lindberg, researcher at the Department of Medical Epidemiology and Biostatistics at Karolinska Institutet, and senior author of the study. “This suggests that patients with a normal TP53 gene, without or with a small number of AR resistance markers would benefit more from continued hormonal treatment with medicines such as Zytiga and Xtandi.”

Consequently, the research group is introducing a new concept, the AR-burden - a measure of the number of treatment relevant changes in the AR gene.

The researchers are now working on improving their method of measurement and validating it retrospectively in patients recruited during the recently initiated ProBio clinical trial (NCT03903835). “Our goal is to create a test that can be used routinely in clinical practice, so that patients can receive more personalized treatment,” says Johan Lindberg.

Medscape: August 13, 2019

Waterjet Ablation Effective for Treating Benign Prostatic Obstruction

By Will Boggs, MD

NEW YORK (Reuters Health) - Waterjet ablation appears promising for relieving benign prostatic obstruction in men with small- to medium-sized glands, according to results from the French Aquablation Clinical Registry.

"Aquablation is a simple robotic procedure," Dr. Vincent Misrai from Clinique Pasteur, in Toulouse, France, told Reuters Health by email. "It seems that the learning curve is very short."

Dr. Misrai and colleagues in the FRANCAIS WATER trial report the perioperative and 12-month functional outcomes of 30 men (median age, 68 years) with small- to medium-sized prostates after aquablation by three different surgeons without previous experience with the technique.

The technique employs real-time image-guided endourological tissue ablation using a high-velocity waterjet controlled robotically.

The median operative time was 30.5 minutes, with an average resection time of four minutes.

During the six-month follow-up, the median International Prostate Symptom Score (IPSS) improved by a mean 15.6 points (from 18.5 points at baseline to three points at follow-up), the researchers report in European Urology, online July 4.

These improvements persisted at month 12.

Maximum urinary flow (Qmax) and postvoid residual (PVR) also showed significant improvement at 12 months, especially among men with an elevated PVR at baseline.

Erectile function, as measured by the International Index of Erectile Function (IIEF), decreased slightly or remained stable over time.

Eight men (26.7%) had ejaculatory dysfunction at follow-up, but there were no reports of incontinence, erectile dysfunction, or retreatment for BPH symptoms.

“One has to keep in mind that the more the urologist will relieve the prostatic obstruction, the more durable will be the urinary improvement, but to the detriment of ejaculatory function," Dr. Misrai said. "More and more patients want nowadays to balance between lower-urinary-tract symptoms (LUTS) and sexuality when the time comes for the surgery."

"Further data are needed to confirm the findings of the present report," the researchers caution.

Dr. Peter Gilling from Tauranga Hospital, in Tauranga, New Zealand, who has also reported his experience with aquablation of the prostate, told Reuters Health by email that "it's good for small-to medium-sized prostates. (It has) a minimal learning curve and a short procedure time, and it's safe and effective."

He added that "bleeding remains an issue for large glands," citing a 10% transfusion rate in glands larger than 80 g in another study.

PROCEPT BioRobotics, which manufactures the Aquabeam system used in the study, funded the research. The authors report no conflicts of interest.

Special thanks to Presbyterian Healthcare Services for their generous support of this newsletter.

Medscape: May 10, 2019

Worse Prostate Cancer Outcomes with 5 Alpha-Reductase Inhibitors

By Will Boggs, MD

NEW YORK (Reuters Health) - Treatment with 5-alpha-reductase inhibitors (5-ARIs) is associated with shorter time to diagnosis and worse mortality in prostate cancer, according to findings from Veterans Affairs electronic health records.

"5-ARIs like finasteride and dutasteride (*Proscar and Avodart, ed.)* reduce the PSA by about 50%," Dr. Brent S. Rose, from the University of California, San Diego in La Jolla, told Reuters Health. "It is very important to adjust the PSA for men on 5-ARIs to avoid the possibility of delayed prostate cancer detection."

5-ARIs, commonly used to treat benign prostatic hyperplasia (BPH), reduce prostate volume and relieve urinary outflow obstruction. These medications depress serum PSA concentrations, but there are no data on the association of 5-ARI use with prostate cancer detection and outcomes among men who participate in prostate cancer screening.

Dr. Rose and colleagues used data from the Veterans Affairs Informatics and Computing Infrastructure to test their hypothesis that 5-ARI-induced PSA suppression may lead to delays in prostate cancer diagnosis, higher grade and stage at diagnosis, and higher risk of prostate cancer-specific mortality.

The study included 80,875 men who participated in prostate cancer screening, 8,587 (10.6%) of whom were prescribed 5-ARIs at least one year before prostate cancer diagnosis (median treatment duration before diagnosis, 4.85 years).

The median delay from first elevated (adjusted) PSA to prostate biopsy was significantly longer among 5-ARI users (3.60 years) than among those taking alpha-blockers (2.11 years) or those taking neither alpha-blockers nor 5-ARIs (1.17 years), according to the May 6th JAMA Internal Medicine online report.

The unadjusted PSA was similar (but statistically different) between 5-ARI users (6.8 ng/mL), alpha-blocker users (6.4 ng/mL), and users of neither (6.4 ng/mL), whereas the adjusted PSA was approximately twice as high in the 5-ARI group (13.5 ng/mL) as in the other groups (6.4 ng/mL for both).

5-ARI users had their prostate biopsy later than 5-ARI nonusers across all age groups after first elevated PSA.

5-ARI users were significantly more likely than nonusers to present with disease that was higher grade (Gleason score, 8-10), clinically T3 or 4, clinically node positive, and clinically metastatic.

The 12-year cumulative incidence of prostate cancer-specific mortality and all-cause mortality were significantly higher among men who received 5-ARIs (13% and 45%, respectively) than among men who received alpha-blockers (8% and 42%, respectively) or those who received neither medication (8% and 36%, respectively).

Increasing the dose intensity of 5-ARI use increased the risk of prostate cancer-specific mortality.

"While PSA screening is somewhat controversial, physicians and patients who choose to pursue PSA screening need to understanding the effects of 5-ARIs on PSA suppression in order to avoid delayed diagnosis and potentially worse outcomes," Dr. Rose said.

New England Journal of Medicine: July 11, 2019

Enzalutamide with Standard Therapy in Metastatic Prostate Cancer

By Ian D. Davis, M.B., B.S., PhD., Andrew J. Martin, PhD., Martin R. Stockler, M.B., B.S., et al

BACKGROUND

Enzalutamide, an androgen-receptor inhibitor, has been associated with improved overall survival in men with castration-resistant prostate cancer. It is not known whether adding enzalutamide to testosterone suppression, with or without early docetaxel, will improve survival in men with metastatic, hormone-sensitive prostate cancer.

METHODS

In this open-label, randomized, phase 3 trial, we assigned patients to receive testosterone suppression plus either open-label enzalutamide or a standard non-steroidal antiandrogen therapy (standard-care group). The primary end point was overall survival. Secondary end points included progression-free survival as determined by the prostate-specific antigen (PSA) level, clinical progression-free survival, and adverse events.

RESULTS

A total of 1125 men underwent randomization; the median follow-up was 34 months. There were 102 deaths in the enzalutamide group and 143 deaths in the standard-care group … Kaplan–Meier estimates of overall survival at 3 years were 80% (based on 94 events) in the enzalutamide group and 72% (based on 130 events) in the standard-care group…

CONCLUSIONS

Enzalutamide was associated with significantly longer progression-free and overall survival than standard care in men with metastatic, hormone-sensitive prostate cancer receiving testosterone suppression. The enzalutamide group had a higher incidence of seizures and other toxic effects, especially among those treated with early docetaxel.

TAKE-HOME MESSAGE - (From Urology Journal, Gautam Jayram, MD)

- It is not known whether adding enzalutamide to testosterone suppression, with or without early docetaxel, will improve survival in men with metastatic, hormone-sensitive prostate cancer. The authors performed a randomized trial wherein 1125 men were assigned to receive testosterone suppression plus either open-label enzalutamide or a standard nonsteroidal antiandrogen therapy. The primary endpoint was overall survival. With a median follow-up of 34 months, overall survival was 80% in the enzalutamide group and 72% (based on 130 events) in the standard-care group. Similar benefits were seen in PSA and clinical progression with enzalutamide over standard therapy. The enzalutamide group had more frequent treatment discontinuation due to adverse events than the standard-care group. Seizures occurred in 7 patients in the enzalutamide group (1%) and in no patients in the standard-care group.

- The authors concluded that enzalutamide in combination with androgen-deprivation therapy (ADT) is superior to ADT plus standard antiandrogen therapy and leads to an improvement in overall survival. Docetaxel-pretreated patients have a higher incidence of adverse events. Further data will need to clarify the optimal sequence and utility of chemotherapy and ADT.

UNM Research Study

Do you have a history of prostate cancer?
Are you 55 years or older?

If you answered yes, then we want to hear from you! You may qualify to take a one-time survey about your health and well-being! Men who qualify to take part in this research study will receive a $25 gift card for completing the survey. Contact Graham at 505-272-5426 or chford@salud.unm.edu for details and to see if you qualify!

New England Journal of Medicine: January 3, 2019

Vitamin D Supplements and Prevention of Cancer and Cardiovascular Disease

By JoAnn E. Manson, MD, Nancy R. Cook, Sc.D., I-Min Lee, Mb, MS, Sc.D, et al

BACKGROUND
It is unclear whether supplementation with vitamin D reduces the risk of cancer or cardiovascular disease, and data from randomized trials are limited.

METHODS
We conducted a nationwide, randomized, placebo-controlled trial, with a two-by-two factorial design, of vitamin D3 (cholecalciferol) at a dose of 2000 IU per day and marine n-3 (also called omega-3) fatty acids at a dose of 1 g per day for the prevention of cancer and cardiovascular disease among men 50 years of age or older and women 55 years of age or older in the United States. Primary end points were invasive cancer of any type and major cardiovascular events (a composite of myocardial infarction, stroke, or death from cardiovascular causes). Secondary end points included site-specific cancers, death from cancer, and additional cardiovascular events. This article reports the results of the comparison of vitamin D with placebo.

RESULTS

A total of 25,871 participants, including 5106 black participants, underwent randomization. Supplementation with vitamin D was not associated with a lower risk of either of the primary end points. During a median follow-up of 5.3 years, cancer was diagnosed in 1617 participants (793 in the vitamin D group and 824 in the placebo group……..). A major cardiovascular event occurred in 805 participants (396 in the vitamin D group and 409 in the placebo group….). ……..No excess risks of hypercalcemia or other adverse events were identified.

CONCLUSIONS
Supplementation with vitamin D did not result in a lower incidence of invasive cancer or cardiovascular events than placebo.

Prostate Cancer Foundation: July 30, 2019

FDA Approves Bayer's Nubeqa (darolutamide), a New Treatment for Men with Non-Metastatic Castration-Resistant Prostate Cancer

PRN Newswire

WHIPPANY, N.J., — The U.S. Food and Drug Administration (FDA) today approved Nubeqa® (darolutamide), an androgen receptor inhibitor (ARi), for the treatment of patients with non-metastatic castration-resistant prostate cancer (nmCRPC). The FDA approval is based on the Phase III ARAMIS trial evaluating Nubeqa plus androgen deprivation therapy (ADT), which demonstrated a highly significant improvement in the primary efficacy endpoint of metastasis-free survival (MFS), with a median of 40.4 months versus 18.4 months for placebo plus ADT. MFS is defined as the time from randomization to the time of first evidence of blinded independent central review (BICR)-confirmed distant metastasis or death from any cause within 33 weeks after the last evaluable scan, whichever occurred first. Nubeqa was approved under the FDA's Priority Review designation.

"Patients at this stage of prostate cancer typically don't have symptoms of the disease. The overarching goals of treatment in this setting are to delay the spread of prostate cancer and limit the burdensome side effects of therapy," said Matthew Smith, M.D., Ph.D., Director of the Genitourinary Malignancies Program, Massachusetts General Hospital Cancer Center. "This approval marks an important new option for the prostate cancer community."

In the U.S., over 73,000 men are estimated to be diagnosed with castration-resistant prostate cancer (CRPC) in 2019. About 40 percent of these patients have prostate cancer that has not spread to other parts of the body and is also associated with a rising prostate -specific antigen (PSA) level, despite a castrate testosterone level, which is known as nmCRPC. This is important: about one-third of men with nmCRPC go on to develop metastases within two years.

Newswire: July 17, 2019

Noninvasive Urine Test Improves Detection of Aggressive Prostate Cancer

By Jouhyun Jeon, MD, et al, Journal of the National Cancer Institute

A team of researchers from UCLA and the University of Toronto have identified a new biomarker found in urine that can help detect aggressive prostate cancer, potentially saving hundreds of thousands of men each year from undergoing unnecessary surgeries and radiotherapy treatments.

Prostate cancer can be easy to diagnose, but classifying patients into risk groups has been challenging. Current tools, which include PSA tests and biopsies, have high error rates and can cause severe health complications such as life-threatening infections. Testing for biomarkers in urine is noninvasive and accurately helps to distinguish slow growing cancers from potentially life-threatening ones.

Under current screening tools, about 25% to 40% of men are diagnosed with clinically insignificant disease, meaning the prostate cancer is slow growing and would most likely not have any significant damaging health effects. Yet, these men often still get treated, which leads to major costs for both the individual and the health care system. An additional 20% to 35% of men with prostate cancer diagnoses don't get enough treatment, and often suffer relapse of the disease.

"We currently do not have accurate biomarkers to help determine the aggressiveness of prostate cancer that are not invasive," said Paul Boutros, director of cancer data science for the UCLA Jonsson Comprehensive Cancer and senior author of the study.

The standard clinical care to determine whether someone has prostate cancer is to undergo a biopsy procedure. A needle is inserted into the prostate and a tiny piece of the prostate tissue, both normal and tumor cells, are removed. But that's invasive and brings all sorts of clinical risks, Boutros said. Another way to detect prostate cancer is with a blood draw, which is less invasive but not always accurate.

The easiest way to evaluate the prostate is to take a sample of the urine, since the prostate will always be shedding things into the urine as part of its natural biology, Boutros said.

Through a multidisciplinary team, the researchers were able to identify a biomarker using the microRNA in urine, which may give physicians insight into how far a tumor has spread and how it may best be treated. These small pieces of RNA that were used to develop the biomarker are involved in prostate cancer development and progression; influence how men respond to treatment; and are detectable in urine, making this detection tool a promising noninvasive option.

"We developed a three-stage experimental strategy that would maximize statistical and data science considerations to give us the best chance of finding a biomarker to predict prostate cancer aggressiveness," said Boutros, who is also a professor of urology and human genetics at the David Geffen School of Medicine at UCLA.

To test the noninvasive application, the team worked with 149 men to create and validate a biomarker to show that it works well and could be used to predict the likelihood of an aggressive prostate cancer. Participants in the study were evaluated for at least three years, allowing researchers to fully understand how their cancer changed over time.

The team found the biomarker was successful in identifying high-risk individuals and it achieved similar accuracy as compared with the invasive tissue -based tests. In the study, the test accurately identified 80% of aggressive cancers. The researchers estimate that about 50% of treatments were unnecessary and could have been avoided by using the noninvasive test.

"What this test does is gives the clinician, the patient and their caregivers confidence in their treatment plan," Boutros said.

Recap of One-on-One Support, Events, and Meetings of Prostate Cancer Support Association of New Mexico June, July, and August 2019

We invite you to review our accomplishments.
If there is a meeting noted below that is of interest, please check with the office to see if a video has been prepared and made available for check-out.

One-on-One Support

PCSANM facilitators provided prostate cancer educational guidance and support on 27 occasions to 24 individuals both over the phone and in person. Ten individuals became members.

Events Attended

June 2 - North Fourth Senior Center Health Fair: Board Member Eli Maestas and member Steve Tannenbaum represented spoke in-depth with 11 individuals.

June 5 - VA Support Group: Board Member Lou Reimer represented PCSANM at this meeting attended by 14 participants.

August 7 - VA Support Group: Board Members Lou Reimer and Dave Turner represented PCSANM at this meeting attended by nine participants.

August 11 - Albuquerque Chapter of the Oncology Nursing Society: Board Member Phil York and member Kevin O'Reilly visited at length with 27 attendees.

Meetings

We held six regular support meetings during this time period. Meetings drew 130 attendees.

June 1 - Luke Norquist, MD, F.A.C.P., Urology Cancer Center and GU Research Network: Advanced Prostate Cancer Clinical Trials (DVD)

June 15 - Evan Ya-Wen Yu, MD, Seattle Cancer Care Alliance: Latest Prostate Cancer Treatments (DVD)

July 6 - Sharing Session: Facilitated by Steve Denning

July 20 - Kathy Ferguson, Medical Financial Advocate: Medical Debt Resolution

August 3 - Tom Kirby, PhD, Lovelace Medical Center: Radiation Treatment– How and Why It Works

August 17 - Mohet Khera, MD, Baylor College of Medicine: Impotency Treatments—From Stem Cell Treatment to the Latest and Greatest in Pills and Potions (DVD)

"On my 70th birthday I was diagnosed with prostate cancer. As anyone who has been given this diagnosis, there was no solace in being told it was slow growing and that I would probably die with prostate cancer rather than from it. If I would have known about PCSANM I would have had some organization to lean on. By chance a few weeks later, I happened to see a PCSANM poster at the "Y." Two weeks later, I got in touch and have been rewarded greatly. By attending bi-monthly meetings and getting involved with individual members I have been given support in the way of information, shared experiences and guidance through the whole prostate cancer journey. One is not alone in this journey. PCSANM will give one hope and support."

— Steve T.

Prostate Cancer Support Association of New Mexico

PCSANM *Lifeline* Newsletter
Celebrating 28 years of supporting men and their families

Prostate Cancer Support Association of New Mexico, Inc.
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Important: Please Read

A Message from the Chairman **October 2019**

NEXT ISSUE CHANGES

In order to save money and time we are reducing our printing and physical mailing of the Lifeline only to those who do not have email addresses on file with PCSANM. Going forward if you do receive email from us you will only receive the Lifeline by email or be able to access it on our website, www.pcsanm.org.

We will continue to print enough copies to distribute at medical facilities and other sites by hand delivery. We don't want to inconvenience anyone so if you want or need to continue to receive a printed copy please notify us at the office by email at pchelp@pcsanm.org, by snail mail at 2533 Virginia St NE Suite C, 87110, or call between 10 a.m. and 2 p.m. Monday through Thursday at 505-254-7784.

We want to continue to provide you with information and education through our newsletter but find we have to keep up with the times. We hope you understand.

Chairman of the Board, PCSANM