Prostate Cancer Support Association of New Mexico

LIFELINE

Since 1991, supporting those affected by prostate cancer

Quarterly Newsletter
April 2026
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Scan to learn more about PCSANM or to donate

Support Group Meetings

Meetings are held at Bear Canyon Senior Center, 4645 Pitt St. NE in Albuquerque, from 12:30 p.m. to 2:45 p.m. on the first and third Saturdays of most months.

For meeting topics and information:

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

Please call 505-254-7784 or email pchelp@pcsanm.org with questions.

Reaching More Communities: PCSANM Expands Statewide Outreach Efforts

This spring, the Prostate Cancer Support Association of New Mexico (PCSANM) is expanding its community outreach efforts with participation in various upcoming health fairs across the state. In the next month alone, volunteers will be present at events in Grants, Raton, Albuquerque, and the Pueblo of Sandia, with more outreach opportunities in the coming months.

These events are an important part of our mission to ensure that men and families throughout New Mexico have access to clear, reliable information about prostate cancer. Health fairs allow us to meet people where they are—in their own communities—and provide resources about screening, early detection, treatment options, and the many support services available to patients and caregivers.

For many men, prostate cancer is not something they think about until they are personally affected. By participating in community health fairs, we hope to start conversations earlier, encourage men to talk with their doctors about screening, and help families better understand the importance of early detection. When prostate cancer is found early, treatment options are often more effective and outcomes can be greatly improved.

Outreach also helps us connect with individuals who may be newly diagnosed or supporting a loved one through treatment. Many people are unaware that support groups and survivor networks exist right here in New Mexico. A simple conversation at a health fair booth can lead someone to the information, encouragement, and community they need.

These efforts reflect PCSANM's commitment to serving communities across the entire state—urban, rural, and tribal. By working together with local health organizations and community partners, we can help ensure that prostate cancer education and support reach as many people as possible.

If you are interested in volunteering at one of these events or helping with future outreach activities, we welcome your participation. Together, we can continue building awareness, strengthening support networks, and improving prostate cancer education throughout New Mexico.

PLEASE SUPPORT PCSANM

To donate, visit www.pcsanm.org/donate,
or send a check payable to:
PCSANM
2533 Virginia St. NE, Suite C
Albuquerque, NM 87110

Board of Directors

Prostate Cancer Support Contacts Around the State

City	Contact	Phone
Clovis	Kim Adams	(575) 769-7661
Farmington	Deb Albin	(505) 609-6089
Los Alamos	Michael Smith	(505) 709-5021
Las Cruces	John Sarbo, Ron Childress	(915) 503-1246 (602) 312-9289
Santa Fe	Guy Dimonte	(505) 699-2139

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

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

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PUBLISHER
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2533 Virginia St. NE, Suite C
Albuquerque, NM 87110

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

Office is open
Monday-Thursday
10 a.m. - 2 p.m.

EMAIL
pchelp@pcsanm.org

VISIT OUR WEBSITE
http://www.pcsanm.org

EDITOR
Gerald Bowe

MEETING MODERATORS
Jonathan Brown
James Whitfield

FACEBOOK

MedPage TODAY: February 19, 2026

Two Types of ADT for Prostate Cancer, Different Effects on Coronary Artery Plaque

— Significantly less progression, especially unstable lesions, with relugolix versus leuprolide

Charles Bankhead, Senior Editor, MedPage Today

Key Takeaways

- Men with prostate cancer who were treated with the GnRH agonist leuprolide had significantly more coronary artery plaque progression than those receiving the GnRH antagonist relugolix.
- Leuprolide-treated patients had significantly larger increases in total and noncalcified plaque volume at 12 months.
- Noncalcified plaque growth suggests a potential mechanism for the higher cardiovascular risk linked to GnRH agonists.

Two types of androgen deprivation therapy (ADT) had different effects on coronary atherosclerosis in a small randomized trial of men with prostate cancer.

Significantly more coronary artery plaque progression occurred in men treated with the gonadotropin-releasing hormone (GnRH) agonist leuprolide plus pelvic radiotherapy compared with those who received the GnRH antagonist relugolix (Orgovyx) in addition to radiotherapy. Both total plaque volume and noncalcified plaque volume were significantly greater in leuprolide-treated men at 12 months.

The observed effect on total plaque volume suggests a potential mediating factor in ADT-associated cardiovascular (CV) risk, reported Sagar A. Patel, MD, MSc, of Emory University in Atlanta, and colleagues in *JAMA Cardiology*.

"This effect [on plaque volume] appears unrelated to magnitude of testosterone suppression, as leuprolide and relugolix achieved similar levels of castration," the authors noted. "Our data demonstrate that the CV effect of ADT is detectable in the near term, at least partly mediated by coronary artery plaque progression, and is drug pathway-specific independent of testosterone suppression."

"To our knowledge, this is the first clinical trial to identify a biological basis for CV risk differences observed between ADT drug pathways in men with [prostate cancer]," they wrote.

The study added to a large volume of evidence linking ADT to increased CV risk in men with prostate cancer. ADT targeting the GnRH pathway remains a cornerstone of treatment for prostate cancer, but drugs that have an agonistic effect on the pathway (such as leuprolide) are associated with significant CV morbidity, Patel and colleagues noted in their introduction. CV disease has become a major cause of mortality in prostate cancer.

A mechanistic explanation for GnRH agonists' association with increased CV risk has remained unclear, the authors pointed out. As with all forms of ADT, GnRH agonists suppress testosterone. Lower levels of testosterone have been associated with adverse cardiometabolic effects, such as inflammation, dyslipidemia, insulin resistance, and atherosclerosis. Conversely, higher endogenous levels of testosterone have been associated with reduced CV risk and CV mortality in men receiving testosterone replacement therapy.

However, multiple studies have shown higher rates of CV morbidity in men treated with GnRH agonists compared with orchiectomy or antiandrogens, suggesting mechanistic differences in achieving testosterone suppression, Patel and colleagues explained. Studies involving preclinical models have suggested that GnRH activation promotes destabilization of existing vascular plaques, especially less stable plaques with thin, noncalcified caps. GnRH agonists may activate receptors expressed by T cells in atherosclerotic plaque, stimulating T-cell expansion into pro-inflammatory phenotypes implicated in plaque progression or rupture.

See TO EXPLORE, page 4

MedPage TODAY: February 19, 2026

Two Types of ADT for Prostate Cancer, Different Effects

Charles Bankhead, Senior Editor, MedPage Today

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To explore mechanistic differences in ADT-related testosterone suppression, the investigators conducted the randomized REVELUTION trial, comparing the GnRH antagonist relugolix and leuprolide in men with nonmetastatic prostate cancer and no prior exposure to ADT. As previously reported, the randomized phase III HERO trial showed that relugolix led to greater testosterone suppression compared with leuprolide. Additionally, relugolix was associated with a 54% lower risk of major adverse CV events (MACE) versus leuprolide.

Patel and colleagues enrolled men with nonmetastatic prostate cancer scheduled for pelvic radiotherapy and a minimum of 6 months of ADT and randomized the patients to relugolix or leuprolide. Coronary artery plaque volume was assessed by CT angiography at baseline and 12 months after starting ADT. The primary endpoint was change in total plaque volume, and the key secondary endpoint was change in coronary artery noncalcified plaque volume.

Data analysis included 62 randomized patients, who had a mean age of 68.5. The primary analysis showed that total plaque volume increased in both groups but significantly more so in the leuprolide arm (adjusted mean difference +68.9 mm^3, P=0.02). Median noncalcified plaque volume also increased significantly more in the leuprolide arm (adjusted mean difference +64.5 mm^3, P=0.004). Changes in calcified plaque volume and low-attenuation plaque volume did not differ significantly between the two treatment arms. Testosterone levels declined by a similar degree in both groups.

"The most prominent difference was related to an increase of noncalcified plaque following leuprolide, which represents less stable atherosclerotic disease that is highly associated with MACE," the authors noted.

Connecting Patients to Help: ZERO Prostate Cancer Resources

ZERO Prostate Cancer offers a range of free support services for patients, survivors, and caregivers affected by prostate cancer. These include one-on-one support through trained patient navigators, educational resources about screening and treatment options, financial assistance programs for eligible patients, and connections to peer support networks. ZERO also provides advocacy opportunities and community events that help raise awareness and improve access to care. Together, these services are designed to ensure that no one facing prostate cancer has to navigate the journey alone.

ZERO360: Comprehensive Patient Support
1-844-244-1309 (Toll-Free) zerocancer.org/zero360

Zero360 is a free, comprehensive patient support service that helps patients navigate insurance, find financial aid resources, connect with support services, and secure access to care. ZERO's experienced case managers are ready to help men and their families through their personal prostate cancer journeys.

Online Support Services

A variety of online support services are available to help men affected by prostate cancer and their loved ones to connect with others who are going through, or have gone through, similar situations. ZERO Connect is a Facebook-based support group for participants to share stories, ask questions, and connect. The Inspire Online Support Community (ustoo.inspire.com) connects patients, families, friends, and caregivers to enhance the quality of life for all those affected by prostate cancer.

Educational Resources

zerocancer.org
Covering awareness, early detection, screening, treatment and side effects

MedPage Today: February 12, 2026

Is One Salvage Strategy Best in Localized Prostate Cancer?

— Survival rates with two approaches were similar, but one came with more complications

Mike Bassett, Staff Writer, MedPage Today

Key Takeaways

- Salvage focal therapy and radical prostatectomy are both effective in treating localized radiorecurrent prostate cancer, a cohort study suggested.
- There were no statistically significant differences in 10-year cancer-specific and overall survival rates between the two strategies.
- However, perioperative complication rates were significantly higher with salvage radical prostatectomy.

For patients with localized radiorecurrent prostate cancer, salvage focal therapy and salvage radical prostatectomy were similar in terms of survival outcomes, though complications were more common after the latter, a multicenter cohort study suggested.

The 10-year cancer-specific survival rate was 92% among patients who received salvage focal therapy compared with 99% for those who underwent salvage radical prostatectomy, with no statistically significant difference in 10-year restricted mean time lost (-0.09 years, 95% CI -0.22 to 0.03, *P*=0.15), reported Alexander Light, MBBS, of Imperial College London, and colleagues.

There was also no statistically significant difference in 10-year overall survival (57% vs 72%; restricted mean survival time -0.13 years, 95% CI -0.86 to 0.60, *P*=0.72), they noted in *JAMA Oncology*.

However, undergoing salvage radical prostatectomy was associated with statistically significant higher odds of any complications (adjusted OR 24.20, 95% CI 12.94-45.27, *P*<0.001) and major complications (aOR 9.31, 95% CI 3.42-25.36, *P*<0.001).

"These data demonstrate that local salvage treatments provide durable long-term survival in this group of relatively older patients irrespective of which treatment is used," wrote Light and colleagues. "Considering recent technological and pharmacological advances in this setting, like novel anti-androgens, survival for modern-day patients could even be better than we report."

The data also suggested a favorable therapeutic ratio for focal therapy over radical prostatectomy, which "is important given that patients with radiorecurrent disease are older and likely have progressive or additional comorbidities versus primary treatment," they noted.

While radical prostatectomy has demonstrated durable oncologic efficacy, Light and team said it comes with the potential for severe toxic effects, including erectile dysfunction, urinary incontinence, and rectal injury.

"The lasting impact of this morbidity on quality of life is a crucial consideration," they wrote. "Salvage focal therapy is an increasingly used alternative that uses ablative modalities like high-intensity focused ultrasound (HIFU) and cryotherapy to treat only the region containing recurrent tumor with a small margin, potentially reducing toxic effects."

In a commentary accompanying the study, John Nikitas, MD, and Neha Vapiwala, MD, both of the Abramson Cancer Center at the University of Pennsylvania in Philadelphia, noted that an open question is how radical prostatectomy and HIFU and cryotherapy compare with re-irradiation, another potential option for local salvage therapy.

They pointed out that established and emerging re-irradiation approaches can offer durable disease control with predominantly mild to moderate urinary frequency, dysuria, cystitis, or proctitis.

See IT IS UNANSWERED, page 7

MedPage Today: February 27, 2026

Study Questions Use of Prostate Cancer Hormone Therapy in Certain Cases

— Adding hormone therapy to postoperative radiotherapy did not improve OS for most patients

Mike Bassett, Staff Writer, MedPage Today

Adding hormone therapy to postoperative radiotherapy did not improve overall survival (OS) for most men with prostate cancer, according to a meta-analysis of individual patient data.

Across six randomized trials with over 6,000 patients, the 10-year OS rate was 83.6% with postoperative radiotherapy alone versus 84.3% with the addition of hormone therapy (HR 0.87, 95% CI 0.76-1.01, *P*=0.06), reported Amar U. Kishan, MD, of UCLA Health and the Jonsson Comprehensive Cancer Center in Los Angeles, at the American Society of Clinical Oncology (ASCO) Genitourinary Cancers Symposium.

The study was also published in *The Lancet*.

Of note, there was no significant interaction between hormone therapy duration and effect on OS (*P*=0.17), meaning that "short-term hormone therapy is sufficient," Kishan said.

The lack of a survival benefit was particularly observed for men with low prostate-specific antigen (PSA) levels prior to postoperative radiotherapy; however, men with higher PSA levels (levels greater than 0.5 ng/mL) before radiation may see modest improvements in survival, Kishan and colleagues noted.

The study provides answers to two key questions, Kishan pointed out, including who needs hormone therapy with postoperative radiation and how long hormone therapy needs to be for most patients.

Our findings show that postoperative radiotherapy is "highly effective on its own" for most men with detectable but low PSA levels after surgery, Kishan said in a press release. "By safely omitting hormone therapy in these patients, we can potentially spare them months of treatment that may substantially affect their quality of life without extending survival."

In an accompanying commentary, Ana M. Aparicio, MD, and Patrick G. Pilié, MD, both of the University of Texas MD Anderson Cancer Center in Houston, noted that the study "underscores an important adage in prostate cancer that more might not always be better."

"Increasingly sensitive imaging modalities, genomic classifiers, and artificial intelligence-based pathology biomarkers have shown promise in guiding therapy escalation versus de-escalation strategies," they wrote. "For now, clinicians and patients will need to weigh the potential value of prolonging MFS [metastasis-free survival] by adding hormone therapy to [postoperative radiotherapy] in light of Kishan and colleagues' results signaling no overall survival benefit."

The addition of hormone therapy was associated with improved MFS, with 10-year rates of 77.9% versus 74.1% (HR 0.79, 95% CI 0.70-0.89, *P*<0.001).

ASCO discussant Bridget Koontz, MD, of the AdventHealth Cancer Institute in Orlando, Florida, noted that hormone therapy should be focused on patients with "bad biology or high risk of micrometastases."

"It is important that we use common sense in men who have high-risk features," she said. "Patients who have PET-positive, either nodal or metastatic disease, or local recurrence need to be treated with radiation, hormone therapy, a combination of both, and clinical trials."

In explaining the rationale behind the study, Kishan and colleagues said that while adding hormone therapy to definitive radiotherapy in localized prostate cancer improves OS, "whether it similarly improves overall survival in the context of postoperative radiotherapy after radical prostatectomy is unclear."

See IT'S IMPORTANT, Page 7

MedPage Today: February 27, 2026

Study Questions Use of Prostate Cancer Hormone Therapy in Certain Cases

Mike Bassett, Staff Writer, MedPage Today

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"It's important to quantify the OS benefit, because hormone therapy is associated with significant adverse impacts on quality of life, cardiovascular function, metabolic status, musculoskeletal health, sexual function, and neurocognitive function," Kishan said. "In fact, mounting evidence suggests that any potential cancer-specific benefit of adding hormone therapy can be offset by increasing other-cause mortality in patients who have non-aggressive disease."

The meta-analysis included data from six randomized trials involving 6,057 patients that compared postoperative radiotherapy alone versus postoperative radiotherapy combined with either short-term (4 to 6 months) or long-term (24 months) hormone therapy, with a median follow-up of 9 years.

Kishan and colleagues found that men with PSA levels of 0.51-1.00 ng/mL had a reduction in mortality risk with the addition of hormone therapy (HR 0.72, 95% CI 0.54-0.96), as did those with PSA levels greater than 1.00 ng/mL (HR 0.69, 95% CI 0.48-0.98).

Looking at duration of hormone therapy, short-term therapy added to postoperative radiotherapy showed no OS benefit (HR 0.93, 95% CI 0.77-1.11, *P*=0.39), while adding long-term hormone therapy did show a modest OS benefit (HR 0.79, 95% CI 0.63-1.00, *P*=0.049).

An exploratory analysis showed that prolonging short-term hormone therapy to long-term hormone therapy did not improve OS (HR 0.89, 95% CI 0.68-1.16, *P*=0.37), but did improve MFS (HR 0.76, 95% CI 0.61-0.95, *P*=0.02).

MedPage TODAY: February 12, 2026

Is One Salvage Strategy Best in Localized Prostate Cancer?

Mike Bassett, Staff Writer, MedPage Today

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"It is unanswered to what extent perioperative complications associated with RP [radical prostatectomy] translate to substantial differences in urinary pad use, erectile dysfunction, or bowel continence," they wrote. "With continued follow-up of rival salvage therapies, including the growing body of literature on re-irradiation, one can foresee the old adage against salvage RP becoming the accepted reality, and the term salvage being redefined, offering patients renewed hope."

This study included patients undergoing salvage focal therapy from the prospective U.K. HIFU Evaluation and Treatment and International Cryotherapy Evaluation registries (nine centers; 2006-2024) and the prospective U.K. Focal Recurrent Assessment and Salvage Treatment cohort study (six centers; 2014-2018). Patients undergoing salvage radical prostatectomy were derived from an international retrospective registry (12 centers in eight countries; 2000-2021).

Of the patients undergoing salvage focal therapy (median age 71), 77.6% underwent HIFU and the remainder underwent cryotherapy, with 57.5% treated with quadrant ablation. Of patients treated with salvage radical prostatectomy (median age 66), 74.6% underwent open surgery and the remainder underwent robot-assisted surgery.

Prostate Cancer Support Association of New Mexico

PCSANM *Lifeline* Newsletter
Celebrating 35 years of supporting individuals with prostate cancer and their families

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

A Message From the Treasurer

April 2026

Dear Readers,

As we close out the first quarter of the year, I'd like to thank our program participants, volunteers, and supporters for helping sustain the work of the Prostate Cancer Support Association of New Mexico. Your generosity, through donations and volunteer time, allows us to continue providing education, support, and outreach to men and families affected by prostate cancer across the state.

This quarter, our funds have supported ongoing support group activities, educational materials, and preparations for upcoming community outreach events and health fairs. These efforts help ensure that individuals and families throughout New Mexico have access to reliable information and know that support is available.

As a volunteer-led nonprofit organization, we remain committed to using our resources carefully and directing as much as possible toward programs that directly benefit patients, survivors, and caregivers.

Thank you for your continued support of our mission. Every contribution helps us expand awareness, strengthen our programs, and reach more people throughout New Mexico.

Warm regards,

Gerald V. Bowe

Gerald V. Bowe
Treasurer, Board of Directors