



“Fighting Prostate Cancer in California!”

www.prostatecalif.org

News

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PRESIDENT’S MESSAGE

Welcome to the California Prostate Cancer Coalition, dedicated to saving men’s lives by making prostate cancer a public health care priority in our State. CPCC believes in the early detection of this potentially deadly disease. In this newsletter, you will read about our laminated Prostate Cancer Informed Decision-Making Resource Guide, an awareness and educational tool that helps guide the informed discussions that should take place between patients and their physicians about prostate cancer testing. In addition, we are working with the Centers for Disease Control and Prevention (CDC) in Atlanta, helping them make a shared decision-making tool, and have endorsed the Guidelines of the National Comprehensive Cancer Network (NCCN). As President, I attend the major national urologic cancer meetings, such as the annual American Urological Association (AUA) meeting and the American Society of Clinical Oncology (ASCO) annual meeting. While there I gather information to bring back to our state to distribute to all our constituents. I also represent the California Prostate Cancer Coalition in the National Alliance of State Prostate Cancer Coalitions (www.naspcc.org). On June 19, CPCC will be holding our Southern California Support Group Leaders’ Workshop, an excellent way to better your support group skills. Are you a leader who wants to participate? Please let me know (mgrey@ucsd.edu), and please reach out to me with suggestions for our organization, for this newsletter or for meetings and webinars.

Best regards, Merel Grey Nissenberg, President

Prostate Cancer Informed Decision-Making Resource Guide Helps Men and their Physicians Discuss Testing

In 2012, the United States Preventive Services Task Force (USPSTF) first released recommendations against prostate cancer screening and the routine use of PSA testing. At that time, the California Prostate Cancer Coalition (CPCC) decided to produce an information awareness and educational tool for men and their primary care physicians with Board member Stan Rosenfeld and President Merel Grey Nissenberg leading the project. CPCC knew that knowledge is power and that the PSA number is just information that does not necessarily require action. CPCC also believed that men needed help to make informed decisions about testing for prostate cancer.

To address these concerns, CPCC developed the Prostate Cancer Informed Decision-Making Resource Guide. One side of this durable laminated document is dedicated to assisting primary care physicians with informed discussions with their patients about prostate cancer and testing for the disease. The reverse side is dedicated to informed decision-making for men age 40 and over. It includes ten questions men should ask their doctor about prostate cancer and prostate cancer testing.

Both sides contain answers to the ten questions, with more scientific detail on the physician’s side.

Before widespread distribution of the resource guide, a pilot project survey was conducted with physicians and lay people. The survey was designed to determine quality and understanding of content, best distribution points, and best practices to promote informed decision-making.

Method: Nine hundred and ninety-two resource guides and survey cards were hand-distributed to men in California with conversation about the objectives. One thousand resource guides were distributed to family practice physicians in California by U.S. Mail with a cover letter from a CPCC Board Member who is a Family Practice physician.

Results: The results of the survey were overwhelmingly positive. The optional written comments from the lay public were mostly editorial. The physician comments were also overwhelmingly positive. Several physicians requested more resource guides for their clinics. Two physicians suggested incorrectly that the USPSTF

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CPCC Prostate Cancer Advocacy Activities for September 2017: Prostate Cancer Awareness Month



Bill Doss receiving the September 2016 California Prostate Cancer Awareness Month Proclamation from Senator Ted Gaines. Senator Gaines sponsored the Senate Concurrent Resolution (SCR) 145 designating September as Prostate Cancer Awareness Month.

Each year, the President of the United States, the United States Senate, and the Governors of many States issue proclamations declaring September as Prostate Cancer Awareness Month. Many counties and cities across the country also recognize Prostate Cancer Awareness Month by issuing their own Proclamations. Since 2005, William Doss, CPCC Board member, has spearheaded a project to increase the number of legislative bodies participating in this effort with the help of volunteers throughout California. Bill provides volunteers with a tool kit containing all the materials and information needed to request a proclamation from legislative bodies

In 2016, proclamations were received from sixty-four City Councils and twenty County Boards of Supervisors. Often these legislative bodies allow time for the individual receiving the proclamation to discuss the importance of prostate cancer awareness. These sessions may be televised in the local community. Members of the legislative bodies sometimes share their personal or family experiences with prostate cancer, making the presentation even more meaningful.

Increasing prostate cancer awareness in California is a critical concern. More men are diagnosed with prostate cancer in California than in any other state. California also has the highest number of deaths from this disease. It is estimated that in 2017, 4,520 men will be diagnosed and 3,130 men will die from this disease in California. If you are interested in participating in this project or wish to learn more, contact Bill at email:

wdoss@surewest.net.

Important Facts About Prostate Cancer

Did you know that

- Prostate cancer is the most diagnosed cancer in American men, second only to non-fatal skin cancer.
- In the average American family, the husband has the same potential risk of developing prostate cancer as the wife has of developing breast cancer.
- 161,360 American men are forecast to be diagnosed with prostate cancer this year.
- 26,730 American men are forecast to die from this deadly disease this year.
- Every 20 minutes, 24/7, an American man dies from prostate cancer.
- Men have a similar death rate from prostate cancer as women have from breast cancer.
- Prostate cancer usually has no symptoms in its early stage and there are no self-tests for this disease.
- The 5-year survival rate approaches 100% if malignant prostate cancer is treated in its early stage.
- The 5-year survival rate drops to 28% if malignant prostate cancer spreads to other parts of the body.
- African American men have the highest prostate cancer incidence rates in the world.
- African American men have a prostate cancer mortality rate that is more than twice as high as that of any other racial group.
- More than 3 million men are living in the USA today with a history of prostate cancer.
- 1 out of every 8 men will be diagnosed with prostate cancer in their lifetime.
- 1 out of every 8 women will be diagnosed with breast cancer in their lifetime.
- \$80 million Congressional research funding for prostate cancer. (CDMRP* FY 2016)

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National Men's Health Week 2017 June 12 to 18

As we approach the summer months, June is the month of the year in which we celebrate National Men's Health Week from June 12 to 18, ending on Sunday, which is Father's Day. Here are some tips from the Centers for Disease Control and Prevention (CDC) for men to maintain a healthy lifestyle.



- **Eat Healthy** - Eat a variety of fruits and vegetables every day. Fruits and vegetables have many vitamins and minerals that may help protect you from chronic diseases. Limit foods and drinks high in calories, sugar, salt, fat, and alcohol.



- **Move More** - Adults need at least 2½ hours of moderate-intensity aerobic activity every week, and muscle strengthening activities that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms) on two or more days a week. You do not have to do it all at once. Spread your activity out during the week, and break it into smaller amounts of time during the day.



- **Tame Stress** - Sometimes stress can be good. However, it can be harmful when it is severe enough to make you feel overwhelmed and out of control. Take care of yourself. Avoid drugs and alcohol. Find support. Connect socially. Stay active.



- **Get Good Sleep** - Adults need between 7-9 hours of sleep. Insufficient sleep is associated with a number of chronic diseases and conditions, such as diabetes, cardiovascular disease, obesity, and depression. Also, poor sleep is responsible for motor vehicle and machinery-related accidents

Ref: <https://www.cdc.gov/men/nmhw/index.htm>

Focus on Prostate Cancer Treatment in California

UC Davis Comprehensive Cancer Center Offers First Fusion-Guided Prostate Biopsies in the Sacramento Area

The UC Davis Department of Urology offers fusion-guided biopsies, combining ultrasound and magnetic resonance imaging (MRI) to identify prostate cancer. UC Davis became the first hospital in the region to offer fusion biopsies after acquiring new technology needed in July 2015. "It's drastically changed the way we are diagnosing and treating localized prostate cancer," said Marc Dall'Era, associate professor and vice chair of the Department of Urology and CPCC Board member.

Traditionally, if an urologist suspected a patient had prostate cancer, he or she would recommend a needle biopsy of the prostate gland performed under ultrasound guidance. Dall'Era compares a prostate with tumors to a lemon with seeds. While ultrasound by itself does a good job of showing the lemon, it does not do a very good job of showing the seeds – or tumors – within the prostate. Regular ultrasound-guided biopsies may miss the tumor if randomly placed.

"Recent technological developments now allow for a 'multi-parametric' MRI, which uses multiple MRI techniques at the same time to provide a more accurate image of the prostate gland," said Michael Corwin, UC Davis assistant professor of radiology.

For fusion-guided biopsies, patients first have an MRI. The radiologists then read the MRI and circle any suspicious areas before the image is uploaded to a biopsy machine. The patient then returns to Dall'Era for an ultrasound and biopsy. The MRI image is overlaid on the ultrasound image, which is done in real time, to help the urologist target a specific area for biopsy.

Since starting the program, Dr. Dall'Era reports that he has performed 250 MRI/US fusion biopsies. The program will expand as other physicians receive the required training. He notes that fusion-guided biopsies offer a targeted approach that is more efficient and less likely to miss a prostate tumor. It is especially beneficial to patients who have lower-risk tumors on active surveillance and who need close monitoring for signs of cancer progression. More recently, Dr. Dall'Era has expanded its use to men with elevated PSA's.

Reprinted with minor additions with permission from UC Davis Health System, "UC Davis offers fusion-guided prostate biopsies," June 7, 2016 News

Focus on California Prostate Cancer Support Groups

Yolo Prostate Cancer Support Group Woodland

7-8:30PM, 2nd Monday, Odd months
Woodland Community and Senior Center
2001 East Street, Woodland, CA 95776
Contact Gil Walker for more information:
530-661-6449 email: walkergil@hotmail.com

Davis

7-8:30 PM, 2nd Monday, Even Months
Yolo Library - Davis Branch
315 East 14th Street,
Davis, CA 95616
Contact Ray Biancalana for more information:
530-756-6408 email: rjalana@yahoo.com

Why was the group started? Who were the founding members? When was it started?

The group was started in 2007 by men who had been diagnosed and treated for prostate cancer, but still experienced side effects. The men first met at the Sacramento Prostate Cancer Support Group where the idea to have a Yolo Prostate Cancer Support group first germinated. Sacramento is approximately 20 miles from the two main cities in Yolo County, Woodland and Davis. Founders of the group included: Harold Honeyfield, Dr. Bill Chancellor, Charles Halsted, Louis Grivetti, Joe King, Phil Summers, Ray Biancalana, and Gil Walker

How did you decide where to meet? Do your current locations work well? Challenges?

Our meeting places have evolved since 2007. In the beginning, we met around a single table at a local restaurant. We then moved to the Davis Senior Center for more space. Sutter Health in Davis welcomed us to a larger space until this conference room was converted into a doctor's office. The Yolo County Library, Davis branch, could accommodate the group as well as the Woodland Senior Center. That is when we decided to alternate months between the two cities for meetings and included the name "Yolo" in our Support group name.

Our biggest challenge is making sure we are equipped for speakers to be able to use power point for their presentations.

Do you have any financial support? How do you deal with the expenses for running the group?

We do not have any financial support. We ask for donations for a "gift basket" for the Woodland Senior Center Christmas Brunch. The Woodland Senior Center, Inc. funds the printing costs for our Information Guide. We receive a tray of refreshments from Atria/Covell Gardens Senior Living each month.

Who does the group serve? What geographical area? Who attends? Average attendance?

Our group primarily serves Yolo County but we have had men come from both Solano and Sacramento Counties. We welcome spouses and family members. Our average attendance is 10 to 18 people.

How do you publicize the group? How do most men hear about the group? Are you affiliated with US TOO or a medical center?

We announce our meetings in the local papers: Woodland, Davis, Winters, Vacaville, and Dixon and we have a website <<http://yolo-prostate.weebly.com/>>. Most men hear about our group from the paper or by word of mouth. We are not affiliated with US TOO or a medical center.

How is the group governed (lay volunteers, prostate cancer survivors, committee structure, etc.)

The group is run by volunteers who are prostate cancer survivors.

What is the format of the meetings? (speakers, general discussion, etc.) Who leads the discussion?

We have a combination of general discussions and speakers but our main emphasis is focused on the newly diagnosed and updates from others. Members of the group are asked in advance to facilitate the meetings. Each has their own style. We use name cards on the table to promote familiarity.

In addition to providing support to men with prostate cancer, does the group participate in any prostate cancer awareness activities?

We have a table at the Davis Farmer's Market in September and the Woodland Senior Center Health Fair in May. We are on hand to receive Proclamations for Prostate Cancer Awareness Month from both the Woodland and Davis City Councils and the Yolo County Board of Supervisors in September.

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Prostate Cancer Informed Decision-Making Resource Guide Helps Men and their Physicians Discuss Testing

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Guidelines did not allow them to have informed discussions with patients about prostate cancer testing. As a result, a note in a yellow box was added to the next edition of the resource guide pointing out that the Guidelines do allow for such a discussion.

Knowledge is power. The best tool in the armamentarium for men is an informed discussion with their physician about prostate cancer risk factors, testing and treatment decisions. The most recent USPSTF guidelines strongly recommend informed discussions between physicians and men, and changed PSA testing from a “D” recommendation to a “C” recommendation making the decision guide an even more important tool to facilitate these discussions.

The resource guide may be obtained using the link <https://a.cdnmes.com/sites/8/2017/02/23025811/Patient10q052215English.pdf>. For further questions regarding the use and distribution of the resource guide contact Stan Rosenfeld at email: vegstan2@ix.netcom.com.

Prostate Cancer: little known interesting facts about this disease Did you know that

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- \$120 million Congressional research funding for breast cancer. (CDMRP* FY 2016) (50% difference)
- 66 is the median age for men being diagnosed with prostate cancer.
- 61 is the median age for women being diagnosed with breast cancer.
- The Affordable Care Act provides free breast cancer screening, but not free prostate cancer screening.
- Men have a 50% higher risk factor for developing any type of cancer than women have.

CDMRP* Congressionally Directed Medical Research Programs. The above information comes from the American Cancer Society and the National Cancer Institute. It is available at www.cancer.org and www.cancer.gov

Many cancer research centers and advocacy groups suggest that every man consider having a prostate cancer test at age 40 to establish a baseline for future reference. Men with a family history of prostate cancer and African American men should consider having this test at age 35. The basic prostate cancer

test consists of a simple blood test called a PSA (prostate-specific antigen) followed by a DRE (digital rectal exam).

Both of these simple tests can be conducted in the local family doctor’s office.

To obtain additional copies, or provide a comment, contact wdoss@surewest.net

Focus on California Prostate Cancer Support Groups

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Do the group leaders feel that the goals of the group have been achieved? Any lessons for other groups to learn?

From the occasional feedback received, newly diagnosed men who attend report that they feel much better informed and have a plan to gather more information. They see hope after talking with survivors of prostate cancer. Our Information Guide is also very helpful to them. We have men with advanced prostate cancer in the group who serve as very important resource persons. We receive copies of the US TOO Hot Sheet and the PAACT newsletter. These materials help to inform us of current studies and new treatments.

Thanks to Gil Walker for providing this information to the editor.

Need information about support groups in California? Go the CPCC web site to locate the nearest support group to you at <http://prostatecalif.org/>

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Donate Now

CPCC is a 501(c) (3) organization. As such, all contributions made to CPCC are tax-deductible. As an all-volunteer organization, CPCC needs financial resources to keep up our work including: making essential information on prostate cancer available to men and families in California, holding annual support group leaders workshops, publishing a quarterly newsletter, maintaining our website, sponsoring educational conferences, and other related programs. Please help us continue to work for you! Thank you.

CPCC is a 501(c) (3) not-for-profit public benefits corporation (EID 94-3349907). For information concerning gifts in trusts or stock transfers, call (310)525-3570, or E-mail cpcc@prostatecalif.org.

Donations can be made online at

www.prostatecalif.org/donate-now/

or

Mail Donations to:

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