



# Prostate Cancer Support Association of New Mexico

## LIFELINE

Celebrating  
over 30 years of  
supporting men  
and their families

PCSANM Quarterly  
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**Our website address:**  
[www.pcsanm.org](http://www.pcsanm.org)

**Email us:**  
[pchelp@pcsanm.org](mailto:pchelp@pcsanm.org)

### Support Group Meetings

Meetings are held at  
Bear Canyon Senior Center,  
4645 Pitt St. NE in Albuquerque,  
from 12:30 – 3 p.m.  
on the first and third Saturday  
of most months.

Meetings may also be accessed  
virtually.

Please call 505-254-7784 or  
email [pchelp@pcsanm.org](mailto:pchelp@pcsanm.org)  
for information. Meeting topics  
and login information may be  
found at:

<https://www.pcsanm.org/meetings/>

### Need to Talk? PCSANM Volunteers Are Ready to Listen.

By Gary Gilliland, PCSANM Volunteer

In Spring 2021, I went in for my annual physical, which for the past 15 years always included a PSA test. I was 63 years old and in great health — I had just hiked several hundred miles of the Pacific Crest Trail and was looking forward to a full summer of backpacking in Canada. So when my doctor called and told me I might have prostate cancer, my whole life changed. Not only was I surprised, but frankly, I really didn't know much about a prostate, let alone prostate cancer.

A biopsy confirmed I had cancer. Having so many viable treatment options was overwhelming to me. I kept asking myself, "What in the heck should I do now? Which treatment plan is best?" My wife and I began by conducting research into the risks and benefits of the many options, as well as search for prospective doctors and cancer centers. We also met with several cancer specialists and surgeons who evaluated my clinical diagnosis and offered their specific recommendations.

After all of this, I should have been prepared to make an informed decision, but I was still missing something. I really needed to hear a more personal perspective, ideally from someone actually going through prostate cancer. I learned about the Prostate Cancer Support Association of New Mexico (PCSANM) from our local newspaper, and I decided to give them a call. The person who took my call spent an hour answering my questions and describing in detail his experience with prostate cancer. He then sent me the PCSANM "buddy list," and I went on to call six other volunteers, all of whom shared with me in like manner. I also visited the PCSANM office and read books and pamphlets from their library. With the support of PCSANM, I finally had the confidence I needed to go forth with a treatment plan.

PCSANM's support was so important to me that I decided to pay-it-forward by becoming a PCSANM volunteer. The association arranged for my facilitator training and, after my certification, my name was added to their buddy list. I also now serve as an on-call volunteer for the association's 24/7 call line.

PCSANM gave me something I couldn't get anywhere else: the ability to frankly talk to real people who have gone through what I'm facing.

I am very thankful for PCSANM and am grateful to everyone who has supported me during my treatment and recovery.

**PLEASE SUPPORT PCSANM!**

Online: [www.pcsanm.org/donate](http://www.pcsanm.org/donate)

or

By check: PCSANM  
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Albuquerque, NM 87110

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**Prostate Cancer Support Contacts Around the State**

City	Contact	Phone
Clovis	Kim Adams	(575) 769-7661
Farmington	Deb Albin	(505) 609-6089
Los Alamos	Randy Morgan	(505) 672-3486
Las Cruces	John Sarbo and Ron Childress	(915) 503-1246 (602) 312-9289
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The Prostate Cancer Support Association of New Mexico, Inc.  
2533 Virginia St NE, Suite C  
Albuquerque, NM 87110

(505) 254-7784  
(505) 254-7786 Fax  
(800) 278-7678 (toll free in NM)

**Office and Library**

**Hours:**  
Monday-Thursday  
10 a.m. - 2 p.m.  
(Subject to Change)

**EMAIL**

[pchelp@pcsanm.org](mailto:pchelp@pcsanm.org)

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**FACEBOOK**

Rod Geer

**EDITOR**

Rod Geer

**MEETINGS**

Gene Brooks

The Institute of Cancer Research: August 23, 2022

# Long-term Benefit of Radiotherapy Confirmed in Advanced Prostate Cancer

Johann de Bono

Radiotherapy to the prostate alongside standard treatment can keep some men with advanced prostate cancer alive for longer without detriment to quality of life, long-term study results confirm.

[Previous results](#) from the [STAMPEDE trial](#) - one of the largest ever clinical trials in the disease - showed that radiotherapy to the prostate, alongside hormone therapy, improves survival by 11 percent in some men with advanced prostate cancer. On average, this can mean an extra two years of life compared to standard treatment. Earlier results of the trial have already led to changes in clinical guidance, benefitting thousands of men every year in the UK.

New long-term findings over five years further support these guidelines and confirm that delivering radiotherapy to the prostate still holds benefits, even when the cancer has already spread to a few lymph nodes and bones.

The new findings from the radiotherapy arm of the phase III trial, led by researchers at The Institute of Cancer Research, London, [The Royal Marsden NHS Foundation Trust](#), and the [MRC Clinical Trials Unit](#) at University College London – confirm early findings presented at the 2018 [European Society of Medical Oncology \(ESMO\) congress](#).

## Transforming standard of care

This part of the STAMPEDE study, funded by [Cancer Research UK](#) and [published in PLOS Medicine](#), involved around 2,000 men with advanced prostate cancer in the United Kingdom and Switzerland. Half were given standard hormonal treatment while the other half received both standard treatment and radiotherapy to the prostate – the site of the primary tumor.

They found that around 65 per cent of men with newly diagnosed prostate cancer that had spread to a few lymph nodes and bones, who were treated with additional radiotherapy, survived for at least five years.

In comparison, 53 per cent of men who did not have the additional radiotherapy treatment were alive after five years. Similar benefits were not seen for men whose cancer had spread to many lymph nodes and bones.

The latest findings also show that the side effects of radiotherapy were manageable, without any impact on long-term quality of life. The long-term results support current guidelines recommending prostate radiotherapy be incorporated into standard of care as it is a relatively cheap and a readily available treatment option worldwide.

## Promising results for other advanced cancers

Professor Nick James, Professor of Prostate and Bladder Cancer Research at the ICR, and Chief Investigator of the STAMPEDE trial, said, “The initial 2018 findings of this arm of the STAMPEDE trial were slightly surprising. Previous thinking was that if the cancer had spread then the horse had bolted and there was no point in shutting the stable door by treating the original disease site. These long-term results have confirmed that this is not the case, and by treating the original site after the disease has spread, some men with prostate cancer lived longer than those on hormonal therapy alone. This could potentially benefit people with other cancers that have spread to other parts of the body too.”

## Benefit for prostate cancer patients

Professor Chris Parker, Consultant Clinical Oncologist at The Royal Marsden and Professor of Prostate Oncology at the ICR, who led the study, said, “These results provide further evidence that radiotherapy to the prostate extends life for some prostate cancer patients whose disease has undergone minimal spread to other parts of the body.

“Radiotherapy is a relatively cheap, widely accessible, and well-tolerated treatment, and our new data strongly support guidelines already recommending the use of prostate radiotherapy in these patients as a new standard of care - potentially benefiting many thousands of men every year worldwide.”

**Healthline:** August 25, 2022

## What Does Personalized Medicine Look Like for Prostate Cancer?

Medically reviewed (8 sources)

Medical treatment is shifting from a traditional symptom-based approach to one that's personalized for you. This is especially true for cancer care, where personalized medicine is often the first step in treatment decision making.

Prostate cancer is among the cancer types most impacted by the personalization of medicine. For prostate cancer, special disease markers are used to decide whether treatment is needed before it even begins. We've partnered with the [Prostate Cancer Foundation \(PCF\)](#) to learn more about how personalized, or precision, medicine is used for prostate cancer.

### How is precision medicine used in prostate cancer care?

Precision medicine is used across the spectrum of prostate cancer care, from screening to treatment. "Precision medicine, or personalized medicine, is an innovative approach to tailoring disease prevention or treatment to account for differences unique to a specific patient or tumor," explains Dr. Rana McKay, a medical oncologist at the University of California San Diego and PCF-funded researcher.

For example, blood tests that detect a protein known as prostate-specific antigen (PSA) are used to screen for early signs of prostate cancer. Cancer cells tend to release more PSA than healthy prostate cells, so elevated levels in the blood may suggest that more regular or additional types of testing are needed. PSA can be high even if you don't have cancer, though. Observing trends in PSA levels over time is most helpful.

### Precision Screening

The best age to begin screening for prostate cancer can be personalized based on your risk factors.

The [PCF](#) recommends:

- If you have a strong family history of cancer, start talking with your doctor about screening at age 40.
- If you're Black, start talking with your doctor about screening at age 40.
- If you don't have any risk factors, start talking with your doctor about screening at age 45.

The role of precision medicine becomes even more important during treatment. It helps doctors match the right treatment to the exact cancer that you have. "The goal of precision medicine is to target the right treatments to the right patients at the right time," McKay says. "This is important because there are several treatments and clinical trials that are [designed for] people with specific molecular changes in their tumor."

### How does it work?

Oncologists and their teams may consider a variety of factors to evaluate the unique characteristics of a person's prostate cancer type, such as specific genetic mutations, how certain genes or proteins are expressed, and how far the cancer has spread. Some types of tests that may be used to evaluate these factors include tissue biopsy, blood or urine testing, genetic testing, and imaging, such as PET or CT scans.

Results from these tests can help healthcare professionals understand how aggressive the cancer is likely to be, what kinds of treatment approaches are needed, and which medications will or won't work against a specific tumor. For instance, tumors that contain mutations in certain DNA damage repair genes may be more likely to respond to a poly adenosine diphosphate-ribose polymerase (PARP) inhibitor, such as rucaparib (Rubraca) or olaparib (Lynparza). On the other hand, tumors that contain mutations in mismatch repair genes are more likely to respond to pembrolizumab (Keytruda). Knowing which medication is likely to work for a specific tumor helps doctors avoid treatments that are unlikely to be effective and minimize potentially unpleasant and unnecessary side effects.

Doctors will also consider things like age and other health conditions when tailoring treatment plans to individuals. For example, prostate cancer is known to be more aggressive and can be fatal when diagnosed in younger men, whereas men over 70 can live with the disease for many years. However, men who are younger and otherwise healthy have the potential to live for a long time after treatment, which may also influence treatment decisions.

Understanding these factors and taking a personalized approach helps your care team determine how aggressive to be with different cancer therapies.

**Healthline:** August 25, 2022

## What Does Personalized Medicine Look Like for Prostate Cancer?

Medically reviewed (8 sources)

### Can it help everyone with prostate cancer?

Personalized medicine relies on doctors finding a specific feature in a person's tumor that's known to predict response to a specific treatment.

While many advancements have been made in the field of precision medicine for prostate cancer, there's a lot left to learn.

Currently, there are only a handful of gene alterations (mutations or abnormalities) in prostate cancer that can help guide clinical decision-making and predict response to treatment.

"However, if we were to actually take all possible alterations that we can target with a drug, the majority of patients likely have a genomic alteration that could potentially be targeted with a specific drug or combination of drugs," McKay estimates.

A 2015 study reported that samples from almost [90% Trusted Source](#) of prostate cancer cells contained clinically actionable disease markers — meaning the researchers could predict response to treatment or use the information to understand a person's diagnosis or prognosis.

The study only included tumor samples from people with advanced prostate cancer. These individuals are at the highest risk of fatal cancer and may benefit a lot from a personalized approach to treatment.

### Can it guide lifestyle changes?

"Lifestyle absolutely plays a tremendous role in prostate cancer treatment and also overcoming side effects of therapy," says McKay.

Recently, experts have started to wonder whether guiding lifestyle changes is the next step in precision medicine for various diseases and conditions.

Understanding how certain genetic features affect the likelihood that a person will develop prostate cancer can help them take steps to prevent cancer from developing in the first place. For example, it's known that diet and physical activity affect your chances of developing prostate cancer. These could be factored into a personalized prevention plan.

During treatment for prostate cancer, lifestyle plans tailored to individuals could someday help people deal with different responses to therapy and side effects.

While research hasn't yet advanced to the point that a personalized lifestyle plan can be used to help prevent or treat prostate cancer, such a future may not be far off.

### What's next in the field of precision medicine for prostate cancer?

Research on precision medicine for prostate cancer is continually growing. McKay notes that there are many exciting studies on treatments, biomarkers, imaging, and other approaches on the horizon. She's particularly excited about the PREDICT study through the Alliance for Clinical Trials, which will launch in January of 2023.

"This is a novel phase 2 biomarker-based umbrella study that uses DNA and RNA tumor profiling to guide therapy selection," she explains.

There are several other areas of prostate cancer research that one day will be used to guide personalized treatment approaches. Some of the remaining questions include:

- When can active surveillance be used?
- Who should get surgery versus radiation?
- Who will benefit from more intense treatment?
- Is drug resistance likely to occur?

McKay adds that having enough people from diverse backgrounds to conduct studies is what helps advance prostate cancer research and the field of precision medicine. "Participation in clinical research is really paramount for helping optimize treatment for patients."

### The takeaway

Prostate cancer care has been revolutionized by a personalized approach to treatment. These advancements can help improve outcomes, reduce the occurrence of unnecessary side effects, and set people on the path to recovery sooner.

If you or a loved one has prostate cancer, your doctor should discuss the testing options available to help guide your personalized treatment decision-making.

*Urology Times*: August 26, 2022

## Surveillance for Favorable Intermediate-Risk Prostate Cancer on the Rise

Benjamin P. Saylor

The use of active surveillance for men with favorable intermediate-risk prostate cancer has risen in recent years, investigators reported at the North Central Section of the American Urological Association Annual Meeting in Chicago, Illinois.

Discussing the rationale for the study, first author Raghav Madan, MD, said, “Active surveillance has been used for grade group 1, or Gleason 6 prostate cancer for quite some time with remarkable success. Those cancers are very slow growing; in relative terms, they don't advance quickly, so it's safe to actively survey them and then operate when necessary. There's been recent interest in expanding [active surveillance] to men with favorable intermediate-risk prostate cancer and examine whether that is a safe approach.” Madan is a urology resident at Wayne State University in Detroit, Michigan.

For the study, the investigators identified 4291 men in the Michigan Urological Surgery Improvement Collaborative (MUSIC) prostate cancer registry with favorable intermediate-risk disease. “We estimated the proportion of men with FIRPC that selected [active surveillance] by year of diagnosis. A multivariable logistic regression model was fit to assess for factors associated with the selection of [active surveillance] and used to estimate the adjusted probability of men with FIRPC selecting [active surveillance] at each contributing practice,” wrote the authors.

Of the cohort, 1326 men (31%) chose active surveillance. Use of active surveillance increased from 13% in 2012 to 45% in 2020. The investigators also observed that increasing age was associated with the selection of active surveillance, whereas grade group 2 disease on diagnostic biopsy was associated with a lower likelihood of choosing active surveillance ( $P < .001$  for both).

The investigators also examined oncologic outcomes, and Madan noted that approximately 50% to 60% of patients were able to delay treatment by 5 years. For men undergoing radical prostatectomy, the rate of adverse pathology was slightly worse in patients opting for active surveillance, but importantly, the risk of biochemical recurrence was similar when comparing men who underwent immediate vs delayed treatment.

Senior author Kevin Ginsburg, MD, said he and his coauthors observed wide variation by practice in the use of active surveillance in this patient population.

“When we look at this from a practice standpoint, we see some practices have 50% to 60% of their men with favorable intermediate-risk prostate cancer selecting active surveillance, and we see other practices [where the number is] very low—closer to 5% to 10%. And then [there are] a lot of practices in the middle, around the 20% to 40% range. So there's still quite a remarkable amount of variability in there,” said Ginsburg, an assistant professor of urology at Wayne State University.

In an interview with *Urology Times*®, Ginsburg attributed the variability to uncertainty surrounding the use of active surveillance in men with favorable intermediate-risk prostate cancer.

“There's a question about how appropriate are these men for active surveillance? We don't quite know yet,” Ginsburg said.

Ginsburg concluded, “We just want to be thoughtful about who should be treated with favorable intermediate-risk disease. We think a lot of these men would be appropriate for active surveillance. And with diligent surveillance, I think their long-term oncological outcomes are not going to be compromised.”

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### ZERO - The End of Prostate Cancer

ZERO offers direct resources for all those impacted by prostate cancer, including:

**ZERO360 Comprehensive Patient Support**  
1-844-244-1309, [zerocancer.org/zero360](https://zerocancer.org/zero360)

**Peer Support**  
[zerocancer.org/mentor](https://zerocancer.org/mentor)

**ZERO Caregiver Connector Program**  
[zerocancer.org/caregiver-connector](https://zerocancer.org/caregiver-connector)

**Educational Resources**  
[zerocancer.org](https://zerocancer.org)

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Medtech: August 8, 2022

## FDA Clears AI Software for Spotting Prostate Cancer in MRI Scans

Connor Hale

A small, Nebraska-based company has received FDA clearance for artificial intelligence-driven software that helps pick out the signs of prostate cancer in MRI scans.

Bot Image's ProstatID program was trained using thousands of digital images, radiologist interpretations and biopsy results. It automatically recognizes and measures the volume of the prostate gland and highlights suspicious lesions that could be harboring tumor cells.

"Prostate cancer screening and detection methods adoption has changed little over the past 30 years, despite the mountain of evidence pointing to the efficacy of superior technologies and the futility of the old methods," CEO Randall Jones said in a statement. "Sadly, this has resulted in the unnecessary and premature deaths of countless numbers of men in the U.S. alone."

In addition, the prostate itself can pose a challenge when it comes to getting a clear scan, due to its location within the body and the uniformity of its tissue, the company noted.

To assist in making a cancer diagnosis, Bot Image's machine learning algorithms are designed to produce a colorized map of normal and abnormal tissue. The program also assigns a probability score to each lesion—derived from T2, apparent diffusion coefficient and diffusion-weighted images.

The company plans to offer ProstatID, its first product, as a software-as-a-service. Radiologists will connect with Bot Image's cloud-based servers, upload their MRI scans and receive an AI-generated report in return, with the entire IT process taking less than an hour to set up, according to Jones.

Bot Image—a company originally incubated at the MRI coil provider ScanMed—also plans to develop AI software for detecting conditions such as stroke, liver disease, chronic obstructive pulmonary disease and other cancers using MRI imaging.

Prostate Cancer Foundation: August 5, 2022

## FDA Approves Darolutamide for Metastatic Hormone-Sensitive Prostate Cancer

Becky Campbell

The FDA approved darolutamide in combination with docetaxel chemotherapy for patients with metastatic hormone-sensitive prostate cancer (mHSPC). This means that patients with mHSPC (prostate cancer that has spread beyond the prostate and is responsive to hormone therapy, or who have not yet received hormone therapy) have an additional treatment option.

Darolutamide (Nubeqa) is a novel hormone therapy that works by blocking the androgen receptor. Androgens are the hormones that act as prostate cancer's "fuel." The approval is based on the results of a large Phase 3 clinical trial called ARASENS. This trial compared outcomes among 1300 patients who received docetaxel + standard ADT + darolutamide vs. patients who received docetaxel + standard ADT + placebo. 86% of the patients were newly diagnosed with prostate cancer that had metastasized to the bones or other organs.

Patients treated with the addition of darolutamide were 32% less likely to die during the study follow-up period compared to patients treated with docetaxel + ADT alone. These patients also had improved time to castration resistance (when the PSA increases and disease worsens, despite hormone therapy), time to pain progression, time to symptomatic skeletal related events (i.e., bone fractures, needing radiation to the bones, etc.), and time to next cancer therapy. Importantly, these improved outcomes of triplet therapy intensification were associated with only a modest increase in adverse events.

This approval provides further support to the growing evidence for "intensified" therapy of mHSPC. "Doublet" therapy—the addition of docetaxel *or* an oral, novel hormonal therapy (abiraterone, apalutamide, or enzalutamide) to ADT—is the current standard of care. Darolutamide + docetaxel + ADT is "triplet" therapy. In this [press release](#) announcing the news, PCF CEO Dr. Charles J. Ryan notes that "this approval adds a different treatment approach for mHSPC patients and their physicians to choose from."

***If you are diagnosed with mHSPC, talk to your doctor about treatment beyond standard ADT alone.***



# Prostate Cancer Support Association

*of New Mexico*

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## **A Message from the Chairperson**

**October 2022**

As we adapt to the reality that COVID is likely here to stay, I encourage you to take extra precautions if you are on androgen deprivation therapy (ADT). According to a study by researchers at Washington University School of Medicine in St. Louis and Saint Louis University School of Medicine (<https://www.news-medical.net/news/20220902/Men-with-low-testosterone-may-have-higher-risk-of-COVID-19-hospitalization.aspx>), men with low testosterone who develop COVID are at elevated risk of becoming seriously ill and ending up in the hospital. The team of researchers found that men with low testosterone who developed COVID-19 were 2.4 times more likely to require hospitalization than men with hormone levels in the normal range. The data indicate that low testosterone is an independent risk factor for COVID-19 hospitalization, similar to diabetes, heart disease and chronic lung disease. So please, as the season changes, take care as you adjust to coping with prostate cancer and living with our “new normal”- remember those flu shots, COVID vaccine boosts when it's your time, and keep those masks handy.

Wishing you a happy and healthy autumn,

A handwritten signature in black ink that reads "Rod Geer".

**Rod Geer**  
**Chairperson of the Board, PCSANM**