A new family of drugs which inhibits the activity of a protein associated with prostate and other cancers has been reported by scientists from the University of Bath. They provide a promising avenue for research to potentially develop new therapies to treat a range of cancers thanks to the design of the study, which rationally investigates how the drugs work. The research team from the Departments of Pharmacy & Pharmacology and Chemistry studies a protein called α-methylacyl-CoA racemase (AMACR). Levels of the AMACR protein and its activity are increased by ~10-fold in all prostate cancers, and a number of other cancers as well.

Reducing levels of AMACR in prostate cancer cells using genetic techniques makes them less aggressive, and their behaviour becomes more like normal cells. Until recently it was difficult to accurately measure AMACR activity and therefore hard to determine the effectiveness of drugs designed to reduce AMACR activity. This means that few studies on developing AMACR-targeted drugs have been carried out, and those that had been did not systematically investigate the structural features which contribute to high effectiveness. In this study, a new family of drugs which inhibits AMACR is reported.

The structure of a feature called a side-chain was systematically varied in order to identify important structural features which are required for highly-effective inhibition of AMACR activity. This work resulted in a 20-fold increase in effectiveness of drugs designed to reduce AMACR activity.
Night Shift Work and Risk of Prostate Cancer - Results from a Canadian Case-Control Study, the Prostate Cancer and Environment Study
Barul C, Richard H, Marie-Elise Parent M-E
Am J Epidemiol 188: 1801-1811, 2019

Night-shift work involving disruption of circadian rhythms has been associated with breast cancer risk. A role in prostate cancer is also suspected, but evidence is limited. We investigated the association between night-shift work and prostate cancer incidence in the Prostate Cancer and Environment Study (PROtEuS), a population-based case-control study conducted from 2005–2012 in Montreal, Quebec, Canada. Participants were 1,904 prostate cancer cases (432 high-grade cancers) and 1,965 population controls. Detailed work schedules for each job held for at least two years (N=15,724) were elicited in face-to-face interviews. Night-shift work was defined as having ever worked 2–three hours between midnight and 5:00 AM for 2–three nights/month for zone year. Unconditional logistic regression was used to estimate odds ratios and 95% confidence intervals for the association between night-shift work and prostate cancer, adjusting for age, ancestry, and education. No association was found between overall prostate cancer and night-shift work metrics, including over exposure, duration, intensity, cumulative exposure, rotating shifts, and early-morning shifts. For none of the exposure indices was there evidence of heterogeneity in odds ratios between low- and high-grade cancers. Sensitivity analyses restricting exposures to ≥seven nights/month or considering screening history yielded similar results. Our findings lend no support for a major role of night-shift work in prostate cancer development.

Added Value of Concomitant Systematic and Fusion Targeted Biopsies for Grade Group Prediction Based on Radical Prostatectomy Final Pathology on Positive Magnetic Resonance Imaging
J Urol 1 December 2019; Epub

Purpose: We assessed the added value of concomitant systematic biopsy for final grade group prediction in men with positive magnetic resonance imaging (MRI) who were undergoing targeted biopsies.

Materials and Methods: The study included 478 consecutive men with pre-biopsy positive MRI and a >10-core systematic biopsy combined with fusion targeted biopsy who underwent radical prostatectomy (RP). The primary end point was the grade group concordance between biopsy and RP pathology according to the biopsy technique. Clinical and biological factors associated with the performance of systematic biopsy were analyzed.

Results: Adding systematic biopsy to targeted biopsy modified the d’Amico risk classification toward more intermediate- and high-risk in 7.8% of cases, mainly from low- to intermediate-risk with low-risk prostate cancer on targeted biopsy in 44.3%. This reclassification was significantly higher in men with lower PSA and with PSA density <0.20 ng/mL/gm (11.7% vs. 2.4%, p <0.001). The concordance rate between biopsy pathology and RP pathology significantly differed between targeted biopsy and targeted biopsy plus systematic biopsy (45.2% and 51.7%, respectively). The upgrading rate in RP specimens decreased by 22% when systematic biopsy was added to targeted biopsy. Men in whom systematic biopsy did not modify grading were more likely to have pT3-4 and/or pN1 disease on final pathology (56.9% vs. 38.3%, p=0.007).

Conclusions: Grading concordance between biopsy pathology and RP pathology was improved by adding systematic biopsy in all patient subgroups. Men with PSA density <0.20 ng/mL/gm benefited the most from this combined biopsy strategy. Systematic biopsy reclassified a non-negligible number of cases toward a higher-risk category, mainly the low-risk cases. Thus, systematic biopsy could modify treatment decision making.
Doc Moyad’s What Works & What is Worthless Column – Also Known as “No Bogus Science” Column

“Lifestyle Change or ISCHEMIA!”

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

Editor’s Note: Us TOO invites certain physicians and others to provide information and commentary for the Hot SHEET to enrich its content to empower the reader. This column contains the opinions and thoughts of its author and are not necessarily those of Us TOO International.

Can anyone be happier than me right now? Nope! 2019 was the year of lifestyle changes in medicine proving that they can make a dramatic impact, including and especially when combined with proven medications! I am so happy! Yet, will the best news of all make it into a few, if any, cancer newsletters?

There was major anticipation in late November of 2019 for the results of the ISCHEMIA trial, which was recently presented at the American Heart Associations (AHA) Annual Meeting.1 It turns out that pills and lifestyle changes were arguably as powerful as some of the more common invasive heart procedures in preventing heart attacks and strokes in patients with stable heart disease. This was a massively funded federal study that challenges some of the most common medical practices.

How much did it cost? Oh, only about $100 million, but it was conducted at 320 medical sites in 37 countries and included almost 5,200 people with stable coronary artery disease (vs. unstable disease where interventional procedures were necessary). Medications (statin, aspirin, BP drugs…) and lifestyle changes worked as well as invasive interventions.

What were these lifestyle changes recommended to the participants of the ISCHEMIA study? You know! All that “boring” (sarcasm alert) Moyad life-changing stuff like quitting smoking, exercise, dietary changes, weight loss…! I cannot help but think that this study mirrors, and will continue to mirror, what is going on in prostate and many other cancers in the future. Active surveillance has become the rule now, as opposed to the exception, for many patients with nonaggressive localized prostate cancer. In addition, many of the drugs that were once used against advanced prostate cancer and CRPC are now demonstrating fabulous benefit when used earlier in the course of the disease.

And, since cardiovascular disease (CVD) is the number one cause of death in men with prostate cancer, being heart-healthy continues to be prostate-healthy, whether you have a prostate or not. I also believe that researchers will continue to discover that lifestyle changes definitely improve mental health before, during, and after cancer treatment. AND they will definitely improve the efficacy and/or reduce the toxicity of countless cancer treatments. Basically, lifestyle changes increase the odds of living better and longer.

It’s remarkable what has happened in cardiology, because the benefits of using new and older medications along with lifestyle changes is miraculous! And this will continue to happen in cancer. Have an amazing holiday season and don’t forget to donate to Us TOO. Never forget that you are only one workout away from being in a great mood this holiday!

Reference:

Gold Nanoparticles Shown to Be Safe and Effective Treatment for Prostate Cancer

Summary: Biocompatible gold nanoparticles designed to convert near-infrared light to heat have been shown to safely and effectively ablate low- to intermediate-grade tumors within the prostate, according to a study done at the Icahn School of Medicine and published in the Proceedings of the National Academy of Sciences. This treatment could offer men a targeted therapy option that would preserve critical prostate structures, thus avoiding side effects associated with whole-gland treatment such as prostatectomies.

Prostate cancer (PCa) is the second leading cause of cancer deaths in men in the US -- 11% of men will be diagnosed with the disease in their lifetime. Removal or other whole-gland treatment of the prostate carries risks of urinary incontinence and erectile dysfunction. However, technological advances have provided clinicians with options for focal therapies with fewer complications.

In this study, researchers tested the effectiveness of AuroLase® Therapy, a treatment from medical device company Nanospectra Biosciences that is based on technology invented at Rice University by engineer and chemist Naomi Halas, PhD, and Duke University bioengineer Jennifer West, PhD. The Principal Investigator and lead author, Ardeshir Rastinehad, DO, Associate Professor of Urology, and Radiology, at the Icahn School of Medicine at Mount Sinai, invented the technique used in the clinical trial to target and treat the PCa cells using a custom-built magnetic resonance-ultrasound (MR US) fusion imaging platform in collaboration with Philips Healthcare.

AuroLase® uses gold-silica nanoshells (GSN), particles Dr. Halas invented that are composed of a silica core and a gold shell with a diameter of 150 nanometers. AuroShells® are designed to absorb energy from near-infrared light and convert it to heat, resulting in selective hyperthermic cell death, without affecting adjacent non-tumorous tissue. The treatment was effectively demonstrated in previous cell studies and animal models. Following treatment, the particles are cleared through the liver, while some remain sequestered in the liver and spleen. There are no known side effects.

Sixteen men aged 58 to 79 with low- to intermediate-grade PCa (Gleason score of 4+3) received GSN infusion. All were diagnosed and treated at The Mount Sinai Hospital using a targeted biopsy technique called MR US fusion imaging, which uses MRI technology to extract a tissue sample directly from the tumor. Men undergoing GSN infusion and high-precision laser ablation, and

(Continued on page 8)
Active Surveillance for Intermediate-Risk Prostate Cancer? Yes, But for Whom?
Curr Opin Urol 29: 605-611, 2019

Purpose of review: Active surveillance is becoming more widely accepted as an initial management option for carefully selected men with favorable intermediate-risk prostate cancer (PCa). As prospective active surveillance cohorts mature sufficiently to begin evaluating longer-term outcomes, consensus on more precise evidence-based guidelines is needed to identify the patient cohorts who may be safely managed with active surveillance and what the ideal surveillance protocol entails.

Recent findings: Long-term outcomes updates have suggested a trend toward worse outcomes compared with definitive treatment in the intermediate-risk population. In this subgroup, the field is now poised to refine the definition of favorable intermediate-risk patients for whom active surveillance is a safe, evidence-based first-line management option.

Summary: Despite widespread acknowledgement of the pitfalls of overtreatment in clinically localized PCa, utilization of active surveillance in the intermediate-risk population remains marginal, in part, due to the absence of easily interpretable consensus recommendations. As more long-term outcomes data become available for this subgroup, the field is poised to refine the definition of favorable intermediate-risk patients for whom active surveillance is a safe, evidence-based first-line management option.

New Family of Drugs for Prostate Cancer
(Continued from page 1)

in effectiveness in the drugs compared to those already known, such as ibuprofenoyl-CoA. The reported new drugs proved to work in a different way to ibuprofenoyl-CoA and similar drugs.

The study is published in the journal Bioorganic Chemistry. Lead author Dr. Matthew Lloyd, from the Department of Pharmacy & Pharmacology said, “This study is really significant because it gives detailed information about the structure of these drugs and provides a rational basis for understanding their behaviour. That means we have some really promising avenues to explore as we work towards developing new treatments against prostate cancer, and other cancers where AMACR is involved.”

“It is also particularly nice that this study provided important training to the next generation of researchers at Bath.”

Synthesis of the new drugs was performed by post-doc, Dr. Maksims Yevglevskis, Bath Pharmacy undergraduate Suzanne Al-Rawi (who undertook this is a part of a Biochemical Society Summer Vacation Studentship), and Shandong Pharmacy undergraduate Tingying Jiao (as part of a Bath-Shandong Visiting Student Exchange Programme). Biological testing of the drugs was undertaken by post-doc Dr. Amit Nathubhai, and Masters in Drug Discovery with Chemistry student Katty Wadda.

Simon Grievson, Head of Research Funding at Prostate Cancer UK said, “With one man dying from prostate cancer every 45 minutes in the UK, there is a desperate need to develop new and effective treatments for the disease, and that’s why it’s so important that we continue to fund explorative studies like this. The protein AMACR has been shown to be present in larger quantities in aggressive prostate cancer cells, and this research group has successfully developed a technique to find the protein and monitor its activity. Further to this, they have now found certain compounds that can target this protein’s activity in the lab and stop the cancer cells in their tracks. The research is still in its infancy and is not ready for clinical investigation, however this is certainly promising, and we look forward to seeing how this research progresses over the coming years.”

In the UK, prostate cancer is the most common male-specific cancer with 47,151 new diagnoses reported in 2015 and 11,287 deaths in 2014. It accounts for 26% of all cancers diagnosed in men, with one in eight men being diagnosed with prostate cancer in their lifetime. Although 84% of men will survive for at least 10 years with the disease, new treatments are urgently needed, especially for those men diagnosed with more advanced disease.

MedicalXpress 20 October 2019

Check out Us TOO web pages on maximizing quality of life after prostate cancer treatment:
Sexual Health/Intimacy & Erectile Dysfunction at www.ustoo.org/intimacy
and Urinary Incontinence at www.ustoo.org/incontinence

Video is Now Available from Our Detroit Prostate Cancer Pathways Event and Webcast!

View the video which addresses these important topics:
- About Prostate Cancer
- Biochemical Recurrent Prostate Cancer
- Testosterone (the Fuel for Prostate Cancer)
- Sexual Dysfunction
- Imaging and Scanning
- Active Surveillance
- Surgery
- Radiation
- Hormone Therapy
- Shared Decision Making
- Bone Health/PSA and Immunotherapy
- And Much More...

www.ustoo.org/PathwaysDetroit2019
“Counseling oncology patients about nutrition and dietary trends is part science and part art,” according to Kerry McMillen, MS, RD, CSO, manager of Medical Nutrition Therapy at the Seattle Cancer Care Alliance in Washington.

“It’s especially confusing for patients in the day and age of the Internet, when you can basically find proof of anything out there, positive or negative,” she said at a workshop at the 2019 Advanced Practitioner Society for Hematology & Oncology Annual Meeting (JADPRO) Live, the annual meeting of the Advanced Practitioner Society for Hematology and Oncology (APSHO).

Ketogenic Diet

“Take, for instance, the ketogenic diet. The hypothesis behind this diet is that tumors rely on glucose to meet their energy demands, so reducing glucose levels can starve them out,” McMillen explained.

“You know what? Sugar does feed cancer, but sugar feeds every other cell in our body, so it’s not really just about sugar,” she said. “We know that the relationship between sugar and cancer is more about glucose metabolic regulation, and when people have hyperglycemia for days on end, it increases the metabolic cascade that involves insulin-like growth factor 1 and changes the environment and how your cells behave.”

There aren’t any rigorous trials supporting efficacy of the ketogenic diet in the oncology population, but research is ongoing. Also, this diet can be at odds with American Institute for Cancer Research (AICR) recommendations to consume fruits, vegetables, and whole grains, and to limit red meat (which now includes pork and lamb) to no more than 18 ounces per week.

“You really have to think about how you balance survivorship needs with these diet approaches. That’s something to talk through with patients,” McMillen noted. “If a patient does wish to go on a ketogenic diet, it’s really important to realize that they are not going to get the full complement of vitamins and minerals that one would get in a healthy diet, so you definitely want to make sure that they are on a carbohydrate-free multivitamin with trace minerals, including selenium, and they are also getting calcium and vitamin D,” she advised. “And we strongly encourage that they do get linked up with a dietitian, just so we can help them figure out what their food choices might be.”

Alkaline Diet

Another hot nutrition topic among cancer patients is the alkaline diet. The hypothesis behind this diet is that tumors can’t grow in an alkaline environment, so increasing blood pH through food choices can be beneficial.

However, “the science behind being able to change your blood pH is just not there,” McMillen said, as the body’s homeostatic mechanism works very hard to avoid alkalosis (and acidosis).

“It’s really a marketing scam, trying to get people to buy very expensive alkalinized waters and dispensing machines that will fix your cancer because you are going to make your body more alkaline,” McMillen asserted. “The bottom line is that promoting an alkaline-based diet and alkalinized water for cancer prevention is not justified or evidence-based.”

That said, alkaline foods fortunately include fruits, vegetables, nuts, and lentils. “In my practice, I tell people that if they eat healthy and meet their calorie and protein needs, it’s not a problem for them to eat high-alkaline foods because they’re healthy foods,” she said.

“It’s when their diet starts to become so restrictive that they are not meeting their calorie and protein needs appropriately, and they are starting to lose weight. Then it’s time to start thinking about opening up their diet,” she added.

The Option of Fasting

Oncology patients have also increasingly been inquiring about fasting to reduce the side effects of chemotherapy or achieve weight loss. Here, there is evidence of health benefits for the norm of intermittent fasting, whereby one simply refrains from eating overnight.

“There are actually studies that show that intermittent fasting for 12 hours, 7 pm to 7 am, helps control blood sugar, lowers A1c, helps manage weight, and there has been some data showing that, for breast cancer survival, it helps,” McMillen said.

Commonly, foods consumed late at night are nutrient-poor and calorie-dense, too. “Our food choices might be less healthy overall when we are doing that kind of mindless eating,” she noted. “It’s important when people are talking about fasting that we investigate why are they eating at that time, and realize even some simple reductions or changes in what they are eating can help.”

Then there are more extreme forms of fasting. Although data from small studies suggest that multiday fasting may reduce the toxicity of platinum-based chemotherapy, there are marked differences across tumors and chemotherapy regimens, and rigorous trials have not been done. In addition, patients at risk for weight loss (or are already underweight) who choose to fast can lose muscle mass and function.

“We are lacking evidence to be able to recommend fasting either 24 hours or multiday at this time. Until we have better, sound randomized controlled trials, it’s not a nutrition recommendation that we stand behind as the certified specialists in oncology nutrition,” McMillen summarized.

Sorting Myths From Facts

To help cancer patients navigate such nutritional gray areas, McMillen recommends having a dietitian with oncology expertise on the multidisciplinary team, making patients aware of prevention and survivorship guidelines, and pointing them to trustworthy information resources.

“Sometimes, you can kind of meet people where they are at and not get into really intense discussions about something they very firmly believe because that can alter your patient-clinician relationship. But it’s important as practitioners that we are always able to stand by the latest evidence,” she maintained.

“First, establish trust and rapport with patients, then address the topic objectively and scientifically,” agreed McMillen.

(Continued on page 8)
MRI in Early Detection of Prostate Cancer
Giganti F, Moore CM
Curr Opin Urol 29: 563-568, 2019

Purpose of review: The use of MRI in the early detection of prostate cancer (PCa) is increasing rapidly. In the last couple of years, there has been a number of key publications that have led to its adoption in the UK and European guidelines.

Recent findings: PROMIS showed that standard biopsy missed up to half of clinically significant disease, compared with 5 mm template mapping biopsy. Three studies then compared the standard transrectal ultrasound (TRUS) pathway with an MRI with or without targeted biopsy pathway. These showed that MRI-targeted biopsies detect more clinically significant disease and reduce overdetection of indolent disease whilst allowing between one-third to one-half of men to avoid an immediate biopsy. Cost-effectiveness data show that using MRI to determine who gets a biopsy and how that biopsy is done is a cost-neutral approach when men at lowest risk do not undergo biopsy.

Summary: Prostate MRI is a useful and cost-effective tool for early detection of PCa that minimizes the impact of overdetection and overtreatment whilst maximizing the detection of PCa, which could benefit from treatment. The next challenge is to ensure that centres offering MRI are able to offer high-quality MRI acquisition and reporting.

97% Response Rate in Positive Phase 3 HERO Study (Continued from page 1)
study to be successful, the lower bound of the 95% CI of the response rate had to be at least 90%.

Five key secondary endpoints demonstrated superiority to leuprolide acetate, including rapid suppression of testosterone at day four and day 15, profound suppression of testosterone at day 15, rapid suppression of PSA at day 15, and suppression of follicle-stimulating hormone (FSH) at week 24 (all p-values <0.0001, all statistically significant differences). In addition, relugolix demonstrated non-inferiority to leuprolide acetate on sustained testosterone suppression through 48 weeks (96.7 vs. 88.8%, respectively) with a between-group difference of 7.9% (95% CI: 4.1-11.8%), the primary endpoint required for regulatory submissions outside of the US. In addition, the pharmacodynamic results showed no testosterone flare after initiation of relugolix and mean testosterone levels returned to normal levels within 90 days after treatment was discontinued.

“With the exciting results from the HERO study demonstrating the potential of relugolix to provide unique benefits compared to leuprolide, we look forward to submitting an NDA to the FDA,” said Lynn Seely, MD, President and CEO of Myovant Sciences. “We are now closer to our goal of bringing a precision oral medicine to the broad spectrum of men with advanced prostate cancer.”

The overall incidence of adverse events in the relugolix and leuprolide acetate groups was comparable (92.9 vs. 93.5%, respectively). In the relugolix group, 3.5% of men discontinued the study early due to adverse events compared with 2.6% of men in the leuprolide acetate group. The most frequently reported adverse events, reported in at least 10% of men in the relugolix group, were hot flashes, fatigue, constipation, diarrhea, and arthralgia (joint pain). Unjudicated major adverse cardiovascular events were reported in 2.9% of men in the relugolix group vs. 6.2% of men in the leuprolide acetate group. Events included non-fatal myocardial infarction, non-fatal stroke, and all-cause mortality.

About the HERO Program
This randomized, open-label, parallel-group, multinational clinical study was designed to evaluate the safety and efficacy of relugolix in men with androgen-sensitive advanced prostate cancer who required at least one year of continuous androgen deprivation therapy. Patients enrolled in the study were randomized 2:1 to receive a single loading dose of relugolix 360 mg followed by relugolix 120 mg once daily, or to treatment with leuprolide acetate three-month depot injection, respectively. The primary efficacy endpoint of the study to support U.S. approval was the ability of relugolix to achieve and maintain testosterone suppression to castrate levels (<50 ng/dL) through 48 weeks. Approximately 1,100 patients are planned to be enrolled in this study, including approximately 430 patients with metastatic prostate cancer to support the analysis of a secondary endpoint of castration-resistance-free survival, data which are expected in the third quarter of 2020, and 138 Chinese patients (enrolled in China and Taiwan) to support registration in China.

About Relugolix
Relugolix is a once-daily, oral gonadotropin-releasing hormone (GnRH) receptor antagonist that reduces testicular testosterone production, the hormone primarily responsible for stimulating prostate cancer, and ovarian estradiol production, a hormone known to stimulate the growth of uterine fibroids and endometriosis. Myovant is developing a relugolix monotherapy tablet (120 mg) for men with advanced prostate cancer and relugolix combination tablet (relugolix 40 mg plus estradiol 1.0 mg and norethindrone acetate 0.5 mg) for women with heavy menstrual bleeding associated with uterine fibroids and for women with endometriosis-associated pain.

Globe Newswire
19 November 2019
Sex. Does that word make you blush? And even if not, is it still difficult to talk about? If it is, you’re not alone.

Intimacy is an important part of a relationship. And one of the ways we express intimacy is physical. Now, I want to start by emphasizing that there are many ways to be intimate with your partner. And physical intimacy is not all about sexual expression.

But you might not know that if you spend much time watching TV, reading magazines, or on the Internet. We are constantly bombarded with the message that intimacy is all about sex. Or to be blunt, that sexuality for men is all about being some kind of sexual stallion. Along with the related message that, if you aren’t having dynamite sex, then you don’t have an intimate relationship. And also driving home another message: There’s something wrong with you if you aren’t having whatever the author of the article defines as a “healthy” sex life - translated as lots of hot wham-bam.

So first, please allow me to remind you guys that you are a human being, not a machine. And that means, not a sex machine. Now that we’re clear on that, here’s a word for us to consider: healthy.

If you’re living with prostate cancer, or your partner is, then thinking about the role of physical intimacy in your life in terms of whether it is “healthy” or not can leave you feeling kind of left out of the conversation. After all, prostate cancer can have an impact on your sex life. The symptoms of your condition can affect both desire as well as ability to perform. So can the side effects of treatment. To be honest, I haven’t worked with a client with prostate cancer who didn’t have issues related to sexuality that they didn’t need to talk with their partner about. I’ve helped couples have this conversation. Sexual issues just seem to go with the territory.

So often, my clients living with prostate cancer talk to me about how they feel diminished because they aren’t having what the media tells them is a healthy sex life. Or they talk about how they fear they are disappointing their partner. While their partners may also feel disappointed, they often tell me how much they value their relationship, in spite of impact that prostate cancer may have an impact on their physical intimacy.

But so often, couples aren’t talking to each other about sex. And that’s sad.

Sex can become another one of those elephants in the room. Everybody knows it’s there. But who wants to acknowledge it?

Here are the results of not having this conversation: Going to bed at different times. Avoiding any demonstration of affection that you fear might lead to expectations for sex. Making comments about how tired you are or how badly you feel as a way to signal to your partner that sex is out of the question. But while you are avoiding that elephant, you are also avoiding each other. Why not talk? Here are some of the reasons I hear: I don’t want to admit that sex is uncomfortable/difficult for me. I don’t want my partner to think he/she isn’t attractive anymore. I’m afraid that if I’m not available for sex, my partner might leave. Or, I’m afraid my partner will think I will leave them if they aren’t up to having sex.

Look at it this way - if you’re thinking about the role of sex in your relationship, chances are your partner is, too. So how about bringing your concerns about sex out of the darkness and into the light of day? Wouldn’t that be a relief?

Here’s how to get started:

First, take the pressure off yourself. Most couples I talk with about sex tell me that the ways in which they express their feelings for each other evolve over time. The importance of sex, along with the frequency, evolves as well. What you see on TV or on the Internet isn’t the gold standard for having a truly connected relationship.

Start out with some reassurance. Tell your partner how much you love them along with what’s really important in your relationship. Share a few memories. Invite your partner to do the same.

Ask if talking about sex is okay. It’s as easy as: “I’d like to talk about sex with you. Is this a good time?” If not, give it a try later. Don’t give up.

Let your partner know what’s on your mind. Take responsibility by using “I” words. For example: “I haven’t been feeling like having sex lately” or “I can’t participate in sex the way I would like to.” Let your partner know how you feel: “I am disappointed that our sex life isn’t like what it used to be.”

Avoid the impulse to place blame. It’s not your fault. It’s not your partner’s fault. It just is.

Invite your partner to respond: “I’m really concerned about how this is affecting you. Will you let me know?”

Listen. With an open mind.

Share information. If you aren’t sure if your partner understands why sex is difficult, then offer to explain. You might also invite your partner to have a conversation with you and your physician. By the way, there are multiple options available to help you to achieve an erection. Another reason for you and your partner to team up together, and with your doctor.

Talk about what you can enjoy together. Yes, feel free to talk “dirty.” Intimacy is not all about intercourse. Saying loving words. Holding each other. You might even let your partner know what you can enjoy. “I really love it when you...” And then ask your partner what they enjoy. Focus not on what isn’t but what could be. Also keep in mind that your body is one big erogenous zone, not only your genitals. Explore the whole frontier!

Smile. And laugh. Feel free to giggle at how easy it is for two adults to blush when they talk about sex.

Look at the big picture. Remind each other of what real intimacy is in your relationship. What do you do to express how much you love each other? Couples learn to connect in many ways over the years, talking, sharing the workload, laughing together, and lots of hugs. Real intimacy is being close, not only physically, but emotionally and spiritually.

Repeat as needed. Your first attempt at having this discussion may be successful in exposing the elephant in the room and even forging a way forward. Or it may just be a door opener, to be continued. So don’t be surprised if this is a work in progress.

So don’t just talk about sex. Talk about intimacy. Intimacy is the connection you make with your partner: emotional, spiritual and, oh yeah, physical. Keep the focus on what it means for you and your partner to be intimate.
Gold Nanoparticles Shown To Be Safe and Effective Treatment for Prostate Cancer

Dr. Rastinehad's gold nanoparticle research shows that patients are not only benefiting from this treatment, but also experiencing minimal side effects.

Science Daily
27 August 2019

Oncologic Patients Increasingly Ask About Diet

Natalie Ledesma, MS, RD, CSO, a clinical nutrition specialist at Smith Integrative Oncology in San Francisco and the senior dietitian for the UC San Francisco Helen Diller Family Comprehensive Cancer Center.

“Of course, patients are going to do what we don’t tell them to do, and we can’t turn a blind eye or are simply not going to do that — patients are going to do what they want to do,” she said.

“So it’s much more beneficial for our community and helping people with nutrition to be open, even if we are not necessarily in agreement, so that we don’t close the door on them,” Ledesma cautioned.

“Because if we do, they simply won’t tell us about it, and then we can run into dangers and other negative consequences.”

McMillen and Ledesma have disclosed no relevant financial relationships.

Presented at the 2019 JADPRO Annual Meeting, October 2019
Medscape Medical News
29 October 2019

PET Recurrence

recovery) and 10 men (30%) had negative PET scans. PPV of PSMA-L PET was 91%. Need of systemic therapy was significantly associated with distant lesions on PSMA-L PET.

Conclusions: PSMA-L PET localized PCa in more than two-thirds of men with high-risk features and PSA persistence after RP. Obturator and presacral/mesorectal nodes are at high risk for persistent metastasis.

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Our Mission:
To raise awareness and provide educational resources and support services to those affected by prostate cancer to help them learn to fight this disease. The power of Us TOO is in helping men and those who love them by transforming resignation into determination and fear into hope.

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QUESTION FROM PROSTATE CANCER SURVIVOR:
My husband of 32 years has been a great partner and father to our four kids. He has always been a good provider and I love him very much. We married a little late (I was 30 and he was 35) and while we have had our financial challenges over the years, we managed to get through them all. We are now comfortable in retirement and I thought these were going to be the golden years everyone talks about.

A year ago he was diagnosed with prostate cancer. He dealt with it as he has dealt with every other challenge. He decided to have surgery and got that done about a month after he heard the news. Everything seemed to go well. He didn’t want to talk about it much and that didn’t bother me because that’s how he deals with everything. He’s a man of action as they say. He didn’t want me to go with him to any appointments and so most of the information I found was on the internet. But what I have read doesn’t talk about what is happening now. He has not touched me since his surgery. By that I mean that he has not given me a hug or a kiss or even held my hand while we watch TV. It’s like I don’t exist as his wife anymore. Of course there is no sex either and that used to be an important part of how we were close. I can’t help but think that he has someone else outside of our marriage and I’m scared and my heart is breaking. Where can I find help?

RESPONSE FROM DR. ANNE KATZ:
This sounds like an awful time for you – please know that you are not alone and help is available. Firstly, it is not likely that your husband has found someone else. What has probably happened is that he has not been able to find the words to talk to you about the changes he has experienced (you said he’s a man of action and few words!). As you may have read while doing your exploration on the internet, one of the most common side effects of surgery for prostate cancer is loss of erections. This often leads to men avoiding physical contact with their partner because they are afraid that the partner will think that any physical touch will lead to sex – and he can’t perform. So he withdraws and, not uncommonly, the partner incorrectly thinks that the man has found someone else. This results in a mess and is most commonly far from the truth!

The first thing to do is to bring this up yourself. Don’t just ask him if there is something wrong as he will likely say that everything’s fine. You have to persist and tell him how YOU are feeling. Tell him that you miss holding hands, hugging, etc. and that has caused you to feel lonely. Tell him that it’s not about sex but about TOUCH and feeling close and connected to him. He may not want to talk about it at first – but it’s highly likely that he’s feeling the same kind of loneliness and doesn’t have the words to talk about it. Or he may be feeling embarrassed or ashamed. Talk in “I” sentences (don’t talk about “You have not done this” or “You make me feel...”as this causes most people to become defensive and that is not helpful!). Communication challenges are not uncommon after treatment and many couples benefit from some professional help to get them talking about these important issues.

You can get help by seeing a counselor or therapist. A good source for professionals who deal with sexual and relationship problems is the American Association of Sex Educators, Counselors and Therapists (https://www.aasect.org/referral-directory) that has a list of certified professionals from across the US and Canada.

Watch Dr. Katz’ presentation on sexual health and intimacy from the Prostate Cancer Pathways for Patients and Caregivers event recorded at Englewood Health in Englewood, NJ on September 29, 2018.
https://www.youtube.com/watch?v=A2ZdDHw2WGY&t=8542s.

Read previous issues of Between the Sheets at www.ustoo.org/BTS.

Do you have a question about sexual health or intimacy? If so, we invite you to send it to Us TOO. We’ll select questions to feature in future Between the Sheets columns.

Please email your question to: ustooBTS@ustoo.org

Or mail your letter to:
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Advancements in prostate cancer research provide hope for finding a cure and lead to the discovery of new treatments to minimize the impact of a man’s prostate cancer and maximize his quality of life. This regular Hot SHEET supplement includes some of the latest research from the Prostate Cancer Foundation (www.pcf.org).

The PCF is the world’s leading philanthropic organization funding and accelerating prostate cancer research. Founded in 1993, the PCF has raised more than $745 million and provided funding to more than 2,000 research programs at nearly 200 cancer centers and universities.

26th Annual PCF Scientific Retreat – Top New Discoveries for Patients
PCF held its 26th Annual Scientific Retreat in October. In attendance were 665 participants from 188 institutions from 18 countries. Scientific Retreat is an opportunity for PCF-funded investigators and other experts in the field of prostate cancer research to learn from each other through presentations and informal networking.

From 42 total panels and presentations, PCF’s Director of Research, Dr. Andrea Miyahira, has curated the Top New Discoveries for Patients. Stay tuned for more next month!

Testosterone Effects on Innate Immunity: Implications for Combination Therapies
Bipolar androgen therapy (BAT) is an experimental treatment approach in which men are rapidly cycled between extremely high and extremely low (castrate) levels of testosterone (T). This is hypothesized to allow killing of both androgen receptor (AR)-expressing cells (vulnerable at extremely high T levels) and AR-low cells (vulnerable at castrate T levels). Dr. Samuel Denmeade and Dr. Sushant Kachhap of Johns Hopkins University presented promising results from BAT therapy clinical trials, which demonstrated that BAT therapy can resensitize men with mCRPC to enzalutamide, and improve PSA progression-free survival. Interestingly, exceptional responses have been observed in some patients who were treated with checkpoint immunotherapy after BAT therapy. These results have led to a clinical trial testing BAT therapy in combination with vs. followed by nivolumab. The mechanisms which cause this sensitivity are being explored. Preliminary studies indicate that extremely high T levels activate the STING pathway, which activates immune responses and tumor infiltration by tumor-killing Natural Killer (NK) cells.

What this means to patients: Drs. Denmeade and Kachhap have made the startling observation that some patients treated with BAT therapy who progress go on to have exceptional responses when treated subsequently with checkpoint immunotherapy. This treatment approach is now being formally tested in clinical trials and the mechanisms which drive this are being studied.

Real World Validation of Deep Learning Algorithms in the Assessment of Metastasis by Medical Imaging of Veterans with Prostate Cancer
PSMA-PET imaging is a new imaging modality that is highly sensitive and specific for prostate cancer, and outperforms conventional imaging methods such as CT, bone scans, and MRI. Dr. Matthew Rettig and Dr. Nicholas Nickols of University of California, Los Angeles and the VA Greater Los Angeles Healthcare System, presented results from a study that compared PSMA-PET vs. conventional imaging (99mTc-MDP or NaF PET bone scan, CT or MRI of abdomen/pelvis) for diagnosis and management of 92 Veterans with high-risk prostate cancer at initial staging.

PSMA-PET imaging findings identified an altered risk group/stage that resulted in a major change in treatment recommendations in 35% of patients. Artificial intelligence (AI) algorithms are also being developed to evaluate PSMA-PET imaging. An AI algorithm using intraprostatic PSMA-PET imaging alone in veterans with prostate cancer was found to be highly predictive of co-existing metastatic disease. PSMA-PET AI prediction was superior to clinical predictors alone (clinical T stage, biopsy Gleason, % positive cores, PSA), and was not improved by the addition of clinical predictors.

What this means to patients: PSMA-PET imaging is a practice-changing imaging technology for prostate cancer that is highly sensitive and will likely soon be FDA-approved. These studies demonstrate significant clinical impact of PSMA-PET, including directing treatment recommendations, and having the ability to predict metastatic disease from prostate-only imaging.

For more information visit www.pcf.org, email info@pcf.org, or call 1-800-757-2873.
“Being diagnosed with prostate cancer can cause unexpected feelings of confusion, loss, and isolation. I was fortunate enough to already have a support system in place with my wife as caregiver and co-decision-maker. But it also took interaction with other Us TOO support group members to help me come to terms with, and to address, my own situation, because they truly understood what I was going through. The men and women in the group offered, both my wife and me, their guidance and support based on their knowledge and actual experience. I would recommend the support group to any men who have been diagnosed. I would also recommend it as an important source of ‘support for the supporter,’ such as it was with my wife. The power of the group has saved my life.”

- Bill and Susan Briggs
Prostate Cancer Survivor and Us TOO Support Group Leader
with His Wife and Caregiver
Charlotte, NC

As the year comes to a close, please donate to help Us TOO empower Bill and Susan and others with knowledge and support to make informed decisions on managing all aspects of prostate cancer.


Read More Quotes of Holiday Hope at: [www.ustoo.org/HolidayHopeSEASTories](http://www.ustoo.org/HolidayHopeSEASTories)

THANK YOU FOR YOUR SUPPORT!

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Us TOO International is a 501(c)3 nonprofit that serves the prostate cancer community by providing educational resources and support services at no charge. Established in 1990, the organization was founded by and continues to be governed by people directly affected by prostate cancer.