



# Prostate Cancer Support Association of New Mexico

## LIFELINE

Celebrating  
over 30 years of  
supporting men  
and their families

PCSANM Quarterly  
July 2023  
Volume 30, Issue 3

### Issue Highlights

General Information	2
In Memory of Jerry Cross	3
PSMA-Targeted Therapy	4
Focused Radiation Therapy	5
FDA Approves POSLUMA®	6-7
Bone Biomarkers	7
Chairperson's Message	8

Visit our website:  
[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 to 2:45 p.m.  
on the first and third Saturday  
of most months.  
Many meetings may also be  
accessed virtually.

Meeting topics and login  
information may be found at:

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

Please call 505-254-7784 or  
email [pchelp@pcsanm.org](mailto:pchelp@pcsanm.org)  
with questions.

### A Message from PCSANM's Newest Board Member

By Tim Tokarski

Hearing the words 'you have cancer' can be three of the scariest words you will ever hear. Long before your cancer is detected and diagnosed, there are changes that occur in our bodies, some that we might be aware of, others we are not.

I am committed to supporting individuals on their cancer journey in both my personal and professional life. Professionally, I am the Executive Director of the New Mexico Cancer Center Foundation. In this role, I work to raise funds and identify the non-medical resources needed to support individuals on their cancer journey. The resources include housing support through rent and mortgage payments, transportation (fuel support and third-party rides), nutrition, and utility support. We also provide educational resources and support to other organizations in our communities.

Personally, my family has had a long history of cancer incidence. Three of four grandparents, my stepfather, and three siblings have all had experiences with cancer. Some were behavior influenced – smoking, others genetic – breast and colon. I continue to support organizations like the American Cancer Society (ACS), the American Lung Association, and now, as a board member for the Prostate Cancer Support Association of New Mexico (PCSANM).

It is important to know your family history, the guidelines, and to take an active roll in your healthcare. Here are some steps you can take to improve your outcomes should you have a cancer diagnosis:

- Know your body and recognize when a change occurs. Men have historically dismissed changes, discomfort, and outright pain rather than determining its source.
- Be informed. Screening guidelines vary based on age, race, ethnicity, and history. Know your screening guidelines and follow them.
- Educate yourself. Should you have a cancer diagnosis, learn about your type, its staging, and the treatment options. Know your insurance benefits and how to access those benefits. There are many sources of information and resources through your provider, your insurer, organizations such as the PCSANM and the ACS, to name a few.
- Don't go it alone. Find a support system – whether group or individual – and share your experience. Share not only to find support but to provide hope to the individual who is recently diagnosed and is uncertain and afraid.

Because of the advances in early detection and screening, targeted treatment, and access, cancer, while still serious, is not the death sentence it once was. I look forward to the opportunity to impact prostate cancer in our communities working with PCSANM.

**PLEASE SUPPORT PCSANM!**Online: [www.pcsanm.org/donate](http://www.pcsanm.org/donate)

or

By check: PCSANM  
2533 Virginia St. Ste. C  
Albuquerque, NM 87110**Board Members**

**Rod Geer, Chairperson**  
**David Turner, Treasurer**  
**Michael Weinberg, Secretary**  
**Gene Brooks, Programs Coordinator**  
**Lawrence Benson**  
**Kat Lopez**  
**Tim Tokarski**

**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
Santa Fe	Guy Dimonte	(505) 699-2139

**DISCLAIMERS:**

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

No copyrighted material belonging to others is knowingly used in this publication without permission.  
If any is inadvertently used without permission, please contact our office.

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.

*In Memory*

With deep sympathy and regret, we list these names:

Jerry Cross

Paul Livingston

Larry Sjogren

**PCSANM Lifeline**

A quarterly newsletter addressing issues of prostate cancer

**Months Published:**

January      April  
July          October

**PUBLISHER**

The Prostate Cancer Support Association of New Mexico, Inc.  
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)**VISIT OUR WEBSITE**<http://www.pcsanm.org>

[www.Facebook.com/ProstateCancerSupportNM](http://www.Facebook.com/ProstateCancerSupportNM)

Twitter #ProstateSupportNM

**FACEBOOK**

Rod Geer

**EDITOR**

Rod Geer

**MEETING MODERATOR**

Gene Brooks

## Jerry Cross (1950-2023) A Remembrance

Lou Reimer, Former PCSANM Board Member

Jerry was born Gustaf Alexander Lindenberg to a German mother and an Austrian father on March 26, 1950 in Weisbaden Germany. He was orphaned at age one. But, as luck would have it, by age two he was adopted by an American Air Force family serving in Germany, James and Francys Cross. Major Cross and Francys adopted two girls to round out the family before returning to the USA in 1955. Jerry and his sisters were naturalized by a judge in 1959. He grew up in Mascoutah, Illinois. He attended Millikin University and met Janet Stahl when he was in graduate school at Illinois State University. Jan and Jerry married in 1975 and had their daughter, Andrea, in 1978. They moved to Albuquerque in 1980.

Jerry came into my life when he joined the Prostate Cancer Support Association (PCSANM) in April 2011 seeking information about his disease. This became an opportunity to add him to my life as a friend.

Jerry was a caring person who liked people and gave in many ways. He soon became very active in PCSANM and quickly became part of the Board of Directors. Just as quickly, he assumed the duties of editor of our newsletter and established our website. Jerry participated fully in the organization's activities during his eight years of participation. He shared his experiences and knowledge of prostate cancer with many members, both as a participant at our support group meetings, and by helping other members on a one-on-one basis. One of the doctors who was very well respected by the organization was Dr. Peter Lindberg. Dr. Lindberg was diagnosed with esophageal cancer, and after fighting it valiantly, passed away in September 2016. Jerry organized a team to provide support and care while Dr. Lindberg was in the hospital. Jerry was at Dr. Lindberg's side as he breathed his last, and he consoled the doctor's wife and daughter.

But Jerry was not one to restrict sharing his talents to our organization; he participated fully with other groups. Jerry became a vice president of a sister organization, Cancer Support Now. That group was broad-based, and he fully participated in the events they sponsored. He was the editor of their newsletter and website as well as PCSANM's.

Professionally, Jerry was a special education teacher for over 35 years and taught at Manzano High School, Tomasita Elementary and McKinley Middle School. He dedicated his life to supporting students with disabilities.

In addition to being active in cancer support organizations, Jerry had many interests. He was a leader of the Albuquerque Rocket Society and sponsored many launches in the west mesa area of Rio Rancho for members of that group. He and Jan were participants in the dental clinics held by the New Mexico Dental Association, supplying free dental treatments in events throughout the state. My wife and I joined them for three of those activities. Jerry and Jan ran a summer camp for adults with Cerebral Palsy for several years. He was a supporter of the Eldorado Band boosters and Albuquerque Youth Symphony, worked on the board at Pageant of Bands, and volunteered at the NM State Science Fair for many years.

Jan was a very active women's basketball participant, and her team played in a league. Jerry went to almost every game and offered his full support. He was devastated by Jan's death from breast cancer in 2020.

Jerry prioritized his family and frequently arranged to visit or travel with them. Even as his death neared, he arranged to take his family on a Hawaii tour this June. He passed away before then, but he made sure his family was able to go anyway.

After Jan passed away, Jerry left Albuquerque in May of 2021 and moved to Colorado to be close to his daughter and her family in Aurora. He found a two-bedroom apartment in an assisted living facility nearby. He became very active in the facility's events and was well-liked by the management and residents. He was initially the water aerobics leader, arranged for movie nights, sponsored art classes and was an ambassador of good will throughout the facility. When my wife and I visited him and were treated to lunch in their dining room/restaurant, Jerry got lots of recognition with hellos and visits from residents. As his death neared, the residents asked for him to have a celebration of his life before he died. He was an active participant in the arrangement having a luau theme – he even arranged for pineapples to be flown in from Hawaii for the event. It was a cruel twist of fate that he died just days before the celebration. The luau was held as planned on May 10, four days after his death.

Jerry recognized and cherished his US citizenship, since he had to be naturalized, but he felt that he was short changed because he didn't have the opportunity to actually raise his hand and swear to uphold the Constitution. On November 15, 2022, Jerry participated in a Citizenship and Immigration Services ceremony in Denver and had the opportunity to actually take the oath with a group of children. He addressed the group and prepared an [inspiring one-page flyer about himself and the duties of American citizens](#).

Jerry passed away from metastatic prostate cancer on May 6, 2023. His body has been cremated and his ashes will be spread at meaningful locations in Jerry's life.

Prostate Cancer Foundation: March 28, 2023

## A New Approach to Identifying Patients Who May Benefit from PSMA Targeted Therapy

Janet Farrar-Worthington

**I have metastatic castrate-resistant prostate cancer (mCRPC). Could I benefit from PSMA-targeted radioligand therapy?**

This is a good question. **Not all men with mCRPC are helped by PSMA-targeting therapy**, and the reason for this is that not all mCRPC prostate cancers are alike. They are *heterogeneous*; that is, they are made up of many different types of cells, and this variety makes them harder to kill. For example, androgen deprivation therapy (ADT) and androgen receptor (AR)-targeting drugs (such as abiraterone and enzalutamide) can kill prostate cancer cells that are controlled by male hormones. But the drugs are powerless against other prostate cancer cells that *don't* need male hormones to grow. And treatment that targets PSMA (prostate-specific membrane antigen, a protein that sits on the surface of prostate cancer cells) is not effective against cancer cells that don't make much – or any – PSMA.

**So, who is most likely to benefit? A “liquid biopsy,” currently under investigation, may soon be able to help.** But wait – what's a liquid biopsy? It does much of what a traditional biopsy does. In a traditional biopsy, a pathologist studies cells and tissue taken from the primary tumor or metastatic site. In a liquid biopsy, the same thing happens – except what is studied are **individual cancer cells that have left the original tumor and migrated into the bloodstream**, hitching a ride to future sites of metastasis. These are called circulating tumor cells (CTCs).

A new Prostate Cancer Foundation-funded study has shown that it is possible to detect PSMA on CTCs in men with mCRPC – and to predict who may be helped, and who may not likely be helped, by PSMA-targeting radioligand therapy. “We were motivated to do this study because so many men want to know about PSMA lutetium,” says Duke University medical oncologist Andrew Armstrong, M.D., MSc. He is lead investigator of the study, published March 2023 in [Clinical Cancer Research](#).

### Identifying Patients for “Smart-Bomb” Therapy

Lutetium-177-PSMA-617 (Pluvicto<sup>TM</sup>), approved by the FDA in 2022, delivers beta-particle radiation to PSMA-expressing cells. “It is the only FDA-approved therapy that came out in 2022 that was life-prolonging,” continues Armstrong, who describes it to his patients as a “smart bomb.” Today, “we are using that smart-bomb therapy, and we require PSMA PET scans to determine eligibility for this medicine.” Only men who have PSMA-positive PET

Lutetium-177; even so, “not all patients respond equally. About half the patients respond really well, and half have more limited responses. Of those who respond well, about 20 percent “have extremely long responses.”

Armstrong and colleagues developed the CTC test used in the study “to ideally and eventually complement, rather than replace, the PSMA PET imaging,” he says, “to tell us more about what's going on inside the patient with the cells that are disseminating and forming new metastases. There's a lot of heterogeneity of PSMA expression in advanced prostate cancer. Under the microscope, we can see PSMA-positive and -negative cells coexisting – the cells that lack PSMA and those that have it, side by side.”

In the study, investigators analyzed men with mCRPC who participated in the PCF-funded PROPHECY trial, and were treated either with abiraterone or enzalutamide – both AR-targeting drugs. Of the 78 men in the study who had detectable CTCs, 55 percent had PSMA in varying amounts. Of these, 21 percent had at least 2 or more PSMA-positive CTCs per milliliter (mL) of blood, and 19 percent had 100 percent PSMA-positive CTC cells (homogeneous expression), while the remainder of men had various degrees of PSMA heterogeneity or loss of PSMA expression.

**Now here's a point of great interest:** “Having two or more PSMA-positive CTCs per mL was associated with shorter overall and progression-free survival [worse outcomes] with abiraterone and enzalutamide,” says Armstrong. But there's a big **however**: “These men who would ordinarily do worse are the ones that may be able to experience improved outcomes with PSMA-targeting lutetium-177. As we've shown previously using PSMA PET imaging, the more PSMA you have in your cancer, the greater the tumor is targeted by the radioligand therapy, and the better you do in terms of response and survival. **Instead of this being a poor prognosis, this is predictive of benefit.**”

Armstrong is planning a new phase 3 study at Duke and other centers, to test the ability of PSMA-positive CTCs in men with mCRPC who have progressed on hormonal therapies to predict the benefits of simultaneous treatment with ADT and PSMA-Lutetium-177 (Pluvicto<sup>TM</sup>). He believes timing – before the cancer becomes more heterogeneous – may make a difference, and “giving these drugs earlier in the course of disease might make more sense and work better. Here is a form of precision medicine that is changing the survival rates for a group of men who, until now, did not have nearly so much hope.”



University of Maryland School of Medicine: May 8, 2023

## Patients with Advanced Prostate Cancer May Benefit from Focused Radiation Therapy that Targets Metastases

Deborah Kotz

University of Maryland School of Medicine (UMSOM) faculty recently launched a new clinical trial to test a targeted form of highly-focused radiation therapy in patients with advanced prostate cancer that has spread to distant sites in the body. The study aims to determine whether the innovative approach – which uses highly-focused radiation beams to carefully target small metastases – can extend survival in these patients.

**“This study is targeting patients who are initially diagnosed with an advanced cancer that has begun to spread,”** said study co-leader Phuoc Tran, MD, PhD, Professor of Radiation Oncology and Vice Chair for Radiation Oncology Research at UMSOM. He is also a radiation oncologist at the University of Maryland Medical Center where the study is being conducted. **“We want to see whether these patients with limited spread, called oligometastasis, experience remission and longer survival with this metastasis-directed radiation therapy.”**

Approximately 30,000 of American men die from prostate cancer every year. Only 32 percent of patients with metastatic prostate cancer survive for more than 5 years after their diagnosis compared to a 99 percent survival rate in patients with early-stage cancer, according to the American Cancer Society.

“Recent research suggests that targeted treatments can significantly improve outcomes for patients with oligometastatic prostate cancer where spread is limited to five or fewer small lesions that are not causing symptoms,” said UMSOM Dean Mark T. Gladwin, MD, Vice President for Medical Affairs, University of Maryland, Baltimore, and the John Z. and Akiko K. Bowers Distinguished Professor. “This study highlights the importance of employing a multidisciplinary perspective that uses clinical trial data, tumor profiling and computational methods to chart the way forward for successfully treating patients with advanced-stage cancers.”

This new randomized trial will compare patients who receive highly focused radiation that targets their metastases along with standard treatments to those who receive only standard treatments.

### First Study Participant Remains Hopeful

After a routine procedure to treat a urinary issue, Thomas Nappi, 63, of Pasadena, was diagnosed in May 2022 with stage 4 prostate cancer. He was shocked to find his cancer had spread to his lymph nodes and spine because his regular screening test for prostate cancer, the prostate-specific antigen (PSA) test, had come back normal only weeks earlier.

Nappi was told he was not a candidate for surgery since his cancer was too advanced. In November, he decided to enroll in the study, called the [TERPS trial](#), which stands for Total Eradication of metastatic lesions following definitive Radiation to the Prostate in de novo oligometastatic prostate cancer. Nappi was randomly assigned to the treatment group where he received three treatments of highly-focused metastasis-directed therapy (MDT) at the University of Maryland Medical Center. He also received six weeks of proton radiation therapy at the Maryland Proton Treatment Center to kill the tumors in his prostate gland. In addition, he was prescribed standard hormonal therapy to block his testosterone, which feeds prostate cancers cells, which he will remain on for two years.

“I actually feel fine and have had very few side effects,” said Mr. Nappi, a photographer and creative services director of the Maryland Department of Human Services. He is eager to see whether the treatment keeps his cancer at bay and possibly even rids him of the disease altogether but is also grateful to have the opportunity to help researchers collect data that will benefit others. “If it’s going to help somebody else in my situation, then I am happy to do that,” he said.

Mr. Nappi wants to spend time with his family, including his 1½-year-old granddaughter and a newborn grandson. He has felt well enough to continue working throughout his treatment.

BioSpace: May 30, 2023

## U.S. FDA Approves POSLUMA® (Flotufolastat F 18) Injection, First Radiohybrid PSMA-targeted PET Imaging Agent for Prostate Cancer

[Blue Earth Diagnostics](#), a Bracco company and recognized leader in the development and commercialization of innovative PET radiopharmaceuticals, announced U.S. Food and Drug Administration (FDA) approval for its optimized, high-affinity radiohybrid (rh) Prostate-Specific Membrane Antigen (PSMA)-targeted PET imaging agent, POSLUMA® (flotufolastat F 18) injection (formerly referred to as <sup>18</sup>F-rhPSMA-7.3). POSLUMA is indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions in men with prostate cancer with suspected metastasis who are candidates for initial definitive therapy or with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level. It is the first and only FDA-approved, PSMA-targeted imaging agent developed with proprietary radiohybrid (rh) technology. POSLUMA will be commercially available in early June 2023, through certain radiopharmacies in the national radiopharmacy network of Blue Earth Diagnostics' commercial U.S. manufacturer and distributor, PETNET Solutions Inc, A Siemens Healthineers Company. It will become increasingly available nationally in coming months.

POSLUMA is an optimized PSMA-targeted molecule that binds to and is internalized by cells that express PSMA, including prostate cancer cells, which usually overexpress PSMA. It is labeled with the radioisotope fluorine-18 (<sup>18</sup>F) to enable PET imaging of the prostate and other areas of the body where prostate cancer may have spread. The <sup>18</sup>F radioisotope leverages the high image quality of <sup>18</sup>F-labeled PSMA PET imaging to facilitate effective detection of disease and enables broad, readily available geographic access for patients.

The approval of POSLUMA is based on data from two Blue Earth Diagnostics-sponsored Phase 3 trials (LIGHTHOUSE and SPOTLIGHT), designed to establish the safety and diagnostic performance of POSLUMA across the continuum of prostate cancer care. Results from the LIGHTHOUSE study demonstrated high specificity for the detection of pelvic lymph nodes as compared to histopathology standard of truth in men with PSMA-positive lesions prior to radical prostatectomy. The SPOTLIGHT study evaluated POSLUMA in men with suspected prostate cancer recurrence based on elevated PSA following prior therapy. Results demonstrated high detection rates (% positive PET scans) even at low PSA levels.

In clinical trials, the safety of POSLUMA was evaluated in 747 patients with initial or recurrent prostate cancer. The adverse reactions reported in ≥0.4% of patients in clinical studies were diarrhea, blood pressure increase and injection site pain.

“Effective staging in newly diagnosed prostate cancer – determining its presence and helping determine whether it may have metastasized – is critical in establishing optimal clinical management strategies, because up to 25% of patients with primary prostate cancer may have detectable regional pelvic lymph node metastases, which are correlated with a risk for recurrence and associated overall survival,” said Brian F. Chapin, MD, Associate Professor, Department of Urology, Division of Surgery, The University of Texas MD Anderson Cancer Center, and Coordinating Investigator of the Phase 3 LIGHTHOUSE study. “Conventional imaging techniques such as CT and MRI are limited in the information they may provide. The LIGHTHOUSE study looked at unfavorable intermediate, high and very high risk patients who were scheduled for radical prostatectomy plus pelvic lymph node dissection (PLND) prior to POSLUMA PET. The study showed that POSLUMA PET provided clinically valuable information prior to surgery that would likely result in management changes for these patients.”

“The highly variable nature of recurrent prostate cancer presents clinical challenges, and up to 40% of patients who undergo radical prostatectomy, and up to 50% of patients who undergo radiation therapy will develop local or distant recurrences within 10 years,” said David M. Schuster, MD, FACR, Emory University School of Medicine, Professor of Radiology and Imaging Sciences at Emory University School of Medicine, a researcher at Winship Cancer Institute of Emory University and Coordinating Investigator for the Phase 3 SPOTLIGHT study. “The ability to determine the extent and location of recurrent disease is necessary to inform physicians and their patients for appropriate clinical management. The Phase 3 SPOTLIGHT study investigated the diagnostic performance of POSLUMA PET imaging as a potential decision-making aid in assessing suspected biochemical recurrence of the disease, and demonstrated that it offered precision diagnostic performance even at low PSA levels with an overall 83% detection rate.”

Continued on page 7

BioSpace: May 30, 2023

## FDA Approves POSLUMA® (Flotufolastat F 18) Injection

Continued from page 6

“We at ZERO Prostate Cancer are thrilled to see the approval of POSLUMA as an additional useful tool for staging prostate cancer,” said Shelby Moneer, MS, CHES, Vice President Advocacy and Patient Support, ZERO Prostate Cancer, a patient advocacy organization.

“Determining if, when, or where prostate cancer has returned or spread is of the utmost importance for patients and their medical teams. The more patients know about their own diagnosis, the more empowered they are to seek personalized treatment plans. This new approval will, ultimately, give more options – and hope – to people impacted by prostate cancer.”

POSLUMA® (flotufolastat F 18) injection (formerly referred to as <sup>18</sup>F-rhPSMA-7.3) is an optimized, targeted radiohybrid diagnostic imaging agent indicated for positron emission tomography (PET) of prostate-specific membrane antigen (PSMA) positive lesions in men with prostate cancer with suspected metastasis who are candidates for initial therapy or with suspected recurrence based on elevated serum prostate-specific antigen (PSA) level. Precision PET imaging with POSLUMA can help identify the location and extent of prostate cancer, providing clinically valuable information to guide patient management. POSLUMA represents a new class of high-affinity PSMA-targeted PET radiopharmaceuticals based on novel radiohybrid technology and is labeled with the radioisotope <sup>18</sup>F to provide readily available patient access and leverage the high image quality of <sup>18</sup>F-labeled PSMA PET imaging to facilitate effective detection of disease.

---

### ZERO Prostate Cancer

<https://zerocancer.org/>

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)

#### ZERO MENTor Program

<https://zerocancer.org/get-support/peer-support/mentor/>

Cancer Care: May 8, 2023

## Bone Biomarkers

Stephanie Winn

Research led by [UC Davis Comprehensive Cancer Center \(UCDCCC\)](#) reveals a link between bone metabolism biomarkers and survival in men with newly diagnosed hormone-sensitive prostate cancer (HSPC) who received androgen deprivation therapy (ADT). The work was [published in European Urology](#). The study analyzed results from a [SWOG Cancer Research Network](#) Phase 3 trial of nearly 1,000 patients on ADT, including some who were also on the novel hormonal therapy [Orteronel](#). Patients participating in the trial came from 248 academic and community centers throughout the country. Bone biomarkers for both bone loss and bone formation were measured in HSPC patients enrolled in the trial.

The researchers found that elevated bone biomarkers were associated with an increased risk of death. Bone biomarkers have been found to influence overall survival in men with castration-resistant prostate cancer (CRPC), but have not been fully established for HSPC. CRPC is a prostate cancer that continues to grow even when testosterone levels are greatly reduced. “Our findings show that high levels of bone turnover biomarkers are associated with a shorter lifespan in men newly diagnosed with metastatic HSPC,” said UCDCCC Director Primo “Lucky” Lara Jr. “In the future, knowing one’s bone biomarker status could improve how we predict patient outcomes and enhance treatment considerations for men with HSPC.”

### Managing bone health during prostate cancer treatment

A finely balanced interaction between cells that rebuild bone and cells that destroy bone is common in men with advanced prostate cancer. These men often present with skeletal metastasis, a common source of bone pain and fracture that can affect their survival.

In addition, men with metastatic HSPC are typically treated with ADT, which disrupts bone turnover and contributes to the development of bone diseases such as osteopenia and osteoporosis. Previous studies have shown that elevated levels of blood-based biomarkers of bone turnover predict survival in men with CRPC and bone targeted therapy may help patients with highly elevated markers. “This study takes a similar look at bone turnover biomarkers in men with advanced or metastatic HSPC who are initiating ADT as part of a large phase 3 clinical trial,” said co-author and UCDCCC clinical scientist Mamta Parikh. “Ultimately, our findings add to the growing understanding of the complex interplay between cancer and bone metabolism, which will also help us design future clinical trials.”



# Prostate Cancer Support Association

of New Mexico

**PCSANM *Lifeline* Newsletter**  
**Celebrating 32 years of supporting men  
and their families**

**Prostate Cancer Support Association  
of New Mexico, Inc.**  
**2533 Virginia St. NE, Suite C**  
**Albuquerque, NM 87110**

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

RETURN  
SERVICE  
REQUESTED

## **A Message from the Chairperson**

**July 2023**

Charles Rowland, who served as a PCSANM board member for decade, has retired. He offered much over that time to the board and very importantly to men and families he supported. He recently said a takeaway from his service is an appreciation for the safe place, brotherhood, and acceptance one can find within the support group. Charles is the person I met the first time I walked into the support group's office. He made me feel comfortable, so I kept coming back. Thank you, Charles.

On another note, the American Urological Association (AUA) has just changed its prostate cancer screening guidelines. *It has lowered the suggested age to initiate screening to 45 to 50 years of age.* Also, if a man has an elevated prostate cancer risk – strong family history, Black ancestry, for instance – screening should begin at age 40. Read more about AUA prostate cancer screening guidelines changes by going to <https://bit.ly/3qsLjLS>.

A handwritten signature in cursive script that reads "Rod Geer".

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