

# Prostate News

Arkansas Prostate Cancer Foundation

## April Update

The Arkansas Prostate Cancer Foundation had a great first quarter! Since January 1st the APCF has educated 3705 Arkansans, screened 166 men and navigated 251 patients in their prostate cancer journey.

In March the foundation kicked off the new joint prostate cancer support network with Arkansas Urology, CARTI, and UAMS Cancer Institute.

Each meeting features a presentation by a healthcare professional from one of the partners followed by an open forum among the attendees. The presentation portion is live streamed on Facebook and archived on the page for further reference.

Staying informed with the latest news on prevention and screening is important

because there are no early signs or symptoms of prostate cancer. Should a diagnosis or suspicious screening result occur the Arkansas Prostate Cancer Foundation is here to help with access to current, in-depth treatment information, support groups, literature, and patient support services. Please contact APCF at **501-379-8027** or visit [www.arprostatecancer.org](http://www.arprostatecancer.org) to find information and screenings near you!



## How Radiation Kills Cancer Cells

### *Hypofractionated Radiotherapy for Prostate Cancer,*

By Phuoc T. Tran, MD, PhD (2017). Prostate Disorders, Summer Issue (2017), pg 21  
A publication of the UC Berkeley School of Public Health

Normal cells in the body divide and replace themselves in an orderly process, keeping you healthy and repairing structures as needed. Cancer develops when the cells lose the ability to control their own growth. The cancer cells are immortal and keep dividing, eventually forming clumps of tissue called tumors, or sometimes infiltrating throughout normal tissue and spreading beyond the organ where they originated- a process called metastasis.

DNA is the genetic information inside the cell necessary for life. Radiation therapy kills

cells by damaging their DNA- either directly or by creating the charged particles called free radicals that can cause DNA damage. When the injured DNA cannot be repaired, cells die. But radiation kills normal cells as well as cancerous cells, and so treatment must be directed precisely at the tumor. Since the prostate is a dispensable organ, radiation can be give at doses that will destroy all prostate tissue, both normal and cancerous.

However, radiation dosages are limited by the damage they can cause to surrounding tissue. So the radiation oncologist must achieve

a delicate balance between delivering enough radiation to destroy all the cancer while avoiding collateral damage to nearby structures such as the bladder and rectum, which can result in serious side effects- some of them permanent. These can include urinary and bowel frequency and urgency, pain with urination and bowel movements, and bleeding. And, just as with a radical prostatectomy, there is the potential for the radiation to damage the erectogenic nerves, resulting in erectile dysfunction.

## Helpful Prostate Cancer Resources

### Financial Resources

- **ZERO360:** is a free service to help patients make treatment decisions, access financial resources to cover treatment and other needs, and find emotional support. <https://zerocancer.org/get-support/cancer-costs/financial-resources/>
- **Patient Access Network Foundation:** PAN provides financial assistance for more than 50 disease states and conditions. PAN has provided travel assistance to men with advanced prostate cancer. [www.panfoundation.org](http://www.panfoundation.org) 1-866-316-PANF (7263)

### Educational Resources

- **National Comprehensive Cancer Network (NCCN)**  
NCCN Guidelines for Patients translations of the clinical guidelines, are meant to help patients with cancer talk with their physicians about the best treatment options for their disease.
- **Cancer.net**  
Trusted, compassionate information for people with cancer and their families and caregivers, from the American Society of Clinical Oncology (ASCO), the voice of the world's cancer physicians and oncology professionals. <https://www.cancer.net/cancer-types/prostate-cancer>

## Diet, Exercise with Behavioral Counseling Can Reduce ADT Side Effects

Personalized exercise and diet intervention can lead to clinical improvement in mobility, body composition and strength in sedentary men receiving androgen-deprivation therapy (ADT) for prostate cancer, researchers reported in the *Annals of Behavioral Medicine* on 6 March 2018. "As they gain fat and lose muscle during hormone therapy, these men are at significant risk for chronic health problems including metabolic disorder, a precursor to diabetes and heart disease," lead investigator Brian C. Focht, PhD, of Ohio State University in Columbus, OH, stated in a university news release. In the single-blind IDEA-P trial, Dr. Focht and his colleagues assigned 32 sedentary patients from their cancer center (mean age 66 years) to a group-based, cognitive-behavioral exercise and dietary intervention program or to a 12 weeks of standard care that involved exercise education

"We think the group approach is important, because it creates social support for a group of men who have experienced shared challenges, and that can increase the chances of long-term behavior change," he stated.

The intervention group received exercise and dietary prescriptions along with cognitive-behavioral counseling (GMCB) to promote inde-

pendent improvement in behavior. The men received supervised resistance and aerobic exercise, tailored to each participant's baseline function, for one hour twice a week.

Dietary advice was based on guidelines that promoted increased fruit and vegetable intake. The intervention group experienced significantly greater improvements in mobility performance, muscular strength, body fat percentage, and fat mass over three months compared with the standard care group. The team adjusted for ADT duration and patient status at baseline. "No patients experienced a serious intervention-related adverse event, and the program had favorable adherence and retention rates," the researchers added. "Taken collectively, these findings provide initial evidence supporting the value of lifestyle interventions combining GMCB counseling with personalized exercise and diet prescription in offsetting androgen-deprivation-induced toxicities upon body composition," Dr. Focht stated.

If you are currently on Lupron, ask your doctor about the Abbvie "Man Plan" exercise program.

## "Low-Fat vs. Low-Carb, & the Winner is You & Your Wallet?!"

**By: Mark A. Moyad, MD, MPH, University of Michigan Medical Center, Department of Urology**

After one year, weight loss was similar with a low-fat or low-carb diet regardless of genetic and personal differences between subjects, so is it probably time to pick a cheap diet that fits your personality and basic (not technical) medical profile? Diet battles are getting boring. But at least with more and more research we are learning that there is really little to no difference from one fad diet to the other, primarily when it comes to the amount of weight-loss over time. Additionally, many study subjects in longer-term dietary clinical trials actually end up eventually moving toward moderation anyway by ignoring the strict rules of the diet they are being asked to adhere to over a year or two. And we are also learning that, apart from weight-loss, there are at least some unappreciated basic measurement differences with certain diets that should be discussed because it might sway the decision about what diet you should try this year. So, along comes this

wonderful Stanford University (you know the university that used to have Harbaugh as their coach) study of 609 overweight adults, and cutting to the chase (I just made up that saying) both groups lost approximately 12 pounds over the one-year diet that they were placed in. Not bad! Yet, these researchers thought that certain genotypes (genetics) and personal insulin levels might help some do better on lowfat (lower insulin levels) or low-carb (those with higher insulin resistance). In other words, perhaps researchers can personalize a diet based on genetic tests! Not yet (aka "nope")! That did not happen! What did happen was a reminder that when going low-fat (like past Dr. Ornish research) one can see a large drop in LDL ("bad cholesterol") similar to some lowto-moderate dose statin drugs! Yeah! And, when going low-carb one can see a large drop in triglycerides (fat in the blood) and an increase in HDL ("good cholesterol") as good as and safer than many medications/supplements.

Yeah again! And, this is exactly what happened in this current clinical trial! So if I want my LDL to drop I should consider a low-fat diet, and if I want my triglycerides to drop and HDL to increase then I should consider low-carb (with other factors of course). Ultimately, the major goal is to lose weight with a diet that is the right fit for the individual's personality. Heck I like reruns of Star Trek and Star Wars, but we are not yet living in that kind of diet future. I wish expensive personalized or even moderately priced genetic testing could be matched with a diet. So, in the meantime, you still need to follow the dietary basics in general to lose weight/waist, which means "consume less to lose more" (Moyad Circa 1998 to 2018). BORING?! Yes, but cost-effective - "dirt cheap baby" just how I like it!!

**Reference: I. Gardner CD, Trepanowski JF, Del Goggio LC, et al. The DIETFITS Randomized Clinical Trial. JAMA 319: 667-9, 2018.**

## Prostate Cancer Patient Guide

A comprehensive guide

Published by Prostate Cancer Foundation

There are no two ways about it: getting diagnosed with cancer is hard and it is life-changing. Despite increasing optimism about treatment, today's cancer landscape can be challenging as patients have access to an unprecedented amount of information. There are literally millions of cancer-related webpages, blogs, and videos available at your fingertips. But it's important to acknowledge that this isn't always a helpful thing.

A cancer diagnosis can be disorienting, and for many, the overwhelming volume of information available can be more of a burden than an aid. This guide focuses all of the information available about contemporary prostate cancer research, treatment, and lifestyle factors into one consolidated resource. It is for any man who has been newly diagnosed, who is in treatment, or is concerned about a rising PSA. Beyond that, it's for any loved one or caregiver who wants to cut through the information noise and get directly to need-to-know information about prostate cancer. Lastly, as

### 17 genes

that run in families have been discovered that have overlap from prostate cancer to other cancers.



Since 1993, deaths from prostate cancer have been cut in half.



If the prostate cancer is caught at an early stage, most men will not experience any symptoms.

Prostate cancer has one of the highest survival rates of any cancer.

100%

Prostate cancer is 100% treatable if detected early.

## 10 THINGS TO KNOW

A man of African descent is 70% more likely to develop prostate cancer.

70%

As men age, their risk of developing prostate cancer increases exponentially.

Thanks to emerging science, in the next 5 years, we may see an end to all incurable prostate cancer.



Prostate cancer is the **most common** non-skin cancer in America.

2x

Men with relatives with a history of prostate cancer are twice as likely to develop the disease.

8 ABOUT YOU AND PROSTATE CANCER

we are beginning to recognize the genetic underpinnings of cancer, this guide is for any family member who might want to understand how their shared genes affect their own short- and long-term risks factors—and whether they should be screened as well.

To get a copy of Prostate Cancer Patient Guide visit:

[https://www.pcf.org/wp-content/uploads/2018/01/2018PCF\\_PatientGuide.pdf](https://www.pcf.org/wp-content/uploads/2018/01/2018PCF_PatientGuide.pdf)

## Summer Screening and Event Schedule

For more information about screenings scheduled after publications of this quarterly newsletter see [www.arprostatecancer.org](http://www.arprostatecancer.org). For more information or questions about setting up a screening in your area, please contact Jeremy Sasse at 501-379-8027 or [jsasse@arprostatecancer.org](mailto:jsasse@arprostatecancer.org).

Drew County Health Fair (Monticello)	April 28	Dads and Dugouts Prostate Cancer Awareness Game (Dicky Stephens Park—Little Rock)	May 5
15th Annual Minority Health Fair	April 28	BHMC Stuttgart Health Expo	May 8
Omega Psi Phi Prostate/Colon Cancer Awareness		Lonoke County (WARD) Hometown Health Coalition	May 15
5K Run Walk (Little Rock)	April 28		

## Champion Spotlight

### Prostate Cancer- Become Your Own Advocate

April's APCF Champion Spotlight goes to Gary Potter, a husband, father, business owner and cancer survivor. Gary was diagnosed with Prostate Cancer in 2008 and decided on robotic surgery. "Of course, we began to closely monitor my PSA levels [after surgery] and when they went up we decided to take action." He had "salvage" radiation therapy for local recurrence of his prostate cancer. Gary has been a part of the Foundation's Peer Network of support groups since being diagnosed. "I thought I'd join and move on after I completed treatment," but even today, 10 years later, he is still an active member. Gary is open about his prostate cancer story- he advises men and their loved ones to "become your own advocate. Do your research, ask questions and arm yourself with information. Seek a second opinion...and speak with others who've been where you are." Prostate Cancer affects not only the man who has it, but everyone around him, a reason why Gary continues to actively educated Arkansans about prostate cancer. This March Gary received the Arkansas



Cancer Coalition's "Cancer Survivor Award" for his continuing efforts to provide support to men diagnosed with prostate cancer and their families. The Foundation is truly grateful for all that he does in the community.

## Arkansas Prostate Cancer Foundation

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### ARKANSAS PROSTATE CANCER FOUNDATION TAX DEDUCTIBLE DONATION

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Please accept my enclosed tax-deductible donation to APCF, a non-profit 501(c)(3) organization.

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