



Prostate Cancer Support Association of New Mexico

Supporting
those with prostate
cancer and their
families since 1991

Quarterly Newsletter
July 2024
Volume 31, Issue 3

LIFELINE

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Scan to
learn
more
about
PCSANM



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 Saturday
of most months.

Meeting topics and
information may be found at:

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

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

“EARLY DETECTION, OVERALL GOOD HEALTH, AND SOLELY CONTAINED IN THE PROSTATE CAN GIVE POSITIVE OUTCOMES”

By Jerry Bowe, PCSANM member

Those were the words my family doctor gave me after I was diagnosed with prostate cancer. It gave me a positive attitude for my journey ahead. In June 2022, my PSA (prostate specific antigen) score was 6. A year later, it was 8 and two months later, 10. So, there was concern and in late August 2023, I was referred to a urologist who recommended I have an MRI and a biopsy. In mid-September, I had the MRI result which stated that I had a tumor solely contained in the prostate and a 65% chance of being cancer.

On October 4, 2023, I had a biopsy where 12 samples were extracted from my prostate. Everything went smoothly. My results were that only one sample detected a cancer tumor, and the Gleason Score was 4+3 in the unfavorable intermediate category. A follow-up appointment was made for a month later on November 7th to discuss the treatments. What am I going to do waiting a month?

I contacted my family doctor and spoke with him, and he told me that early detection, overall good health, and solely contained in the prostate can give positive outcomes. I also told my neighbors, family and close friends of my diagnosis, and not to worry. So, my family doctor's words became my mantra, to endure the next month. When speaking with friends that have had prostate cancer said having a positive attitude is the key. I only go online for definitions and explanations of acronyms. I get medical advice from my doctors since there is so much misinformation online.

The game changer for me was on October 15th when my next door neighbor gave me a health article from the *Sunday ABQ Journal* with the headline, “12th Annual Prostate Cancer Conference Nov. 4” being held by the Prostate Cancer Support Association Of New Mexico (PCSANM)! But the treasure was it stated where PCSANM was located and their hours along with their two support group meetings held every month with the location and hours. It also included the PCSANM website and phone number! Wow, an opportunity to **educate** myself about prostate cancer!

A couple of days later, I visited PCSANM, and was greeted with a welcoming smile by Ann. It made me comfortable to be able to talk about my diagnosis, and she shared a wealth of information to educate me further. She told me she would send me videos from PCRI (Prostate Cancer Research Institute). When I arrived home, her e-mail was already in my mailbox with 5 videos. Three of them pertained to my Gleason Score diagnosis of 4+3. The videos were concise, informative and stayed on topic. She also set up an appointment for the next day to meet with Dave who is on the board of PCSANM and moderator for the support group. **More education!**

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PLEASE SUPPORT PCSANM

Scan to donate, visit www.pcsanm.org/donate,
 or send a check payable to:
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 2533 Virginia St. NE, Suite C
 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	Michael Smith	(505) 709-5021
Las Cruces	John Sarbo and Ron Childress	(915) 503-1246 (602) 312-9289
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In Memory

With deep sympathy and regret, we list this name:

Thomas Kelley

PCSANM Lifeline

A quarterly newsletter addressing issues of prostate cancer

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PUBLISHER

Prostate Cancer Support Association of New Mexico
 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.

EMAIL

pchelp@pcsanm.org

VISIT OUR WEBSITE

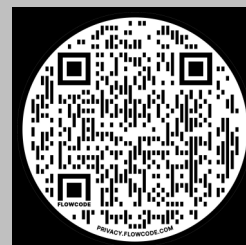
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EDITOR
 Rod Geer

MEETING MODERATORS

Jonathan Brown
 Dave Turner

FACEBOOK



“EARLY DETECTION, OVERALL GOOD HEALTH, AND SOLELY CONTAINED IN THE PROSTATE CAN GIVE POSITIVE OUTCOMES”

Continued from page 1

My husband and I were welcomed by Dave with a friendly smile and calm demeanor (he has a great sense of humor too!). We spoke for over an hour, and he explained what a prostate is and how it functions. Dave also talked about how prostate cancer develops with the potential to grow. He described various treatments such as radiation and hormone therapy. Dave also talked about all the advancements in the last 30 years and especially in the last 2 years with proton radiation and PSMA PET Scans. I showed him my biopsy results and he hand drew a picture of a prostate indicating where my tumor was— near my seminal vesicle. He also provided me with a 96-page Prostate Cancer Patient Guide produced by the Prostate Cancer Foundation. It's a comprehensive resource on diagnosis, treatment, side effects and risk factors for patients and families with a history of prostate cancer. It can now be found online at www.pcf.org/guide. **More education!**

In October, I attended two prostate cancer support group meetings. It was a welcoming, open, friendly, and caring environment. We are all dealing with prostate cancer in some phase, so we have our own brotherhood. In the first meeting, you get to tell your personal story of prostate cancer with everyone. This helps other members know specifically what you are dealing with. The members then can share their expertise about treatments and drugs that they have experienced. Some meetings have medical experts give a presentation to **educate** you even more. The speakers are very open to answering any questions you have.

On November 4th, I attended the 12th Annual Prostate Cancer Conference with my binder full of materials. I had also created a spreadsheet of questions to ask my urologist at my upcoming appointment 3 days later regarding treatments. The main speakers were a urologist, a radiation oncologist, a medical oncologist and expert on biomarkers. I was able to **educate** myself more from their presentations. I also showed one of the speakers my spreadsheet. He thought my questions were pertinent and I should add one more regarding a cancer care team.

At this point I recognized that the more you **educate** yourself about prostate cancer, the less anxiety and stress you have. I was now “armed and ready” to have the discussion about a treatment plan! It turned out that we were basically on the same page. I really wanted a PSMA PET Scan (only available for prostate cancer) where you are injected with radioactive fluid which is able to detect minute cancer. This way I would have a base line to know at this point, that my cancer had not spread. Fortunately, this was part of the urologist's treatment plan. There was a minor concern of my tumor being close to the seminal vesicle. My treatment plan was a PSMA PET Scan, then 3 weeks later a Lupron hormone therapy shot, followed 3 weeks later of 28 radiation treatments and one month later, a second and final Lupron shot.

The PSMA PET Scan went well with no side effects. Then I had the Lupron shot which after a couple of weeks gave me some fatigue and chest hot flashes. The most fatigue I had was towards the end of the radiation treatments where the Lupron shot, and radiation had full effect. The fatigue was a little frustrating as far as not being as productive as I wanted to be, but I figured out that if I took a nap, I was a little more energized to get a task done right away. Hey, I **educated** myself!

The new proton radiation I had (only available for the past 2 years) was amazing. Because the radiation is so targeted, I never felt any radiation burn nor did I have any skin discoloration. The preparation for the radiation was drinking 40 ounces of fluid a couple of hours before my treatment. I chose 8 ounces of coffee and 32 ounces of water. My appointments were at 10 AM, so my routine was between 7:45 AM and 8:45 AM, drink the fluid. At 9 AM, I took a shower and at 9:30 AM, I drove to my appointment to be on time. They have a very tight schedule. When you arrive, they perform an ultrasound on your bladder to make sure it's full so that it stays in place away from the prostate radiation. After that you can immediately urinate! If you don't drink enough, the penalty is you drink more water and then wait an hour. That only happened to me once, and I vowed to myself that it wouldn't happen again!

One thing you can control is how you approach treatments. I told myself that I would be positive during radiation treatments. The Kaseman staff greets you with smiles and they have a great sense of humor. Every week, I brought home-made baked goods and told them some dad jokes. The radiation assistants were very caring and made you feel like family. Leaving after the last treatment was emotional, not just because I got to “ring the bell,” but it felt like leaving family. I'll never forget them, and I think I was a unique patient for them in a positive way!

Three months after radiation treatment, I had my second and last Lupron shot. I did experience some fatigue and hot flashes, but 18 days after the shot I was still able to do our 5-week Spring Europe trip including visiting family and grandsons in Italy. Three months after my final Lupron shot, I had a PSA test. I got my results, and my PSA has gone from 10 nine months ago to 0.02 which means the treatments worked! Going forward, I will have a PSA test every 3 months to monitor.

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The Guardian: May 31, 2024

Scientists Develop Cheap and Quick Spit Test for Prostate Cancer

Andrew Gregory

Scientists have developed a spit test that could “turn the tide” on prostate cancer worldwide by spotting the disease earlier, detecting where men are at high risk and sparing others unnecessary treatment.

The number of men diagnosed with prostate cancer worldwide is projected to double to [2.9 million a year](#) by 2040, with annual deaths predicted to rise by 85%. It is already the most common form of male cancer in more than 100 countries.

Early diagnosis is crucial but experts say the current standard PSA blood tests can miss men who do have cancer and also cause others to go through needless treatment or pointless further checks and scans.

Now researchers from the Institute of Cancer Research, London (ICR) and the Royal Marsden NHS foundation trust appear to have found a better alternative.

A study shows their new saliva test, which involves a DNA sample being collected in seconds, is more accurate than the current standard blood test. The findings are being presented this weekend at the world’s largest cancer conference.

“With this test it could be possible to turn the tide on prostate cancer,” said Ros Eeles, a professor of oncogenetics at the ICR. “We have shown that a simple, cheap spit test to identify men at higher risk due to their genetic makeup is an effective tool to catch the cancer early.”

Speaking at the annual meeting of the American Society of Clinical Oncology (ASCO) in Chicago, Eeles said the breakthrough came after decades of research into the genetic markers of the disease.

“Our study shows that the theory does work in practice – we can identify men at risk of aggressive cancers who need further tests, and spare the men who are at lower risk from unnecessary treatments.”

Scientists and doctors developed the spit test after studying the DNA of hundreds of thousands of men. It works by looking for genetic signals in the saliva that are linked to prostate cancer.

In the Barcode 1 trial, researchers recruited more than 6,000 European men to trial the spit test. All were recruited from their GP surgeries and were aged between 55 and 69 – an age at which the risk of prostate cancer is increased.

Once the saliva had been collected, the test calculated the polygenic risk score (PRS) of each of the men. The score is based on 130 genetic variations in DNA code that are linked to prostate cancer.

In those with the highest genetic risk, the test returned fewer false positives than the PSA test, picked up people with cancer who would have been missed by the PSA test alone, and picked up a higher proportion of the aggressive cancers than the PSA test, the ICR said.

The test also accurately identified men with prostate cancer that had been missed by an MRI scan.

Dheeresh Turnbull, 71, from Brighton, was one of the first men in the world to try the spit test, and discovered he had prostate cancer when he got the results.

He said: “I was completely shocked when I received my diagnosis as I had absolutely no symptoms at all, so I know I would never have been diagnosed at this stage if I hadn’t joined the trial.”

Turnbull underwent robotic surgery to remove part of his prostate and is doing well.

He said: “Because the saliva test revealed that I had a high genetic risk of developing the disease, my younger brother, who would have been too young to join the study directly, signed up and discovered that he also had an aggressive tumor in the prostate. It’s incredible to think that because of this study two lives have now been saved in my family.”

Eeles, a consultant in clinical oncology and cancer genetics at the Royal Marsden NHS foundation trust, cautioned that further research would be required before the test could be rolled out widely.

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The Guardian: May 31, 2024

Cheap and Quick Spit Test (cont.)

Andrew Gregory

Continued from page 4

“Our next step will be for us to test the genetic markers we have identified that are associated with a risk of prostate cancer in diverse populations, to ensure this test can benefit all men.”

Aging populations and increasing life expectancy mean the number of older men worldwide who are living for longer is rising. As the main risk factors for prostate cancer – such as being 50 or older and having a family history of the disease – are unavoidable, experts believe it will be impossible to prevent the surge in cases simply via lifestyle changes or public health interventions.

However, better testing and earlier diagnosis could help reduce the burden and save lives.

“Cancers that are picked up early are much more likely to be curable,” said Prof Kristian Helin, the chief executive of the ICR. “And with prostate cancer cases set to double by 2040, we must have a program in place to diagnose the disease early.

“We know that the current PSA test can cause men to go through unnecessary treatments, and more worryingly it’s missing men who do have cancer. We urgently need an improved test to screen for the disease. This research is a promising step towards that goal, and it highlights the role that genetic testing can play in saving lives.”

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I must give huge kudos to my husband who helped me maintain a positive attitude during this journey. His dishes of ice cream with blueberries shaped into two eyes and a smile were priceless!

A close friend of mine who has battled cancer told me, “You controlled the cancer, you didn’t let the cancer control you!” The two big factors were **educate, educate, educate** and a positive attitude!

*“No amount of anxiety changes the future.
But any amount of gratitude changes the present.”*

2nd Annual Dave Riddle Memorial Golf Tournament

September 14, 2024

Dave Riddle was a successful entrepreneur, avid golfer, and devoted family man who was diagnosed with stage 4 prostate cancer in 2019.

On September 10, 2021, at the age of 67, Dave lost his battle. His wife, Terry Riddle, has organized this event in his honor to promote prostate cancer awareness and education.

Proceeds from the tournament will be donated to the Prostate Cancer Support Association of New Mexico.

About the tournament:

- Open to teams of four and solo players
- Gift bag and lunch included with registration
- Sponsorships available for businesses (longest drive, closest to the pin, corporate, and more)

**Unable to participate but
want to support the cause?**

Please consider making a donation!

Scan the QR code below or visit www.daveriddlegolfmemorial.com to learn more, donate, register, or sponsor the event.



If you or someone you know owns a business and would like to donate items or gift cards for the event’s silent auction, please email pchelp@pcsanm.org.

National Institutes of Health, Research Matters: February 6, 2024

Comparing Side Effects After Prostate Cancer Treatment

Sharon Reynolds

Although prostate cancer is the most common cancer in men in the United States, it comes with a relatively good prognosis. Most men with prostate cancer will still be alive 15 years after their diagnosis.

Currently, men with prostate cancer that hasn't spread outside the gland have several treatment choices. Because most men with prostate cancer are expected to live a long time, weighing the long-term side effects of different treatments is important. Side effects can include bladder and bowel problems, and difficulty with sexual functioning.

Men with prostate cancer at low risk of spreading may undergo surgery to remove the whole prostate or radiation therapy. Some may instead choose active surveillance: observing the cancer over time with imaging and tissue biopsies, and only starting treatment if it grows. Men with cancer at higher risk of spreading may have surgery, or radiation plus therapy to suppress hormones that fuel prostate cancer growth.

Studies have shown that how long men live is similar regardless of the chosen treatment. Whether the long-term side effects differ substantially between these treatments hasn't been clear.

A research team led by Drs. Bashir Al Hussein Al Awamlh and Daniel Barocas from Vanderbilt University Medical Center decided to look more closely at this issue. They recruited almost 2,500 men, 80 years old or younger, from diverse racial backgrounds and geographic areas across the country for a new study, funded in part by NIH. All the men were treated for prostate cancer between 2011-2012 and followed for side effects for 10 years after treatment. The results were published on January 23, 2024, in *JAMA*.

As seen previously, survival rates were similar between men in the two groups, regardless of treatment received. Overall, 0.4% of men with low-risk cancer and 5% of men with high-risk cancer died of their disease over the following 10 years.

Participants reported similar levels of overall physical and mental health regardless of treatment choice. But the researchers did observe differences in some specific side effects between treatments. Men with low-risk cancer who underwent surgery were more likely to report problems with sexual functioning up to 5 years after treatment than men who had radiation or who initially chose surveillance. However, the differences between groups was no longer significant by the 10-year mark.

Among men with low-risk cancer, 14% who had surgery had trouble with leaking urine 10 years after treatment, compared with 4% of those who had radiation therapy and 10% of those who initially chose active surveillance. But 8% of men who had radiation reported serious bowel problems after 10 years compared with 3% of those who had surgery.

For men with high-risk cancer, no differences in sexual functioning were seen between surgery or radiation therapy plus hormone therapy at any time point. About a quarter of those who had surgery reported urinary leakage after 10 years, compared with 11% who had radiation therapy. Seven percent of men who had radiation plus hormone therapy reported serious bowel problems, compared with 2% to 5% of men who had surgery.

“Many men with localized prostate cancer survive for 15 years or more, with minimal differences in survival among various treatment strategies,” says Al Hussein Al Awamlh. “Given this long-time horizon and similar survival rates, the choice of treatment for patients may be influenced by the adverse effects of the treatments.”

National Institutes of Health, Research Matters: May 7, 2024

Urine Test Identifies High-Risk Prostate Cancers

Vicki Contie

Prostate cancer is a leading cause of cancer death among men nationwide. Screening for prostate cancer typically includes a blood test to measure levels of a substance called prostate specific antigen (PSA), which is produced by the prostate gland. PSA levels can be elevated in men who have prostate cancer or certain non-cancerous conditions, like inflammation of the prostate.

Elevated PSA levels can lead to additional tests that may include a biopsy. The biopsy involves removing about a dozen small tissue samples from several areas of the prostate gland to look for cancer cells. Although biopsies are generally safe, they can be painful. They can also lead to fever, urinary tract infection, or other side effects. In many cases, the biopsy identifies slow-growing prostate cancers that would benefit from close monitoring but do not need immediate treatment.

Researchers have been searching for ways to avoid unnecessary biopsies by finding noninvasive ways to distinguish between aggressive prostate cancers that need treatment and slow-growing cancers that may never need treatment.

About a decade ago, an NIH-supported research team led by Dr. Arul M. Chinnaiyan of the University of Michigan developed a urine-based test called MyProstateScore (MPS) that is still in use. Based on two genes that are often found at high levels in the urine of men who have prostate cancer, MPS enables early detection of prostate cancer. But it does not distinguish between low-grade and more serious cancers.

In their latest study, a team led by Chinnaiyan and Dr. Jeffrey Tosoian of Vanderbilt University worked to identify a set of urine-based genes that could distinguish aggressive prostate cancers. Their findings appeared on April 18, 2024, in *JAMA Oncology*.

The researchers first analyzed RNA sequencing data from nearly 59,000 genes to identify a set of 54 candidate markers. All were linked to either prostate cancer overall or uniquely linked to high-grade cancers, and all were detectable in urine.

Further analyses and modeling in 761 patients narrowed down the options to a combination of 17 genes that best predicted the presence of high-grade cancers. A reference gene associated with general prostate tissue was also added. The new 18-gene test was dubbed MyProstateScore 2.0 (MPS2).

MPS2 was validated by analyzing urine samples from another group of 743 men. Each received a biopsy because of elevated PSA levels. The biopsies showed that 20% of them had high-grade prostate cancer.

Validation analysis showed that MPS2 could rule out the presence of high-grade cancer with 97% accuracy. The researchers also compared MPS2 to results from other biomarker tests, including the original MPS test. The analysis showed that MPS2 was better able to identify high-grade cancers. The researchers estimated that it could help patients avoid up to 51% of unnecessary biopsies.

“In nearly 800 patients with an elevated PSA level, the new test was capable of ruling out the presence of clinically significant prostate cancer with remarkable accuracy,” Tosoian says. “This allows patients to avoid more burdensome and invasive tests, like MRI and prostate biopsy, with great confidence that we are not missing something.”

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

Peer Support
zerocancer.org/mentor

ZERO Caregiver Connector Program
zerocancer.org/caregiver-connector

Educational Resources
zerocancer.org



Prostate Cancer Support Association

of New Mexico

PCSANM *Lifeline* Newsletter
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A Message from the Chairperson

July 2024

I would like to thank you readers of this publication along with those who have dedicated yourselves to being integral participants at our twice monthly meetings at Bear Canyon Senior Center for your contributions, whether they be the dollar kind, the support and sharing kind, or both.

During the first half of 2024 we had string of meetings that set one attendance record after another.

We have tried to provide meaningful, learning and sharing opportunities in all that we do, and your input matters. For example, at the first Saturday meeting of 2024, we asked two core questions: What topics should appear on the meeting schedule, and what topics have we simply missed.

I'll offer without hesitation that if we haven't covered all those specified meeting topics, we've come very close to doing so. Please email us a reminder, if you feel we've forgotten something.

It's also important to remind you of an event coming up on September 14: the 2nd Annual Dave Riddle Memorial Golf Tournament (see page 5). Please consider supporting the tournament, perhaps by volunteering at least a part of that day. There are many and varied needs to make this a large event run smoothly.

Thanks again to all of you members of the Prostate Cancer Support Association of New Mexico.

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

Rod Geer
Chairperson of the Board, PCSANM