



Prostate Cancer Support Association

of New Mexico

Celebrating
29 years of
supporting men
and their families

PCSANM Quarterly
January 2020
Volume 27, Issue 1

LIFELINE

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Our website address:
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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 p.m. Map is at <http://binged.it/1baQodz>



PCSANM Annual Conference a Success

PCSANM's eighth annual free conference, held on November 9, 2019 at Sandia Preparatory School, was in all measures a huge success. One hundred seventy-three attendees, from ten New Mexico counties, came to learn about new developments in prostate cancer diagnosis and treatment. Eighty-six had not attended any previous conferences, nor had they attended any PCSANM meetings. We were gratified that 13 of the newcomers decided to become PCSANM participants and will partake in our meetings and learn more about this disease through our educational efforts.

Favorable responses were received about our speakers. The attendees who returned their evaluation forms were in agreement that the conference was a valuable experience.

Part of the success was due to PCSANM mounting a very aggressive public relations effort. About 60% of the survey respondents became aware of the conference from announcements at our meetings. We were fortunate to be able to get information published in the Albuquerque Journal and announced on radio and TV – about 30% of survey respondents claimed hearing of the conference through these.

Several respondents said they had heard about the conference from other participants encouraging them to attend. If you believe that PCSANM has given you valuable and helpful information, we encourage you to promote our free services.

See pages 5 and 6 of this issue for a summary of the talks.

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

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Jan Marfyak, Secretary

Dave Ball
Rod Geer
Eli Maestas
Lou Reimer
Charles Rowland
Audrey Sniegowski
Phil York

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In Memory of
With deep sympathy and regret, we list these names:

Marian Bruce
Hyman Eisenberg
Irving Hall
John Lippold
Herbie Marsden
Jim Storks

DISCLAIMERS:

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

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

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PCSANM *Lifeline*

A quarterly newsletter addressing issues of prostate cancer

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Lou Reimer

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Marian Bruce

1937-2019

Past PCSANM Chairman

A Remembrance by Bob Wood *(Board Chairman 2005-2012)*

It is with a heavy heart I inform our Association that on November 22, 2019, PCSANM lost a long-time member, supporter, past Board Chairman, and recently, Treasurer. Marian Bruce, or “Bruce” as he preferred, passed peacefully at home in Albuquerque.

After high school Bruce became an apprentice carpenter and worked long hard hours under a hot New Mexico sun for his father. Those conditions prompted him to visit a Navy recruiter who said he could join the Navy, fly airplanes and never lift another hammer. It was an easy decision, “Where do I sign?” That was the beginning of a 26-year Naval career, a 59-year marriage to the love of his life, Dusty, and two children, Sharon and David.

The Navy had interrupted his college plan so after retiring with his gold aviator wings and rank of Captain he returned to the Land of Enchantment and completed his BA and MBA at the University of New Mexico. Next was a second career as Human Services Manager for a local company. Retiring again, he and Dusty traveled the world catching up on months and months of separation that Navy families endure. Back home from their travels he bought a fishing license and boat. A 16-foot outboard skiff is a far cry from life on a carrier but he adapted! He had fished most of the rivers and lakes in New Mexico when a friend introduced him to salmon fishing in Alaska---larger boats, SALT water and big fish, a perfect annual expedition that carried on for 19 years! He was making plans for his 2020 trip when melanoma took its toll. He will be sorely missed by his many friends in New Mexico, comrades in arms and the gang at the Alaska fishing lodge, yours truly included.

Internment was at the National Cemetery at Santa Fe, on December 16, 2019. The membership of PCSANM extends their condolences to the Bruce family and appreciation for his service to our country and this association.

With warmest regards,

Bob Wood

See page 4 for additional remembrances

Remembering Marian Bruce

Editor's Note: Bob's heartfelt personal recollection is a great review of his good friend Marian's personal life. I would like to recognize some of Marian's contribution to PCSANM.

Marian was instrumental in the late 1990's and early 2000's to create the vibrant organization we enjoy today.

In 1997, Marian was diagnosed with prostate cancer and, after learning about PCSANM, was impressed by the help he received from the members in educating him about his choices. He joined the organization. After consultation with our members, he chose brachytherapy treatment for his prostate cancer. It proved to be very effective for Marian. Recognizing the value of our organization and wanting to contribute, he joined the Board of Directors. He undertook the duties of Legislature Chairman. His job was to lobby the legislature on behalf of our organization and to encourage the state to promote prostate cancer education. He was successful in getting a continuation of a grant from the state for that purpose, but it was reduced from previous grants. When the serving Chairman of the Board, Ray Towers, retired in May 1999, Marian volunteered to take that position and continued to serve as Chairman until 2005. Marian remained on the Board and was Legislature Chairman (2005-2009), Finance Chairman (2010-2011), and Treasurer (2012-2014). Marian retired from active participation in the day-to-day work of the organization in January 2014 but remained available for consultation.

Jan Marfyak

I served with Marian shortly after he stepped down from Chairman of the Board. I knew him to be a sort of loveable curmudgeon at times. We were political opposites and he was sure to never let it rest. I suggested that he was that way because he was crazy enough to land a fighter plane on a slippery piece of a carrier deck in the middle of the ocean ... at night. He had great courage and a twinkle in his eyes. I thanked him many times for his service which he shrugged off as nothing important. He will be missed.

Lou Reimer

I was privileged to begin serving on the Board of Directors in 2010 while Marian was very active and exerting a great influence on PCSANM. I can recall his efforts for fundraising resulted in PCSANM conducting two "Walks," one successful and one not too successful. I can remember after the successful walk, in the way of appreciation, Marian gave a very nice BBQ at his home for the folks who worked on the walk.

As the 2008 recession deepened, PCSANM had to reduce services and had to let go the two employees that gave the organization cohesiveness. Marian was instrumental in developing a program for the board members to staff the office thereby continuing our services to the public. Soon PCSANM found itself needing to look for new quarters in 2012. Marian was very instrumental in finding the current offices at 2533 Virginia. He was keenly aware of the additional expense of the new office and helped to make the transition work.

As Chairman between 2012 and 2016, I appreciated his mentorship and guidance.

Summary of talks given at November 9, 2019 PCSANM Conference

Physician Leadership and the Urgency of the Moment in Medicine:

Dr. Barbara McAneny, Immediate Past President of American Medical Association

Dr. McAneny presented a wide ranging review of the current situation of delivery of health care for patients and doctors in the US. Her opening premise was that “health care in America is unsustainable in its current state” and was a call for reform of care delivery in America. Cost is a huge factor and she pointed out that the American system is the most expensive within the developed world. Some of the problems and areas needing reform addressed in her talk included the consolidation of physician practices into hospital groups, drug prices, the role of pharmacy managers, the requirement for prior authorizations by insurers, radiation oncology payments not being realistic compared to costs, the medical home program and many others. Dr. McAneny stated that patients and doctors need to be placed first in the delivery of health care.

The Current Status of Prostate Cancer Diagnosis and Treatment:

Dr. Andrew Grollman, Lovelace Urology

Dr. Grollman touched on many aspects of the process of reaching the best treatment options for each patient – the choice of action is very individualized and needs to be tailored for the patient. He addressed the current practices for diagnosis including some of the latest PSA and genetic tests as well as biopsy and the Gleason score. He also talked about the controversy surrounding screening and came down in favor of screening. He then presented clear explanations of the treatment options available in New Mexico: surgery, active surveillance and radiation. Dr. Grollman concluded that there is no “one size fits all” and any choices you make should be made with clear knowledge of all the options.

Advanced Prostate Cancer:

Dr. Amyn Alidina, New Mexico Cancer Center

Dr. Alidina’s talk addressed application of the use of the newer drugs such as Xtandi and Zytiga as well as some of the reasons the old stand-bys continue to be used in combination with the newer drugs. Timing of when to use different drugs for different patient situations were covered and he also touched on off-label applications and investigations of drugs such as Olaparib (approved for breast cancer) for metastatic castration resistant prostate cancer (MCRPC). The role of BRCA-1 & 2 deficiencies in some prostate cancers were explored. Dr. Alidina also touched on vaccines for prostate cancer such as Provenge and ProstAtak.

Advances In Imaging, Applications in the Management of Prostate Carcinoma:

Dr. Mark Depper, X-Ray Associates of New Mexico

Dr. Depper covered current imaging processes for diagnosing, identifying and treating locations of prostate cancer. The current uses of CT, MRI, and PET scans for initial diagnosis were reviewed. Dr. Depper presented the application of the newly approved Axumin PET/CT scan using fluciclovine F-18 injections as a means of identifying recurrent prostate cancer in both tissue and bone. Dr. Depper also referred to newer technologies for diagnosis including the current PSMA studies and the potential for use in castrate resistant prostate cancer.

Continued on page 6

Summary of talks given at November 9, 2019 PCSANM Conference

**Radiopharmaceuticals in Advanced Prostate Cancer:
Recent Advances (Ra223) and VISION Trial (Lu177):
Dr. Gregg Franklin, New Mexico Cancer Center**

Dr. Franklin presented a concise explanation of radiopharmaceuticals, how they differ from other forms of radiation and their use in castration resistant prostate cancer. This included the use of Xofigo (Ra 223) for treating bone metastases. The unique quality of Xofigo is that the radium substitutes for calcium in cancerous bone and delivers radiation directly to the cancer. Then Dr. Franklin reported on his participation in the just-ended clinical trial investigating the use of Prostate Specific Membrane Antigen (PSMA) for delivery of LU-177 to destroy prostate cancer cells. The findings are promising for participants but the treatment regimens were not complete and the study results are still about a year out.

**Fad Diets, Supplements, Rx: What Works and is What is Worthless from A to Z (2019 Update):
Dr. Mark Moyad, University of Michigan, Ann Arbor, & Prostate Cancer Research Institute**

Dr. Moyad covered many health tips. He stressed the desirability of achieving a good Quality of Life (QoL) through better lifestyle rather than working for longevity through medication and supplements. He emphasized that cardiovascular problems are still the major cause of death in the US and have been for over 100 years. Patients should strive for a heart healthy life style with adequate exercise and eat a heart healthy diet. Vaccines are considered a heart healthy element. He referred to getting flu, shingles, pneumonia, and tetanus immunizations as part of a heart healthy regimen. He especially stressed getting the new Shingrix injections (for shingles) because they are so much more effective.

For supplements he stressed that quality control is lax and he urges that patients seek National Sanitation Foundation (NSF) and/or U.S. Pharmacopeia (USP) testing certificates when buying supplements.

When obtaining cannabis products, he urged looking for certificates of analysis from independent labs that show the content of THC and CBD compounds. There is a potential conflict with androgen receptor inhibitors and CBD use.

Dr. Moyad is a great proponent of diet and exercise. He doesn't favor any one particular diet and mentioned Dr. Ornish, the Paleo, the Calerie and other diets. If adhered to, any one of the popular diets will result in weight loss. Make sure fiber is in diet. He noted that weight control can be achieved by different means including exercise, calorie restriction, or a combination of both. Dr. Moyad noted that as we age we lose about one percent of our strength annually. He touched on exercise as a means of countering this age related strength loss and also having a possible positive element in reducing the risk of Alzheimer's and other forms of dementia by increasing blood flow to the brain. He recommends weight lifting should also be included in an exercise program. He concluded that only 1% of the population is in compliance with a heart healthy lifestyle.

From Medscape - a Reuters article (edited)

October 24, 2019

Abiraterone/Prednisone May Best Enzalutamide for QOL in Advanced Prostate Cancer

By Marilyn Larkin

NEW YORK (Reuters Health) - For patients with metastatic castration-resistant prostate cancer (mCRPC), abiraterone plus prednisone may offer a better quality of life than enzalutamide, a 12-month analysis of the observational Aquarius study suggests.

"Traditionally, clinical trials of novel cancer therapies capture physical side effects that occur. As more drugs impact the treatment landscape for patients, information regarding the patient experience on these treatments is needed," Dr. Alison Reid of The Royal Marsden NHS Foundation Trust told Reuters Health by email.

"While pre-existing medical conditions/medications might mandate choosing (one) over the other, frequently patients have a choice between the two drugs," she noted.

"The Aquarius trial gathered patient-reported information prospectively in a real-world setting about what it was like to take these medications," said Dr. Reid, who was UK Principal Investigator of the study. "It demonstrated that patients experienced less fatigue and cognitive impairments - including memory loss and reduced thinking abilities - with abiraterone acetate plus prednisone than with enzalutamide."

"This is important information that may inform the decision making of patients and doctors about which of these drugs to select," she said. "Future trials should endeavor to incorporate similar assessments."

Aquarius was a prospective, 12-month observational study in patients with mCRPC from Denmark, France, and the UK. Abiraterone or enzalutamide was given according to routine practice (i.e., nonrandomized).

One hundred and five abiraterone-treated patients and 106 patients treated with enzalutamide were included in the analysis. The median age was 76 and median time from mCRPC diagnosis was 1.4 months. Mean

overall treatment duration was 38.3 weeks for abiraterone and 38.7 for enzalutamide.

The key patient reported outcome items - cognitive impairments and fatigue - were significantly in favor of abiraterone versus enzalutamide during the study.

Coauthor Dr. Antoine Thiery-Vuillemin of the Department of Medical Oncology, CHU Jean MINJOZ, in Franche-Comte, commented in a separate email to Reuters Health, "The data... show a better quality of life with abiraterone plus prednisone, and it is seen early. This is in line with other published data."

"All of this strengthens the message from this study, which might not be called 'practice-changing' but definitely highlights a very important point when choosing anti-cancer treatment: the clinical impact of the drugs, but assessed by the patient," he said.

The study was supported by Janssen Europe, Middle East and Africa (EMEA). Drs. Thiery-Vuillemin and Reid and three coauthors have received fees from the company, and four coauthors are employees.

SOURCE: <http://bit.ly/2JhHhxn>

Eur Urol 2019.

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

From: USTOO - News You Can Use -

Newsire: (Published: July 27, 2019)

The European Medicines Agency will review XTANDI (enzalutamide) for Use on Metastatic but Hormone Sensitive Prostate Cancer (mHSPC) Patients

Astellas Pharma has announced the acceptance by the European Medicines Agency (EMA) of a Type II Variation Application for regulatory review for the use of XTANDI (enzalutamide) in metastatic hormone-sensitive prostate cancer (mHSPC) patients.

Assessment by the EMA means the Committee for Medicinal Products for Human Use (CHMP) will evaluate the Type II Variation Application for enzalutamide and provide a Scientific Opinion on whether the medicine may be authorised for this new indication, following 90 days of assessment.

Enzalutamide is currently approved in Europe for the treatment of adult men with high-risk non-metastatic castration-resistant prostate cancer (nmCRPC) and adult men with metastatic castration-resistant prostate cancer (mCRPC) in whom chemotherapy is not yet clinically indicated, or following disease progression on or after docetaxel therapy. In the U.S. and Japan enzalutamide is indicated for the treatment of CRPC.

When prostate cancer begins to spread to other parts of the body, it can be an acutely distressing time for patients. As well as the emotional burden this places on them, daily life can be impacted by debilitating symptoms of progressing cancer, such as pain, said Andrew Krivoshik, M.D., Ph.D., Senior Vice President and Oncology Therapeutic Area Head, Astellas.

We look forward to the CHMPs opinion as we continue to address the unmet medical need for men with advanced prostate cancer by providing additional treatment options across the disease continuum.

From: USTOO - News You Can Use -

Newsire: (Published: September 27, 2019)

FDA Approves Prostate Cancer Drug ERLEADA for Use on Metastatic Castration Sensitive Prostate Cancer (mCSPC)

The Janssen Pharmaceutical Companies of Johnson & Johnson announced today that the U.S. Food and Drug Administration (FDA) has approved ERLEADA (apalutamide) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC).[i] Today's approval follows FDA Priority Review Designation of the supplemental New Drug Application (sNDA) that was submitted in April 2019 and reviewed through the FDA Real-Time Oncology Review program. The new indication for ERLEADA will make this androgen receptor inhibitor available for the approximately 40,000 people in the U.S. diagnosed with mCSPC annually.[ii]

Approval is based on results from the Phase 3 TITAN study, which achieved statistical significance in the dual primary endpoints of overall survival (OS) and radiographic progression-free survival (rPFS) at the first pre-planned interim analysis. The trial recruited patients regardless of extent of disease, including both high- and low- volume disease, or prior docetaxel treatment history. Results were presented in an oral session at the 2019 American Society of Clinical Oncology (ASCO) Annual Meeting and simultaneously published in The New England Journal of Medicine.

Prostate cancer is more difficult to treat once it spreads, and for patients with castration-sensitive disease, it is clear that androgen deprivation therapy (ADT) alone, is often not enough, said Dr. Kim Chi, Medical Oncologist at BC Cancer - Vancouver and principal investigator of the TITAN study.

See Results page 9

From: USTOO - News You Can Use -

NewsWire: (Published: Thursday, October 10, 2019)

Stanford University Study Demonstrates Large Variability in Prostate MRI Interpretation

Research findings on Cancer are discussed in a new report. According to news originating from Stanford, California, by NewsRx correspondents, research stated, "Multiparametric magnetic resonance imaging (mpMRI) interpreted by experts is a powerful tool for diagnosing prostate cancer. However, the generalizability of published results across radiologists of varying expertise has not been verified."

Our news journalists obtained a quote from the research from Stanford University, "To assess variability in mpMRI reporting and diagnostic accuracy across radiologists of varying experience in routine clinical care. setting, and participants: Men who underwent mpMRI and MR-fusion biopsy between 2014-2016. Each MRI scan was read by one of nine radiologists using the Prostate Imaging Reporting and Data System (PIRADS) and was not re-read before biopsy. Biopsy histopathology was the reference standard. Outcome measurements and statistical analysis: Outcomes were the PIRADS score distribution and diagnostic accuracy across nine radiologists. We evaluated the association between age, prostate-specific antigen, PIRADS score, and radiologist in predicting clinically significant cancer (Gleason ≥ 7) using multivariable logistic regression. We conducted sensitivity analyses for case volume and changes in accuracy over time.

Results and limitations: We analyzed data for 409 subjects with 503 MRI lesions. While the number of lesions (mean 1.2 lesions/patient) did not differ across radiologists, substantial variation existed in PIRADS distribution and cancer yield. The significant cancer detection rate was 3-27% for PIRADS 3 lesions, 23-65% for PIRADS 4, and 40-80% for PIRADS 5 across radiologists. Some 13-60% of men with a PIRADS score of <3 on MRI harbored clinically significant cancer. The area under the receiver operating characteristic curve varied from 0.69 to 0.81 for detection of clinically significant cancer.

PIRADS score ($p < 0.0001$) and radiologist ($p = 0.042$) were independently associated with cancer in multivariable analysis. Neither individual radiologist volume nor study period impacted the results. MRI scans were not retrospectively re-read by all radiologists, precluding measurement of inter-observer agreement. We observed considerable variability in PIRADS score assignment and significant cancer yield across radiologists. We advise internal evaluation of mpMRI accuracy before widespread adoption. Patient summary: We evaluated the interpretation of multiparametric magnetic resonance imaging of the prostate in routine clinical care."

According to the news editors, the research concluded: "Diagnostic accuracy depends on the Prostate Imaging Reporting and Data System score and the radiologist."

For more information on this research see: Prostate Magnetic Resonance Imaging Interpretation Varies Substantially Across Radiologists. *European Urology Focus*, 2019;5(4):592-599. *European Urology Focus* can be contacted at: Elsevier, Radarweg 29, 1043 Nx Amsterdam, Netherlands.

Results

Results from the TITAN study showed that, regardless of the extent of disease, patients with metastatic castration-sensitive prostate cancer have the potential to benefit from treatment with apalutamide in addition to ADT.

In the TITAN study, ERLEADA plus ADT significantly extended OS compared to placebo plus ADT with a 33 percent reduction in the risk of death. ERLEADA plus ADT also significantly improved rPFS compared to placebo plus ADT with a 52 percent lower risk of radiographic progression or death.

From: Medscape-a Reuters article: November 05, 2019

Short-Term Androgen Suppression Improves PFS After Radical Prostatectomy for Prostate Cancer

By Will Boggs MD

NEW YORK (Reuters Health) - Short-term androgen deprivation therapy added to radiotherapy as salvage therapy after radical prostatectomy for prostate cancer improves 10-year progression-free survival, according to a follow-up of the GETUG-AFU 16 phase 3 trial.

However, there was no effect on overall or cancer-specific survival, researchers report in *The Lancet Oncology*, online October 16.

Salvage radiotherapy is the standard treatment for patients with biochemical recurrence after a radical prostatectomy for prostate cancer. Initial results from GETUG-AFU 16 showed significant improvements of progression-free survival (PFS) at five years in men treated with combined short-term androgen suppression with goserelin for six months plus radiotherapy over those treated with radiotherapy alone.

In the current study, Dr. Christian Carrie of the University of Lyon, in France, and colleagues evaluated PFS and metastasis-free survival four years after the original study.

After a median follow-up of 112 months, 33% (120/369) of men who received radiotherapy plus goserelin had progression or died, compared with 50% (187/373) of men who had only radiotherapy.

The 120-month PFS was 49% in the radiotherapy group versus 64% in the combination group, representing a significant 46% risk reduction.

The 120-month metastasis-free survival was also significantly higher among men in the radiotherapy-plus-goserelin group (75%) than among men in the radiotherapy alone group (69%).

Overall survival at 120 months did not differ significantly between the groups, at 86% in the combination group versus 85% in the radiotherapy-alone group. Mortality due to cancer also was not significantly different, at 5% versus 3%, respectively.

At 120 months, the number of men needed to treat to prevent one metastasis or death when adding androgen suppression to radiotherapy was 14.

"The results of the GETUG-AFU 16 trial confirmed the efficacy of androgen deprivation therapy plus radiotherapy as salvage treatment in patients with rising PSA concentrations after radical prostatectomy, as evidenced in the RTOG trial for patients with more aggressive relapse," the authors conclude.

Dr. Anthony V. D'Amico of Brigham and Women's Hospital and Dana Farber Cancer Institute, in Boston, who wrote a linked editorial, told Reuters Health by email, "GETUG AFU-16 enrolled older men with more favorable prognostic factors than those enrolled on RTOG 9601 and followed them for a shorter time. Therefore, the lack of a survival benefit does not mean one may not be seen with further follow-up."

"It also remains possible that in this more-favorable cohort perhaps no or less than 6 months of an LHRH agonist is all that is needed to improve survival," he said. "The results of RADICALS will be able to better answer this question in time."

"For now, given that the addition of 6 months of the LHRH agonist to radiotherapy resulted in a non-significant reduction in death from prostate cancer . . . and a significant decrease in progression by 50%, continued use of 6 months of an LHRH agonist is indicated until more specific information is available from the RADICALS trial on whether no, 6 months, or 2 years of an LHRH agonist is best," Dr. D'Amico said.

SOURCE: <https://bit.ly/2PF3idw> and <https://bit.ly/34jzkjf>

Lancet Oncol 2019.

Recap of One-on-One Support, Events, and Meetings of Prostate Cancer Support Association of New Mexico September, October, and November 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 44 occasions to 37 individuals both over the phone and in person. Seventeen individuals became participants.

Events Attended

September 13 - Cancer Services of NM Retreat:

Board Members Phil York and Jan Marfyak spoke in-depth with 22 individuals.

October 2 - VA Support Group:

Board Members Lou Reimer and David Turner represented PCSANM at this meeting attended by 14 participants.

October 25 - City of Albuquerque Health Fair:

Board members Rod Geer and Phil York spoke with 109 attendees.

October 25 - Route 66 Casino Health Fair:

Board Member Lou Reimer visited at length with 21 attendees.

November 7 - Sandia Pueblo Health Fair:

Board Chairman Steve Denning spoke at length with 14 attendees.

Meetings & Annual Conference

We held four regular support meetings, one picnic, and our annual conference during this time period. Meetings and the picnic drew a total of 115 attendees. The conference drew 184 participants.

September 7 - Michael Davis, MD, UNM:

Radical Prostatectomy, Where Did You Go?

September 21 - Mark Roach, MD, UCSF:

Pros and Cons of Various Types of Radiation Treatments, from Prostate Cancer Research Institute Conference (DVD)

October 5 - Annual Picnic

October 19 - Sharing Session

November 9 - Annual Conference

November 16 - Speakers from Southwest Prostate

Cancer Symposium: Prostate Cancer Screening, Androgen Targeted Therapy (DVD)



Prostate Cancer Support Association

of New Mexico

PCSANM *Lifeline* Newsletter
**Celebrating 29 years of supporting men
and their families**

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of New Mexico, Inc.**
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A Message from the Chairman

January 2020

2019 WAS A SUCCESS

By all measures, the year 2019 was one of PCSANM's best. We almost doubled our reach to men in New Mexico and their families with consultations, meeting attendance and our annual conference. That means we are helping more men make choices that are right for them concerning their prostate cancer.

It's always enheartening to see men and their wives come in scared, having just heard the diagnosis of cancer, and to walk out with more confidence and a better understanding of what that diagnosis really means. We try hard to make sure that each and every participant gets the attention and the knowledge they need to reduce their anxiety and be able to work with their doctor to choose the best treatment option for them.

By increasing our reach into the state we hope to help even more men and their families in 2020. But this requires more resources in both money and volunteers. We are preparing to train new volunteers and increase our fund raising efforts. If you'd like to help us help others and join in the uplifting experience, send us a note or call the office.

A handwritten signature in black ink that reads "Steve Denny".

Chairman of the Board, PCSANM