Prostate Cancer Support Association of New Mexico

LIFELINE

Supporting those with prostate cancer and their families since 1991

Quarterly Newsletter
January 2025
Volume 32, Issue 1

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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.

Why I'm Involved with the Prostate Cancer Support Association of New Mexico (PCSANM)

By Rod Geer, Board Chairperson and Volunteer

About eight years ago, at the age of 67, my primary care provider noticed a trend in my PSA readings during my annual exams, which he had been tracking for about ten years. The numbers were inching upward, so he referred me to a urologist. The urologist ordered a biopsy—during which I fell asleep—and the results came back positive: a 3+4 score. Not terrible, but enough to be taken seriously.

The young urologist suggested surgery. However, I asked him how much time I could spend learning about prostate cancer and its treatments before he'd be concerned if I hadn't acted. His response was reassuring: "If you haven't taken action by late summer or early fall, then I'd be worried." That gave me the time I needed to delve into research and weigh my options.

At that point, a relative suggested I visit PCSANM. He was familiar with the nonprofit and had attended meetings for years. Thank goodness for his advice.

I started by chatting with some of the board members and borrowed books from the PCSANM library. One particularly memorable read was a hilarious book by a sportswriter, with the first chapter detailing the day the writer's catheter was removed. The humor helped lighten a heavy topic and provided much-needed perspective.

Shortly after, I felt an urge to get involved and give back. I returned to the PCSANM office to talk further. There, I met someone whose cancer situation mirrored mine almost exactly. He was five years post-surgery and feeling great. After that meeting, I was invited to attend the next board meeting—and by the end of it, I was a newly minted board member. I've been on the board ever since.

But that's not the end of the story. Through my involvement with PCSANM, I discovered a deeper understanding of empathy—the ability to truly put yourself in someone else's shoes, to share in their fears and worries, and, most rewarding of all, to celebrate their triumphs. By being part of this 30-plus-year-old association, we strive to forge bonds that transcend illness.

Perhaps the most valuable lesson I've learned is the importance of advocacy. Lending my presence and voice (even if it isn't the loudest) to support those who feel unheard, isolated, or overwhelmed has been profoundly fulfilling.

Thank you for taking the time to read my story. Hopefully, we'll have the privilege of hearing yours in a future issue of this newsletter. And now, who will be the next to walk into our office and say, *"PCSANM has helped me. Now I want to give back what I've received."*

PLEASE SUPPORT PCSANM

Scan to donate, visit www.pcsanm.org/donate,
or send a check payable to:
PCSANM
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Albuquerque, NM 87110

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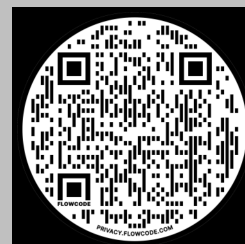

University of California San Francisco: May 13, 2024

Prostate Cancer Study: More Health Benefits from Plant-Based Diet

Elizabeth Fernandez

Eating more fruits, nuts and vegetables each day – along with fewer animal products – is associated with a nearly 50% reduction in the risk of prostate cancer progression.

Men with prostate cancer could significantly reduce the chances of the disease worsening by eating more fruits, vegetables, nuts and olive oil, according to new research by UC San Francisco.

A study of more than 2,000 men with localized prostate cancer found that eating a primarily plant-based diet was associated with a 47% lower risk that their cancer would progress compared with those who consumed the most animal products.

This amounted to eating just one or two more servings per day of healthy foods, particularly vegetables, fruits and whole grains, while eating fewer animal products, like dairy and meat. The study followed the men, whose median age was 65 years old, over time to see how dietary factors affected the progression of their cancer.

Plant-based diets include fruits, vegetables, whole grains, nuts, legumes, vegetable oils, tea and coffee. The researchers measured consumption using a plant-based index and compared the men who scored in the highest 20% to those who scored in the lowest 20%.

"These results could guide people to make better, more healthful choices across their whole diet, rather than adding or removing select foods," said Vivian N. Liu, formerly lead clinical research coordinator at the UCSF Osher Center for Integrative Health and first author of the study, which appears in *JAMA Network Open*.

"Progressing to advanced disease is one of many pivotal concerns among patients with prostate cancer, their family, caregivers and physicians," she said. "This adds to numerous other health benefits associated with consuming a primarily plant-based diet, such as a reduction in diabetes, cardiovascular disease and overall mortality."

Antioxidants and anti-inflammatory compounds

Plant-based diets are becoming increasingly popular in the United States, and evidence is accumulating that they can be beneficial to patients with prostate cancer, the most common cancer among men in the country after non-melanoma skin cancer.

Fruits and vegetables contain antioxidants, as well as anti-inflammatory compounds that have been shown to protect against prostate cancer, and prior research has consistently demonstrated the importance of dietary factors to overall health and well-being.

"Making small changes in one's diet each day is beneficial," said senior author Stacey A. Kenfield, ScD, a UCSF professor of urology and the Helen Diller Family Chair in Population Science for Urologic Cancer. "Greater consumption of plant-based food after a prostate cancer diagnosis has also recently been associated with better quality of life, including sexual function, urinary function and vitality, so it's a win-win on both levels."

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

National Cancer Institute: November 21, 2024

Trial Results Support SBRT as a Standard Option for Some Prostate Cancers

Sharon Reynolds

Some men receiving radiation therapy for prostate cancer can have their treatment compressed into just 5 sessions, compared with the minimum of 20 that is often used, according to results from a large clinical trial.

Most trial participants had prostate cancer that was at intermediate risk of coming back (recurring) after treatment. Men who received the shortened treatment, called stereotactic body radiotherapy (SBRT), did not have a higher risk of cancer recurrence over the next 5 years than men treated with other commonly used radiation therapy regimens given over 4 to 8 weeks, the study found.

Results from the study were published October 16 in the *New England Journal of Medicine*.

SBRT very precisely targets radiation to the tumor while minimizing exposure to normal tissue, allowing for the delivery of a much higher radiation dose per session and, therefore, far fewer treatment days.

Trial participants who were randomly assigned to receive SBRT had a higher risk of developing some urinary problems over the first 2 years after treatment than men randomly assigned to the standard radiation therapy group, but over time this difference disappeared. And the urinary problems, primarily a frequent need to urinate, can be well controlled with medications, said Nicholas van As, M.D., of the Royal Marsden Hospital in the United Kingdom, who led the trial.

"[These side effects] are short-lived. For the great majority of men, they disappear," he said.

"These data support the use of SBRT as a standard of care for intermediate-risk prostate cancer," said Krishnan Patel, M.D., a radiation oncologist from NCI's Center for Cancer Research, who was not involved with the trial. "But … it still may not be for everyone."

Some people who may not be good candidates for SBRT include patients with larger prostate glands or those who already have substantial urinary problems, which could be made worse by SBRT, Dr. Patel explained. Additionally, many men with low-risk prostate cancer might now choose active surveillance at first, instead of either radiation therapy or surgery.

The new study's results support a shift in radiation therapy for prostate cancer that has been underway in the United States, said Dakim Gaines, M.D., Ph.D., a radiation oncologist from Vanderbilt-Ingram Cancer Center, who was not involved in the trial.

Results from earlier studies have suggested that neither of the two treatment schedules are worse at controlling cancer than the other. So, radiation oncologists at his hospital and elsewhere have been using SBRT to treat patients with low- and intermediate-risk prostate cancer for years, Dr. Gaines said. "It's extremely convenient to be able to shrink your treatment from about 5 and a half weeks to about a week and a half."

Excellent cancer control, both with SBRT or longer treatment

Until fairly recently, radiation therapy for prostate cancer was given 5 days a week for 8 weeks or even longer, for a total of about 40 treatment sessions.

Over the last decade, however, studies have shown that this treatment could safely be compressed, with each of 20 sessions using a slightly larger than normal dose of radiation—a strategy called hypofractionation.

Using SBRT to cut the number of treatment sessions further, from 20 down to 5, is not only more convenient but also has the potential to greatly reduce the cost of treatment for both hospitals and patients, said Dr. van As. But it had to be confirmed that a 5-day course of SBRT was not worse at controlling cancer than standard radiation therapy and also that it does not come at the cost of unacceptably high side effects.

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National Cancer Institute: November 21, 2024

Trial Results Support SBRT as a Standard Option for Some Prostate Cancers

Sharon Reynolds

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The trial, called PACE-B, was primarily funded by Accuray, a manufacturer of SBRT equipment, through the Royal Marsden NHS Foundation Trust. It enrolled 874 participants from hospitals in the United Kingdom, Ireland, and Canada. About 92% of participants had intermediate-risk prostate cancer and 8% low-risk, and none received hormone therapy in addition to radiation therapy. Participants had a median age of about 70 years.

Men in the trial were randomly assigned to receive SBRT or the standard radiation therapy regimen used at the center where they received treatment: hypofractionated (20 sessions) or conventional (39 sessions).

After a median follow-up period of just over 6 years, about 95% of men in both treatment groups remained alive without a recurrence of their cancer, demonstrating that SBRT was not worse than conventional radiation therapy.

No differences in bowel problems or sexual difficulties were seen between the groups. At 5 years after treatment, less than 1% of men in both groups reported bowel problems. This number would likely be even lower in men in the United States, explained Dr. Gaines, since U.S. hospitals use protective equipment called rectal spacers to reduce the potential damage to that region during SBRT.

About 10% of participants in both groups reported gastrointestinal problems, and about a quarter reported some degree of erectile dysfunction.

Over the 5 years of follow-up, a total of 27% of men in the SBRT group and 18% in the standard radiation therapy group reported urinary problems. However, this difference was largely seen right after treatment. The higher number of urinary problems in the SBRT group went away after 2 years, with similar numbers of men in both groups reporting irritation and an increased sense of urgency to urinate towards the end of the study.

More studies, more ongoing training required

An ongoing NCI-funded clinical trial called NRG GU005 is comparing SBRT with hypofractionated radiation therapy for intermediate-risk prostate cancer, with early results about side effects expected next year, said Dr. Patel.

Neither trial applies to men with high-risk prostate cancer, Dr. Patel added. Another ongoing trial, called PACE-C, is testing SBRT with hormone therapy versus standard hypofractionation with hormone therapy in men with higher risk of disease recurrence, but no results have been released to date.

An additional unanswered question is whether some of the men at lowest risk of recurrence in the PACE-B trial could have postponed treatment.

“I think most of the men in the study required treatment. But there will have been [some] who could have had active surveillance, which wasn’t as widely accepted when the trial started,” said Dr. van As.

Another issue going forward will be ensuring access to SBRT as it was performed in PACE-B. Highly specialized radiation machines specifically designed for SBRT, including the CyberKnife device, were used in some of the treatment centers that participated in the trial, Dr. van As explained. However, SBRT can be delivered with most modern radiation therapy machines as well, he added.

Dr. Gaines’s center uses a standard linear accelerator, or LINAC, to deliver SBRT, he explained. "We don't have a CyberKnife, and we've been doing this [safely] for years," he said.

But to ensure broader access to SBRT, Dr. van As said, “doctors will need training, physicists will need training, radiologists will need training,” he added.

Some U.S. hospitals won’t have the training yet to do this type of SBRT, Dr. Gaines said, but men in such situations shouldn’t feel like they’re getting worse treatment with a longer radiation therapy schedule. “That may be less convenient, but it’s equally good in terms of cancer control,” he said.

National Cancer Institute: October 16, 2024

As More People With Cancer Use Medical Cannabis, Oncologists Face Questions They Struggle to Answer

Carmen Phillips

A series of new studies is putting a spotlight on the growing use of cannabis among people with cancer and some of the trend's downstream effects.

According to findings from several of the studies, anywhere from about 20% to 40% of people being treated for cancer use cannabis or cannabinoids—often broadly referred to as medical marijuana—to help manage side effects like nausea, pain, sleeplessness, anxiety, and stress.

The growing popularity of cannabis products among people with cancer has tracked with the increasing number of states that have legalized cannabis for medical use. But research has lagged on whether and which cannabis products are a safe or effective way to help with cancer-related symptoms and treatment-related side effects.

The first-ever clinical guidelines on cannabis use Exit Disclaimer from the America Society of Clinical Oncology (ASCO), published in March 2024, put it bluntly: "Cannabis and/or cannabinoid access and use by adults with cancer has outpaced the science supporting their clinical use."

Among the most-pressing challenges caused by this scientific evidence deficit, several of the studies found, is that oncologists and other cancer care providers feel ill-equipped to talk with their patients about medical cannabis.

In one of the studies, for example, although nearly 40% of the oncologists and oncology nurses surveyed said they were comfortable offering guidance to patients on cannabis use, only about 13% said they felt that they were knowledgeable about cannabis Exit Disclaimer. The studies, all funded by NCI and conducted at NCI-Designated Cancer Centers, were published in August in *JNCI Monographs*.

"Patients are highly interested in cannabis" to help them deal with cancer's physical and mental fallout, said the study's lead investigator, Richard T. Lee, M.D., who heads the Cherng Family Center for Integrative Oncology at City of Hope in California.

As the legal landscape of medical cannabis continues to change, Dr. Lee continued, providers are only going to be seeing more patients who are using tropical-flavored cannabis gummies or mandarin orange–flavored cannabis tinctures.

So even without reliable evidence, it's important to ask patients if they are using cannabis products and for what purpose, he said. And for now, "treat it like any other medication, and explain that it has potential harms and potential benefits."

With expanding legality of medical cannabis comes easier access

For years, people with cancer have used cannabis to help manage a range of effects from cancer and other diseases. But until the last decade or so, that practice was almost uniformly illegal in the United States. And because cannabis is what's known as a schedule 1 drug, it's still essentially illegal at the federal level.

At the state level, cannabis is now legal for medical use in 14 states and for recreational and medical use in an additional 24 states and the District of Columbia. According to a recent Pew Research Center study, overall, nearly three-quarters of Americans now live in a state where cannabis is legal for medical and/or recreational use Exit Disclaimer.

According to Susanna Ulahannan, M.D., an oncologist at the University of Oklahoma's Stephenson Cancer Center, her younger patients are most likely to use cannabis, often to help with issues like anxiety and trouble sleeping.

Her older patients, however, are more reluctant. And when they do ask about it, Dr. Ulahannan explained, it's usually when the standard medications she prescribes for problems like pain or lack of appetite aren't cutting it.

"That's usually when they bring it up to me," she said. "'I've tried this and it's not working. What do you think about trying medical marijuana instead?'"

And in states where cannabis is legal, for those who want to try it, it's easy to get. According to the Pew study, in fact, there are about 15,000 cannabis dispensaries in the United States.

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National Cancer Institute: October 16, 2024

As More People With Cancer Use Medical Cannabis, Oncologists Face Questions They Struggle to Answer

Carmen Phillips

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Is medical cannabis safe for people with cancer?

Access to cannabis is one thing. But whether it is safe to use is another question altogether.

"We absolutely … don't have a good handle on safety," said Gary Ellison, Ph.D., M.P.H, of NCI's Division of Cancer Control and Population Sciences, who led one of the *JNCI Monographs* studies.

One of the biggest concerns is whether cannabis products might interfere with patients' cancer treatments. For example, results from some small studies have suggested that cannabis can make immunotherapy treatments less effective.

Indeed, it's known that cannabis can suppress the immune system, particularly when used over a long period, explained Mohab Ibrahim, M.D., Ph.D., medical director of the Comprehensive Center for Pain & Addiction at the University of Arizona Health Sciences.

There are other potential downsides, Dr. Ibrahim continued. For example, cannabis can be a powerful sedative "and can interact with other medications and be synergistic," he said. In other words, if somebody is taking another medication that makes them drowsy or less alert, using cannabis at the same time may magnify that drowsiness. And that can increase the risk for things like falls and car accidents.

But patients don't always want to hear about the downside, Dr. Ellison said. His and other studies have found that patients generally feel that "the potential benefits [of cannabis] outweigh the risks."

Explaining to patients the potential harms and lack of evidence around cannabis is a challenge, Dr. Ulahannan agreed. During discussions with patients, she continued, providers are often swimming against a current of wishful thinking or misinformation.

"A lot of patients believe that there's a more 'natural way' to manage symptoms" than by using prescription medications, she said. And in a recent study on cannabis use at her hospital Exit Disclaimer, Dr. Ulahannan said she was surprised to see that many patients who were using cannabis "thought it was helping to treat their cancer."

Start with what's known about cannabis and cancer

When it comes to any discussions with patients about cannabis, Dr. Ibrahim said cancer care providers may benefit from understanding the laws on cannabis use in their state and their hospital or academic institutions' policies on cannabis use. "You need to know the legal landscape," he stressed.

Beyond that, he continued, it's important to think about how to explain to patients how cannabis can affect their body and how it might interact with other medications. "Cannabinoids will affect almost every system [in the body]," he said, including the brain, lungs, and heart.

Dr. Lee recommended that cancer care providers review the ASCO guidelines, as well as read some of the growing number of comprehensive reviews of the biological and physiological effects of cannabis and findings from the few cancer-related clinical studies that have been done.

And Dr. Ulahannan strongly recommended that patients tell their oncologists about any supplements they are taking, including any cannabis products. As the *JNCI Monographs* study led by Dr. Ellison found, that doesn't appear to be happening: Only about 20% of patients using cannabis reported having talked to their oncologist about it.

That finding reinforces why it's important for open communication between clinicians and patients, Dr. Ulahannan said.

"We need to know what our patients are taking," she said. Even if a provider isn't fully up to speed on cannabis or some supplement that people are taking because it went viral on social media, having this information can be powerful. "So maybe you're not going to reduce [a patient's] chemo dose because now you know there's another possible reason for a side effect" they're experiencing, Dr. Ulahannan said. "Without having that discussion, you wouldn't know."

Prostate Cancer Support Association *of New Mexico*

PCSANM *Lifeline* Newsletter
Celebrating 34 years of supporting individuals with prostate cancer and their families

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A Message From the Chairperson

January 2025

Dear Readers,

As we begin the new year, I want to thank you for your ongoing support and engagement with our quarterly newsletter. I hope that as you read through this issue, you found valuable information that enhances your understanding of prostate cancer and inspires action.

The holiday season is a time of giving, and I'm sure many of you spent it generously supporting others in your lives and communities. Now, as we begin 2025, it's time to focus a little on *you*. To show our appreciation, I'm offering a post-holiday gift for one lucky reader.

Here's how it works:
Take a moment to reflect on what you've learned from this issue. Write me a brief note about how you've applied—or plan to apply—something from these pages in your life. It could be a change in your personal health routine, an idea you've shared with someone, or simply an insight that shifted your perspective. You can send your note via email or mail to PCSANM. I'll personally read each submission, and the first to reach me will receive a gift card—something I hope will bring you joy and remind you of the importance of taking care of yourself and of connection.

I'd love to hear from you, not just for the gift but to learn how we're making a difference. Building connections with our readers is one of the most rewarding aspects of what we do.

Thank you for being part of our community. Let's make 2025 a year of hope, health, and continued learning together.

Warm regards,

Rod Geer

Rod Geer
Chairperson of the Board, PCSANM