



Prostate Cancer Support Association of New Mexico

Celebrating
29 years of
supporting men
and their families

LIFELINE

PCSANM Quarterly
April 2020
Volume 27, Issue 2

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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>

Lou Reimer, PCSANM Board Member

Second opinions

One of the actions PCSANM urges its members to take when they need to make one of the life changing decisions that they face is to get a second opinion before deciding on any treatment. It is good sense to get the best information about their diagnoses and potential treatments and make sure that they can live with the end result. An article in the December 2019/ January 2020 edition of the AARP Magazine, written by the Health and Lifestyle Journalist Kimberly Rae Miller, addressed this situation. Some of the pertinent facts that appeared in the article follow.

There is good rationale for getting a second opinion: "...seeking a second opinion led to changes in the course of treatment for approximate 37 percent of patients and changes in diagnosis for 15 percent." The additional opinion for treatment or diagnosis had resulted in different (and hopefully better) treatment for a significant percentage of the patients. The more independent opinions the patient gets, the more secure the patient can feel that he has selected the best treatment for himself.

When faced with getting a second opinion, PCSANM members have expressed concern for potentially insulting their initial diagnosing doctor. The article allays this fear stating "...rest assured that getting a second opinion is a routine part of medicine."

It is important to know whether or not your insurance carrier will cover your second opinions. The article addresses this necessary topic stating "...Most insurance programs, including Medicare, cover second opinions. But the golden rule is to talk with your insurance provider first."

Finally the article gives a nod to groups like PCSANM when it suggests "... connecting with others who have received the same diagnosis and asking about their experience. Activist groups, organizations, and support societies are all sources for specialists."

Through PCSANM, you have an opportunity to share information about diagnoses, treatments and the results you and other members have experienced. Gathering facts is beneficial for making good decisions. We need to be assured the treatment decisions we make for ourselves are the best for our future. Part of the information gathering process is getting a second opinion (or maybe more than one or two) from different medical professionals before embarking on any treatment.

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

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In Memory of

With deep sympathy
and regret, we list
this name:

Paul E. Livingston

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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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From: Us Too Hot Sheet March 2020

Mark A. Moyad, MD, MPH, University of Michigan Medical Center, Department of Urology

Doc Moyad's What Works & What is Worthless Column – Also Known as “No Bogus Science” Column “Another Weight Loss Drug Bites the Dust?!”

I am writing this column on my birthday, so feel free to send an expensive gift. Hint: I need a new car or lawn mower. Anyhow, I digress, but I still want to spend this column in a moment of serious medical reflection. I have observed an endless number of over the counter (OTC) and prescription weight loss products hit the market over 35 years.

I always wanted to believe newer pills would be tantamount to better pills, but over my career I am reminded of some egregious exceptions. Belviq, another weight loss drug (aka “lorcaserin”-approved in 2012), was just pulled from the market because it might increase the risk of numerous cancers. Some of the top selling drugs or OTC weight loss products over my lifetime have also been removed because they increased the risk of cardiovascular problems or cancer. Pills, supposed to help you lose weight, which most of them did for many people, increased the chances that you will not live as long? Say what?!

This is the ultimate medical paradox! Just because a pill gives you what lifestyle changes can potentially give you does NOT always equate to the same outcome. In other words, you lose weight with diet and exercise and we know you can potentially live longer, not shorter. Yet, you can lose the same amount of weight with a pill and live shorter or get some bad medical condition?! Why do we think that some pills

are miracles because they get us where we wanted to get, but just much faster and without all that personal effort or work?

The story of Belviq is yet another weight loss pill in the history books that should serve as a lesson to us now and in the future. When someone promises you an antiaging or weight loss miracle, even if you win the battle then you may be destined to still lose the war. Give me a weight loss pill that is heart healthy and might reduce the risk of cancer and I will show you one that is too cheap today to put into a commercial on television.

Perhaps now you know why I wrote about metformin long ago, and why I am still very excited about that pill, but it does not come close to the verve I have for trying to lose weight via lifestyle changes first, without the use of the latest and greatest pill. We want to believe a pill can do everything lifestyle changes can do, but in some situations this has been a broken and disastrous way of thinking. Belviq and the many other weight loss pills pulled from the market serve as a re-minder that sometimes the potential miracle lies within you, and not the pill.

**Special thanks to
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From: Medscape Medical News

Nick Mulcahy

Reporting from Genitourinary Cancers Symposium (GUCCS) 2020

February 14, 2020

A rare QoL study that could change practice

SAN FRANCISCO — Practice-changing studies in cancer care are almost always the result of an improvement in efficacy that "moves the needle," usually in terms of progression-free or overall survival.

But here at the Genitourinary Cancers Symposium (GUCCS) 2020, new data from a major prostate cancer trial may represent a rare practice-altering study that has quality of life (QoL) as the agent of change, said an expert not involved with the study.

The new study comes out of the multiplatform STAMPEDE trial, which used both abiraterone and docetaxel in the treatment of men with locally advanced or metastatic hormone-sensitive prostate cancer.

Both treatments improve overall survival (OS) in this setting, but there was no head-to-head comparison in STAMPEDE or in any other trial.

So investigators, led by Allison Hunt, MD, University College London, United Kingdom, asked: In STAMPEDE, did QoL differ sufficiently between treatments (over 2 years) to have an impact clinical decision making?

The answer is that QoL did differ — but not by as much as the investigators aimed to find.

Average global QoL score, which was the primary outcome, was compared between patients treated with abiraterone and those treated with docetaxel at 12, 24, 48, and 104 weeks).

Global QoL scores were +3.9 points higher over 2 years for patients treated with abiraterone.

But an overall absolute difference of >4 points was predefined as "clinically meaningful," and the results fell just short of that.

Still, the results "should be considered when discussing treatment options with patients," concluded Hunt and colleagues.

Alison Birtle, MD, Royal Preston Hospital, Fulwood, United Kingdom, who enrolled patients in the trial at her hospital but is not an author on the new study, plans on following the authors' advice — and discussing the results with men in her clinic.

She said the QoL differences seen in this trial are "potentially practice changing" — in her home country of England, at least, where docetaxel is mostly used because abiraterone is not reimbursed in this setting of hormone-sensitive advanced disease.

In the United States and elsewhere, both docetaxel and abiraterone are used in this setting, and physicians present the two drugs as treatment options that have different qualities, including cost and treatment duration.

She said that it was expected that there would be a dip in QoL for men in the docetaxel group during the 18-week treatment period, but the expected return of QoL (equal with that of the abiraterone group) never materialized.

"Abiraterone keeps somebody functioning for longer," Birtle summarized. "We see a lot of men who want to maintain their quality of life and have as little disruption as possible to their day-to-day activities."

Hunt commented on what was surprising to the study authors. "We expected patients treated with docetaxel would have a declining quality of life in the first year. But what we didn't know was that in the second year, the quality of life [among the chemotherapy patients] never exceeded those patients treated with abiraterone," she told *Medscape Medical News*.

From: Us TOO Hot Sheet

Newsire: Published December 18, 2019, (NewsRx) -- By a News Reporter-Staff News Editor at Cancer Daily

British home urine test for prostate cancer...

A simple urine test under development for prostate cancer detection can now use urine samples collected at home - according to new research from University of East Anglia and the Norfolk and Norwich University Hospital.

Scientists pioneered the test which diagnoses aggressive prostate cancer and predicts whether patients will require treatment up to five years earlier than standard clinical methods.

Their latest study shows how the 'PUR' test (Prostate Urine Risk) could be performed on samples collected at home, so men don't have to come into the clinic to provide a urine sample - or have to undergo an uncomfortable rectal examination.

This is an important step forward, because the first urination of the day provides biomarker levels from the prostate that are much higher and more consistent. And the research team hope that the introduction of the 'At-Home Collection Kit' could revolutionize diagnosis of the disease.

Lead researcher Dr Jeremy Clark, from UEA's Norwich Medical School, said: "Prostate cancer is the most common cancer in men in the UK. It usually develops slowly and the majority of cancers will not require treatment in a man's lifetime. However, doctors struggle to predict which tumors will become aggressive, making it hard to decide on treatment for many men.

"The most commonly used tests for prostate cancer include blood tests, a physical examination known as a digital rectal examination (DRE), an MRI scan or a biopsy.

"We developed the PUR test, which looks at gene expression in urine samples and provides vital information about whether a cancer is aggressive or 'low risk'.

"Because the prostate is constantly secreting, the collection of urine from men's first urination of the

day means that the biomarker levels from the prostate are much higher and more consistent, so this is a great improvement.

"Being able to simply provide a urine sample at home and post a sample off for analysis could really revolutionize diagnosis.

"It means that men would not have to undergo a digital rectal examination, so it would be much less stressful and should result in a lot more patients being tested."

From: Us TOO Hot Sheet

Newsire: February 20, 2020

The placenta patch that could save a man's love life

Pilot studies suggest that growth hormones and other repair cells in the tissue protect the nerves and aid recovery after surgery. The tissue is donated by mothers having Caesarian deliveries. Patches made from human placenta could prevent men from becoming impotent following prostate cancer surgery.

The patches are wrapped around key nerves before the cancer is removed to prevent incontinence and erectile dysfunction, which can occur in up to seven in ten men undergoing the surgery.

Around 40 000 men (in the UK) are diagnosed with prostate cancer every year. The most common treatment is a radical prostatectomy, which involves surgically removing the prostate gland, which sits between the bladder and the penis.

From: Us TOO Hot Sheet

Newsire: Published February 21, 2020

Survival data help build Xtandi's case as the market leader in castration-resistant prostate cancer for Pfizer and Astellas

Pfizer and Astellas' Xtandi (Enzalutamide) has been locked in a heated prostate cancer tussle with a challenger from Johnson & Johnson and, more recently, one from Bayer. One area where the pair was looking for a win? Showing Xtandi prolonged patients' lives and new data has done just that.

Xtandi significantly extended patients' lives over standard-of-care hormone therapy in non-metastatic castration-resistant prostate cancer, according to an overall survival analysis from the phase 3 Prosper trial released Tuesday.

The newest survival data met the secondary endpoint for the Prosper trial, which helped Xtandi nab an FDA approval as an add-on to androgen deprivation therapy (ADT) in that hard-to-treat prostate cancer population back in July 2018.

With its overall survival data in hand Pfizer and Astellas can help build Xtandi's case as the market leader in castration-resistant prostate cancer as the drug fends off challengers from Johnson & Johnson and Bayer.

Last month, Bayer and Orion's Nubeqa (Darolutamide) actually beat Xtandi to the punch with trial data showing it extended patients' lives over ADT alone in the nonmetastatic setting. Despite being last to the party with a July 2019 approval from the FDA, those results left Xtandi and J&J's Erleada (Apalutamide) scrambling to catch up.

Erleada, for its part, has made a run at matching overall survival data but has so far fallen short.

At the European Society for Medical Oncology annual meeting in September, J&J unveiled that its Erleada-ADT pairing cut patients risk of death by 25% compared with a combo of ADT plus placebo. However, at that second interim analysis, the benefit wasn't enough to cross the statistical significance bar.

While Nubeqa has so far been limited to the non-metastatic setting, Xtandi and Erleada have been battling it out in metastatic castration-sensitive prostate cancer.

In December, the FDA approved Xtandi to treat castration-sensitive patients, opening the drug to a patient population that includes about 40,000 U.S. males each year, Pfizer said. That influx of patients is a good thing for Pfizer because the drug maker was well suited to capitalize on its established network of oncologists, the company said.

"There is significant physician and comfort with Xtandi so we hope that this approval will build upon that," Chris Boshoff, Pfizer Oncology's chief development officer, said ahead of the approval.

The FDA based its approval on data from the phase 3 Arches trial that showed a combination of Xtandi and ADT reduced the risk of cancer worsening or death by 61% versus ADT alone. In a second investigator-sponsored study, dubbed Enzamet, Xtandi pared down the risk of death by 33% compared with other non-steroidal androgen-fighting drugs.

Xtandi's approval came three months after Erleada earned an approval in the metastatic, castration-sensitive setting, following the FDA's real-time review of the drugs phase 3 Titan trial. Data from that study showed Erleada plus ADT cut the risk of death over placebo plus ADT by 33%. After nearly two years, 84% of patients on Erleada-ADT were still alive, compared with 78% of the placebo-ADT group.

Some definitions

Metastatic: cancer that has spread

Non-Metastatic: cancer still local—in or near prostate bed.

Castration sensitive: cancer responds to Lupron or other testosterone lowering drugs

Castration resistant: cancer's response to Lupron or other testosterone lowering drugs is much reduced

From: Us TOO Hot Sheet

Published December 17, 2019, (NewsRx) -- By a News Reporter-Staff News Editor at Cancer Daily

New, non-hormonal target identified for advanced prostate cancer...

DURHAM, N.C. - Hormone therapies for prostate cancer have greatly prolonged the lives of patients, but the drugs eventually become ineffective and the disease grows lethal.

Resistance occurs because a small percentage of prostate cancer cells are completely impervious to the therapies, and actually thrive when the drugs are used. Targeting this subset of virulent cancer cells is the focus of a study led by Duke Cancer Institute researchers.

The researchers, publishing online Dec. 4 in *Science Translational Medicine*, identified a cell surface receptor that is essential for the function and survival of resistant prostate cancer cells, and showed in laboratory studies that this receptor can be targeted to halt tumor growth. A clinical trial is underway using a drug originally intended for lung diseases.

"We noticed in prostate cancer there are two types of cells," said senior author Jiaoti Huang, M.D., Ph.D., chair of Duke's Department of Pathology. "The vast majority are luminal tumor cells, which are susceptible to hormone therapy. But a minor component of cells are neuroendocrine cells, and they are very important. They do not express the androgen receptor, so they will survive hormonal therapy.

"Our hypothesis was that this minor population, because they have the ability to survive, contribute to tumor recurrence," Huang said. "And that's exactly what we found."

Huang and colleagues isolated the neuroendocrine cells from fresh human prostate cancer tissue and studied them in the lab. In early-stage prostate cancer, they constitute no more than 1% of all tumor cells, but their numbers are much larger in late-stage and metastatic disease, and they make up almost all of a particularly lethal form of prostate cancer called small cell neuroendocrine carcinoma.

Current prostate cancer treatments exclusively target the majority population of luminal tumor cells, and they do that job well. But not only do hormone therapies leave neuroendocrine tumor cells untouched, the researchers found, they actually enrich the neuroendocrine cell population.

This occurs because tumor growth is driven by a receptor on the surface of neuroendocrine cells called CXCR2, which creates the optimal environment for prostate tumor cells to proliferate and spread. CXCR2 is also expressed by immune cells and involved in inflammation, and a drug that inhibits its function is being developed for patients with chronic obstructive pulmonary disease (COPD).

Huang's research team tested the drug, navarixin, in laboratory and animal studies, demonstrating that it killed hormone-resistant tumors in combination with enzalutamide, where enzalutamide failed on its own.

"Because CXCR2 is ubiquitously expressed by neuroendocrine cells in prostate cancer of all stages, targeting CXCR2 may particularly benefit patients whose tumors are advanced, recurrent, and resistant to currently available therapies," Huang said.

"The real implications of our findings need to be tested in clinical settings to determine whether patients with advanced prostate cancer benefit from CXCR2 inhibition, alone or in combination with a hormone inhibitor," he said.

Vanderbilt University Medical Center

January 27, 2020

Study examines prostate cancer treatment decisions

The CEASAR (Comparative Effectiveness Analysis of Surgery and Radiation for Localized Prostate Cancer) study, coordinated by Vanderbilt University Medical Center, is a multi-site research study conducting long-term follow up on men who were diagnosed with localized prostate cancer between 2011 and 2012.

The five-year results published in *JAMA*, with lead author Karen Hoffman, MD, MPH, from MD Anderson, provide evidence on outcomes with radiation, surgery or active surveillance in patients of all ages and ethnicities.

"We are providing information about the side effects of different treatments for prostate cancer that men and their providers can use to make treatment decisions," said senior author Daniel Barocas, MD, MPH, associate professor and vice chair of Urology at VUMC.

"However, we have only illuminated one facet of a complex decision. There is more to a treatment decision than just the side effects, the most obvious being the effectiveness of the treatment, and that is something we hope to be able to demonstrate as we are now funded to look at 10-year cancer outcomes."

Researchers studied 1,386 men who had favorable-risk prostate cancer and another 619 men with unfavorable-risk prostate cancer to evaluate the impact of their treatment decisions on urinary, sexual and bowel function over a five-year period.

The favorable-risk group chose either:

- Active surveillance, an observation strategy in which treatment is only used if the cancer gets worse over time.
- Nerve-sparing prostatectomy, surgical removal of the prostate with attempt to protect nerves that run alongside the prostate in hopes of minimizing the impact of surgery on erectile function.
- External beam radiation therapy (EBRT), a common therapy that uses daily doses of radiation to destroy cancer cells.

- Low-dose-rate brachytherapy, a type of radiation therapy involving implantation of radioactive "seeds."

The unfavorable-risk disease group chose either:

- Prostatectomy, which is surgery to remove the prostate.
- External beam radiation therapy with androgen deprivation therapy (ADT), which is radiation in combination with an anti-hormone therapy used to reduce levels of androgen hormones to enhance the effectiveness of radiation.

Men undergoing surgery experienced an immediate, sharp decline in erectile function compared to other groups. However, on average, men treated with prostatectomy improve with time, while those undergoing radiation decline, so that sexual function differences between treatment groups attenuated by 5 years. While the difference in sexual function between surgery and radiation was still measurable in the unfavorable risk group, most men had such poor scores at five years that the difference between treatments may not be clinically significant.

"For sexual function, all of the treatment options, even surveillance, were associated with significant declines," Barocas said. "Indeed, the magnitude of decline over time within each treatment group was larger than the magnitude of difference between treatment groups at five years."

"Whether you get surgery or radiation there is a chance of reduced erectile function," he said. "While the time course is different for surgery and radiation, our study shows that only about half of men undergoing these treatments who had erections good enough for intercourse before treatment will still have an erection good enough for intercourse five years later. I have started using this sobering statistic in patient counseling about treatment choice."

Continued on page 9

Vanderbilt University Medical Center

January 27, 2020

Study examines prostate cancer treatment decisions

Continued from page 8

In terms of urinary function, prostatectomy was associated with worse incontinence compared to other treatments through five years for both the favorable-risk and the unfavorable-risk groups. At five years, 10-16% of men who had surgery reported a moderate or big problem with leakage, compared to only 4-7% of men who had other treatments.

Men undergoing radiation reported worse urinary irritative and obstructive symptoms within the first six to 12 months, particularly those undergoing the low-dose rate brachytherapy. However, these urinary symptoms largely returned to baseline after one year.

In addition, study authors reported no clinically meaningful bowel function differences at the five-year mark, suggesting that contemporary radiation therapy is associated with less urinary and bowel toxicity than older forms of radiation.

"If you look at the side effect profile for external beam radiation, most of those men after a year have rebounded in terms of their urinary and bowel function, which is a novel finding of our study," Barocas said. "The brachytherapy patients have a more difficult time with the urinary and bowel symptoms in that first year."

For men with unfavorable risk disease, EBRT with ADT was associated with low hormonal function scores at six months and bowel function at one year, but these symptoms improved at later time points. The men who got EBRT with ADT also had better sexual function at five years and incontinence at each time point through five years than prostatectomy.

Study authors said, overall, the estimates of long-term bowel, bladder and sexual function after localized prostate cancer treatment may clarify expectations and enable men to make informed choices about care.

"This work provides critical and understandable information to patients and providers to help them make better decisions in localized prostate cancer," said David Penson, MD, MPH, MMHC, chair of the Department of Urology at VUMC.

"The really exciting part is that Dr. Barocas has received funding from the NCI to explore longer-term outcomes in this population and is already working on developing a web-based interface to get this information to his patients," he said.

Barocas said a separate publication in the *Journal of Urology* will help to translate the domain scores into more understandable results for patients to get a sense of their likelihood of leakage or erectile dysfunction, or bowel function problems.

The researchers have also developed a personalized prediction tool that tries to empower men by putting this information in their hands and allowing them to enter their own data and compute their chance of regaining function after treatment at <http://www.ceasar-prostate.org>.

From: Medscape Medical News

February 20, 2020
Pam Harrison

Low Rates of Regret After Prostatectomy When Outcomes Are Good

Overall rates of regret were low for men who underwent prostatectomy for localized prostate cancer, and there was no difference in regret between men who underwent open radical prostatectomy (ORP) and those who underwent robot-assisted radical prostatectomy (RARP), investigators report.

These results come from a large German observational study, which the authors believe is the first study of decision regret in a large and moderately selected cohort of patients who underwent routine care. The follow-up period was 6 years.

The study was published online September 13, 2019, in the *Journal of Urology*.

From: Us TOO Hot Sheet

Newsire: Published January 21, 2020 (NewsRx) -- By a News Reporter-Staff News Editor at Cancer Daily

Swedish researchers develop Artificial Intelligence technique that can analyze biopsy samples as well as expert pathologists

Researchers at Karolinska Institutet in Sweden and Tampere University in Finland have developed a method based on artificial intelligence (AI) for histopathological diagnosis and grading of prostate cancer. The AI-system has the potential to solve one of the bottlenecks in today's prostate cancer histopathology by providing more accurate diagnosis and better treatment decisions. The study, presented in the scientific journal *The Lancet Oncology*, shows that the AI-system is as good at identifying and grading prostate cancer as world-leading uro-pathologists.

"Our results show that it is possible to train an AI-system to detect and grade prostate cancer on the same level as leading experts," says Martin Eklund, associate professor at the Department of Medical Epidemiology and Biostatistics at Karolinska Institutet who led the study. "This has the potential to significantly reduce the workload of uro-pathologists and allow them to focus on the most difficult cases."

A problem in today's prostate pathology is that there is a certain degree of subjectivity in the assessments of the biopsies. Different pathologists can reach different conclusions even though they are studying the same samples. This leads to a clinical problem where the doctors must pick treatment based on ambiguous information. In this context, the researchers see significant potential to use the AI-technology to increase the reproducibility of the pathological assessments.

To train and test the AI system, the researchers digitized more than 8,000 biopsies taken from some 1,200 Swedish men in the ages of 50-69 to high-resolution images using digital pathology scanners. About 6,600 of the samples were used to train the AI system to spot the difference between biopsies with or without cancer. The remaining samples, and additional sets of samples collected from other labs,

were used to test the AI system. Its results were also compared against the assessments of 23 world-leading uro-pathologists.

The findings showed that the AI-system was almost near-perfect in determining whether a sample contained cancer or not, as well as in estimating the length of the cancer tumor in the biopsy. When it comes to determining the severity of the prostate cancer, the so-called Gleason score, the AI system was on par with the international experts.

"When it comes to grading the severity of the prostate cancer, the AI is in the same range as international experts, which is very impressive, and when it comes to diagnostics, to determine whether or not it is cancer, the AI is simply outstanding," says Lars Egevad, professor in pathology at Karolinska Institutet and co-author of the study.

The initial findings are promising but more validation is needed before the AI system may be rolled out broadly in clinical practice, according to the researchers. That is why a multicenter study spanning nine European countries is currently underway with completion slated by the end of 2020. That study aims to train the AI-system to recognize cancer in biopsies taken from different laboratories, with different types of digital scanners and with very rare growth patterns. In addition, a randomized study starting in 2020 will examine how the AI-model may be implemented in Sweden's health care system.

Recap of One-On-One Support, Meetings and Events of Prostate Cancer Support Association of New Mexico December, January and February 2020

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 47 occasions to 32 individuals both over the phone and in person. Seven individuals became program participants.

Meetings

We held five regular support group meetings and an annual review meeting. These meetings drew a total of 142 attendees.

December 7 - Rachel Speegle, RN, Verdes Foundation: Medical Cannabis for Prostate Cancer

December 21 - Annual Review: Review of 2019 PCSANM accomplishments and plans for 2020

January 4 - Sharing Session

January 18 - George Fraser, PT, Fifty 'n Fit: Balance and Fitness as We Age

February 1 - Vince Haslam, Esq.: Wills & Trusts

February 15 - DVD of presentation by Jan Esparza, MA, RD, LD, Presbyterian Cancer Care:
Diet & Nutrition

Events Attended

December 4 - VA Support Group:

Board Members Lou Reimer and David Turner represented PCSANM at this meeting attended by 8 participants.

February 5 - VA Support Group:

Board Members Lou Reimer, David Turner, and Jan Marfyak represented PCSANM at this meeting attended by 9 participants.



**Prostate Cancer
Support Association**
of New Mexico

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

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A Message from the Chairman

April 2020

Well, by the time you read this we should be deep into uncharted territory with the COVID 19 virus. Unfortunately not all things come to a halt such as the diagnosis and progression of prostate cancer. Therefore, PCSANM is adapting but continuing our efforts to support and comfort men and their families who are facing difficult decisions. Whether prostate cancer puts these men at a higher risk for corona virus is unknown to me but suffice it to say many of us are in a higher risk category anyway because of our age.

In the meantime we will continue to provide phone support but will not conduct one-on-one support at the office and we will not be holding our Saturday support meetings at Bear Canyon Senior Center until the all clear is sounded. Watch your email for updates.

Otherwise, we hope you find the articles in this edition to be edifying. And if there is anything that you would like to see more coverage of please let us know by phone or email. As I said prostate cancer is not taking a hiatus during this time and work is still on going in the research and treatment fields.

Chairman of the Board, PCSANM