



Living With & Beyond Prostate Cancer

September 19th 2015



Agenda

08:30 A.M.

WELCOME: EMMELINE MADSEN, MPH, MANAGER , CANCER SPECIALTY SERVICES

08:45 A.M.

DR. JAMES A. SMITH, M.D., DLFAPA

RESPECTIVE ASSERTIVENESS

MEDICAL DIRECTOR- CAROLINA PARTNERS IN MENTAL HEALTH

09:15

PHYSICIAN PANEL/DISCUSSION

- LEROY DARKES, M.D., MEDICAL DIRECTOR – REX SENIOR HEALTH CENTER
- MARK JALKUT, M.D., ASSOCIATED UROLOGISTS OF NORTH CAROLINA
- ALAN KRITZ, M.D., REX HEMATOLOGY ONCOLOGIST ASSOCIATES
- NATHAN SHEETS, M.D., REX/UNC RADIATION ONCOLOGY

QUESTIONS & ANSWERS SESSION

11:15-LUNCH

11:45

SURVIVOR PANEL/DISCUSSION

- DR. DUDLEY FLOOD
- MR. MAX HERRING
- MR. JAMES HINES
- MR. KEN KING



Respectful Assertiveness

A Tool in the Fight against Prostate Cancer

Presented by Dr. James A. Smith, III, DLFAPA, President NCMPCAAT

***“Be who you are and say
how you feel, because those
who mind don’t matter and
those who matter don’t
mind.”***

Dr. Seuss

- ◀ We are the **most important force** in the fight against prostate cancer. It is true that when most of us hear the diagnosis of prostate cancer, we experience the victimization of the disease.
- ◀ Some of us are able to respond in an assertive way and begin to realize that being the patient means we have to fight for what is best for us and become an active partner with treatment
- ◀ Our mouth is an extremely positive and effective weapon in fighting this disease.
- ◀ Any health provider worth their weight in gold knows that the yearly digital rectal exam and the PSA has been the most effective tool in the fight against prostate cancer.

Addressing the Situation

- ◀ In light of the continued high death rates and the USPTF removing from the table one of the best tools our providers have in the fight against prostate cancer.
- ◀ The PCA3 is a new tool currently available to help tell whether the cancer is slow growing or fast growing.
- ◀ The PCA3 requires a prostatic massage prior to taking the urine sample, but the gene evidence released into the urine allows the clinician to answer the fast growing vs. slow growing question.
- ◀ The USPTF made no mention of the PCA3 and the most recent series in the News and Observer never mentioned it

How does Respectful Assertiveness Play a Role in this Fight?

- ◀ When we learn to communicate in a respectful and assertive manner outcomes are better for ourselves and our family.
- ◀ We must be able to communicate our concerns and wishes to our providers as active involvement in our own health care makes the best sense.
- ◀ Being passive only adds to our feelings of being a victim, thus adding more of an emotional burden.

What is Assertive Communication?

- ◀ Being assertive means expressing your thoughts, opinions and feelings in an honest and open manner. We are using words to stand up for ourselves, while respecting the one we are communicating with.
- ◀ In the office with your provider you are balancing getting what you need with being respectful of the position of our health care provider as they direct our care. We convey that we have faith in what our provider recommends.
- ◀ Having knowledge of our disease is paramount as not knowing everything about our disease leads to a poorer outcome time and time
- ◀ We know that women have led the fight in respectful assertiveness, as when the USPTF recommended ending the use of the mammogram, women and providers cried foul; they backed up and insurance companies continued to reimburse for mammograms.

Take Charge of your Health

We, as men must become aggressive in taking charge of our health care also.

Falling to the adage of waiting until near you are dead before you go to the doctor only shortens our lives and hurts our family.

We must become like the women and become informed patients.

The internet - we live in a time where knowledge is a click away. Communicating with our health care providers is vitally important for both us and our family.

Three Styles of Communication that People Use

PASSIVE:

- Tends to give in to other peoples wishes
- Has difficulty saying no to people
- Has a hard time making decisions

AGGRESSIVE:

- Tends to be concerned only for their own needs
- Has a tendency to lose their temper
- May openly criticize or find fault with others opinions

ASSERTIVE:

- Concerned with both the needs of oneself and the needs of others
- Able to express themselves with others
- Able to respond in a respectful manner when there is a disagreement

Effectively use the time available at your doctor's appointment

- ◀ Becomes extremely important.
- ◀ Preparing for the appointment is mandatory.
- ◀ Knowing the facts allows us to ask important questions.
- ◀ Making informed decisions that affect us and our families.
- ◀ When we meet with our provider, we must make direct eye contact and speak clearly and calmly.
- ◀ Being specific and direct in making your points makes a huge difference.

Keep This in mind

When your provider hears and recognizes that you have done your homework, the interaction can lead to a better outcome.

Providers are human so they need help like you need help and knowing your own options are important.

Sometimes we feel pressured to make an immediate decision and this is when respectful assertiveness becomes a life saver.

Being able to make statements such as “ I will need more time to figure out what direction I need to take, can you refer to a good resource to gain more information?” or “ Can you give me a few days to research my options and to discuss this with my wife.”

At the end of the appointment with your doctor, sum up the main point and your agreement to do your homework.

The next appointment will result in a meeting that will lead to a definitive care plan.

Decision-making

When confronted by the provider with a medical recommendation that you are not comfortable with, respectful assertiveness comes in handy.

- Doc: That discussion could sound like this. “Mr. Jones, we no longer recommend a PSA due to some recent changes in medical thinking”.
- AA Patient: A respectful response could be, “ Yes, doc you are referring to that task force recommendation, but it didn’t account the problems in black men, don’t you think that needs to be taken into consideration!”
- Your physician will take a moment to think and what he or she says will lead you to ponder your next move.
- If your physician discounts the fact that 1 in 4 black men develop prostate cancer, that African American men develop a more aggressive version of the cancer more often and that the Task Forced failed to consider the morbidity and mortality rates for black men you have some soul searching to do.

You deserve the best possible care

You may need to respectfully respond with “ Dr. Jones”, I will need to seek a second opinion as what I have read does not support your recommendation.

You have been a good doctor for me, but this is cancer!” Being able to respond in a respectful manner will hopefully allow you to continue this medical relationship and still get the care that is needed to save your life and to continue to be there for your family.

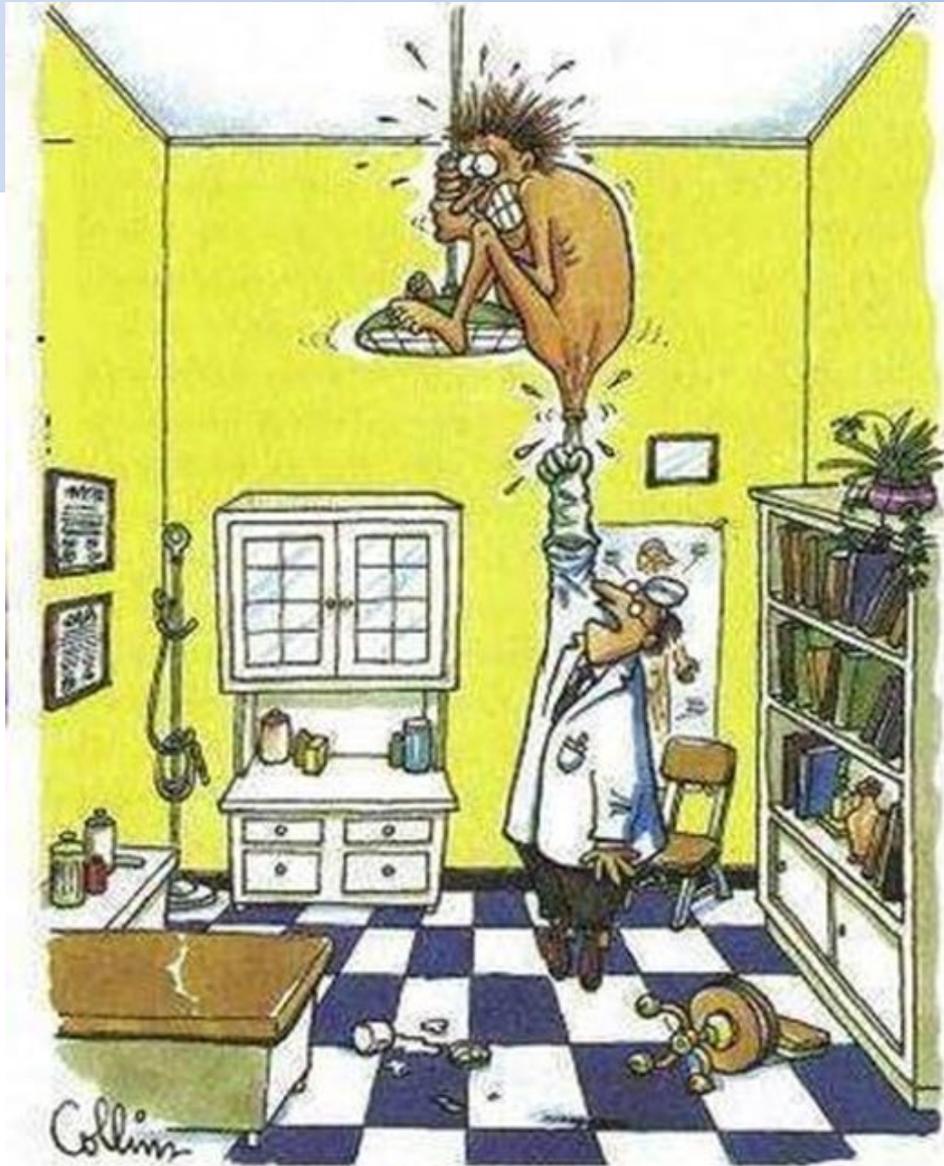
We have the right to disagree, but in the end it is our decision to act or not act.

We need and deserve a health care provider that is our advocate and champion in this fight against prostate cancer.

Closing

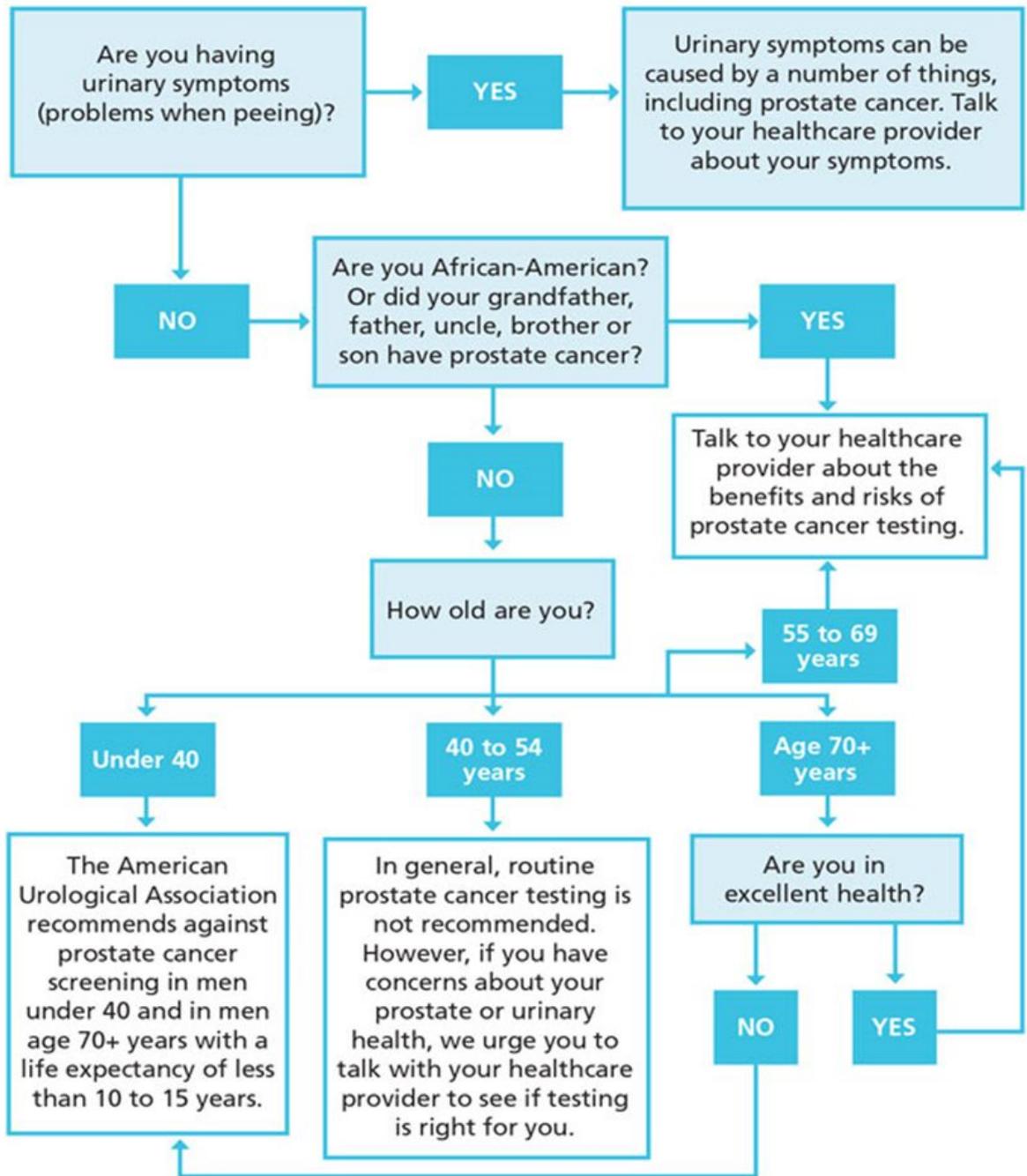
We are our best advocate, but at times we need help, so remember bring a family member to each appointment to support you and to assist you in making sure your feelings and wants are heard and taken into consideration.

As a member of the Action Team, we live our motto: Carrying the Sword against Prostate Cancer for the Next Generation!



Relax, it's only a DRE





Thank You!

Questions

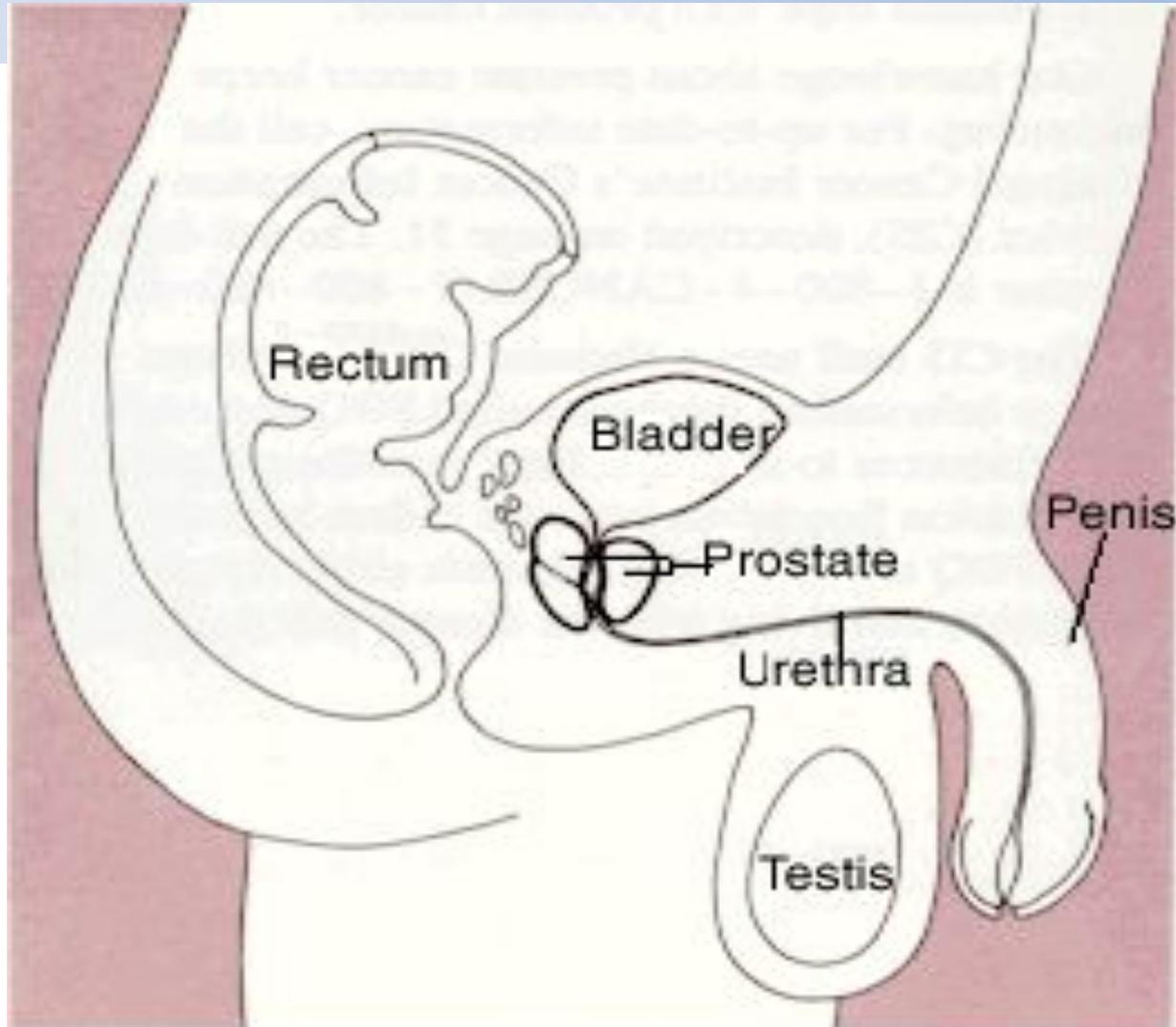
Prostate 101

Leroy Darkes, M.D.

**Medical Director Rex Senior Health Center
Co-Chair of North Carolina Minority Prostate Cancer Awareness Action Team**

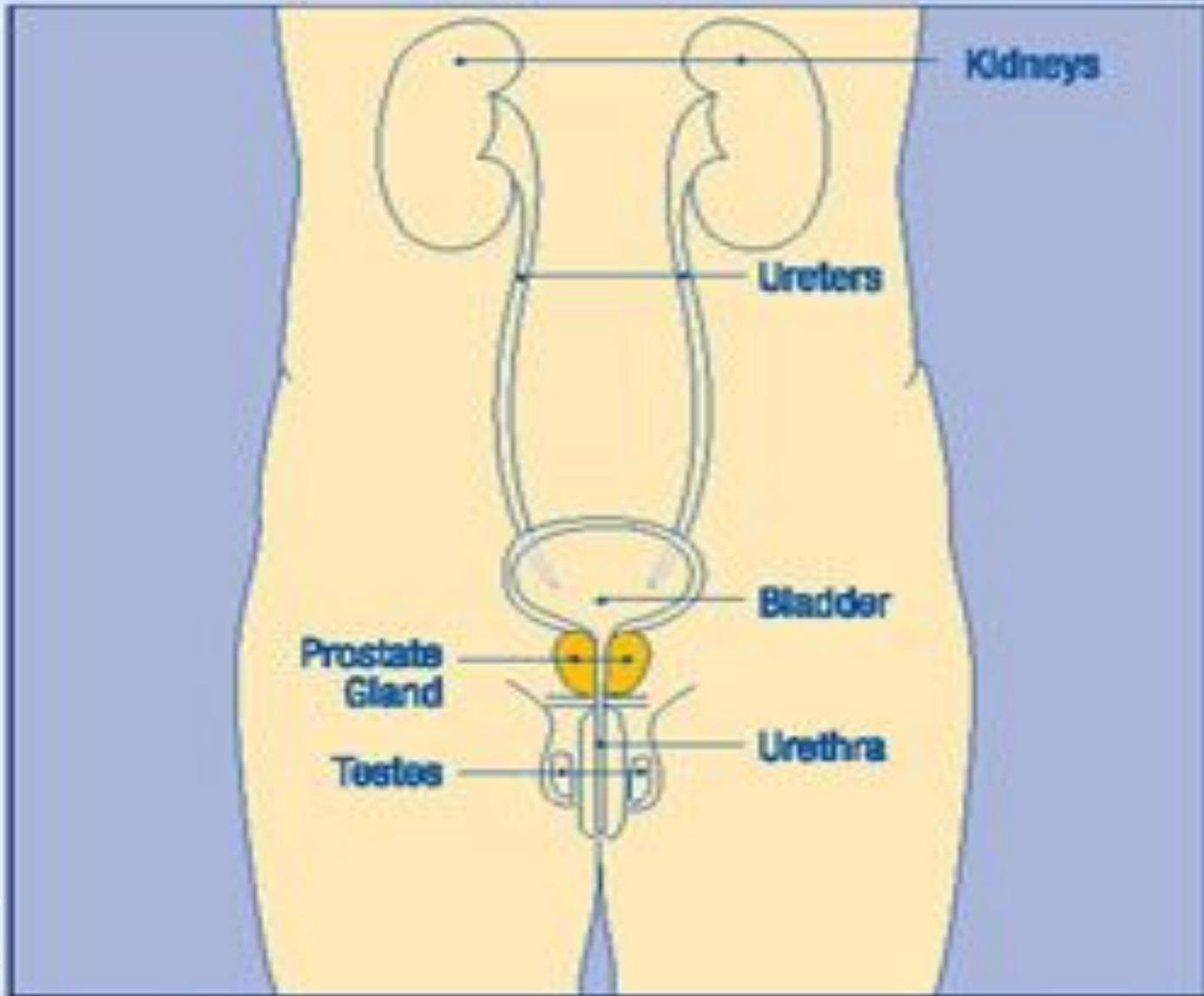


The Prostate

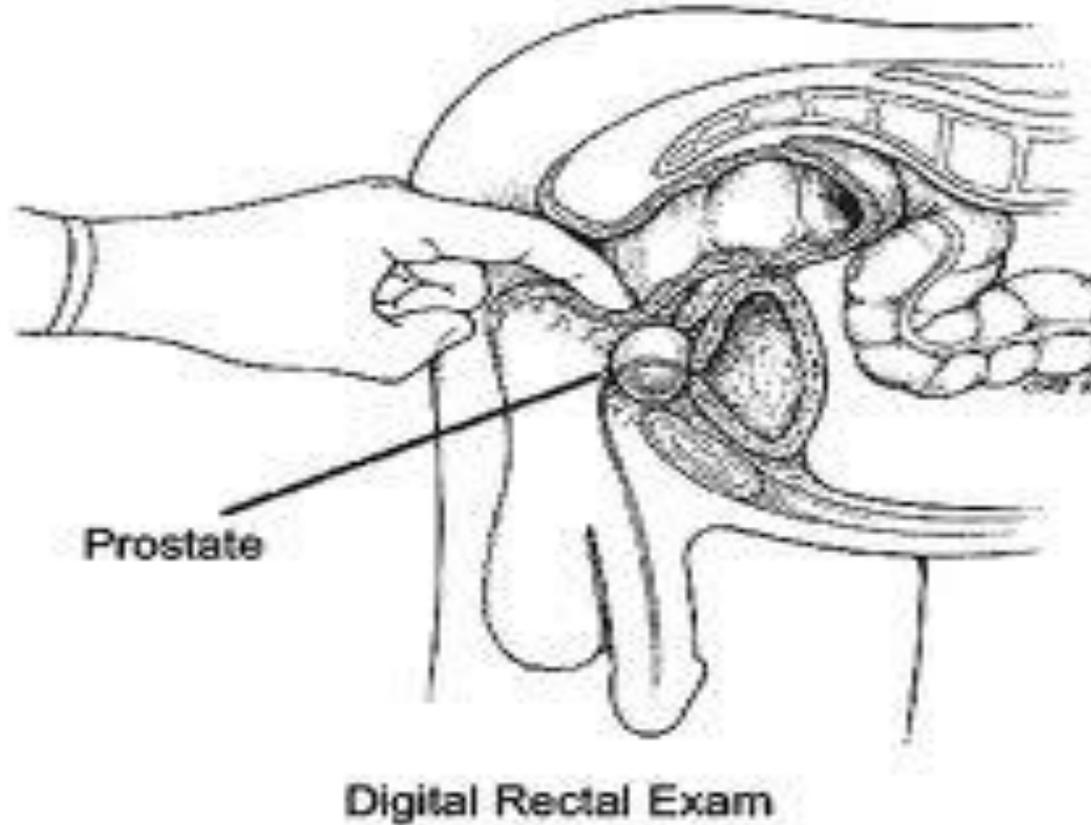


This picture shows the prostate and nearby organs.

Anatomy



The Digital Rectal Exam



Mark Jalkut, M.D.
Associated Urologist of NC



Metastatic Prostate Cancer

Alan Kritz, M.D.

Rex Hematology Oncology Associates



The Spread of Prostate Cancer

- Cancer by definition has the ability to both return and spread despite the best efforts of our surgeons and radiation oncologists
 - This is defined as metastatic cancer
- Prostate cancer general spreads to:
 - Local lymph nodes in the pelvis
 - Bones
 - Lungs, liver less common sites
- Once the cancer has spread outside the prostate and lymph nodes it is incurable

**THERE HAS NEVER BEEN A MORE
EXCITING TIME IN MEDICAL
ONCOLOGY IN TREATING ALL TYPES OF
CANCER INCLUDING PROSTATE
CANCER**

Historical Approach

- All prostate cancer is dependent initially on testosterone
- Historical Approach has been to deprive prostate cancer of testosterone
- This has been done through:
 - Removal of testicles
 - Use of drugs which shut off testicle testosterone production
 - LHRH antagonists = Lupron
 - Testosterone blocking agents on the cancer cells
 - Casodex
- Problem is cancer eventually returns in 9 months – 3 years as it grows “castrate resistant”

Newer Anti-testosterone Approaches Over the last 5 years

- Abiraterone (Zytiga)
 - blocks autocrine testosterone production in the cancer cells
- Enzalutamide (Xtandi)
 - blocks multiple sites in the testosterone receptors in the cancer cells

Both of these drugs improve overall survival

When hormone therapy fails

- Chemotherapy
 - Drugs which damage different targets in the cancer cells
 - Non-specific
 - Used in multiple cancers
 - Have many side effects
- Active in Prostate cancer
 - Docetaxel (Taxotere) – improves overall survival
 - Cabezataxel (Jevtana) – improves overall survival

 - Mitoxantrone – modest activity
 - Platinums – modest activity

BREAKTHROUGHS REPORTED 2015

- At newly diagnosed metastatic prostate cancer
 - Chemotherapy + Anti-testosterone
 - Is better**
 - Anti-testosterone therapy alone
- 1 year survival advantage
- With a few caveats, should be the new standard of care

Newer systemic modalities

- Radium 223 (Xofigo)
 - Liquid radiation
 - Bone dominant disease
 - Improves survival
 - Increases time to skeletal events

Immune Based Therapy

- Sipuleucel-T
 - Sipuleucel-T is a dendritic cell vaccine
 - Uses the patients own WBC and exposes them to prostate cancer antigens and stimulants
 - Reinfused and acts as a vaccine
 - Modest improvement in overall survival
- Check point inhibitors
 - Make the cancer visible to the immune system
 - Active in melanoma, lung cancer, bladder cancer
 - Still being investigated in prostate cancer

Molecular World

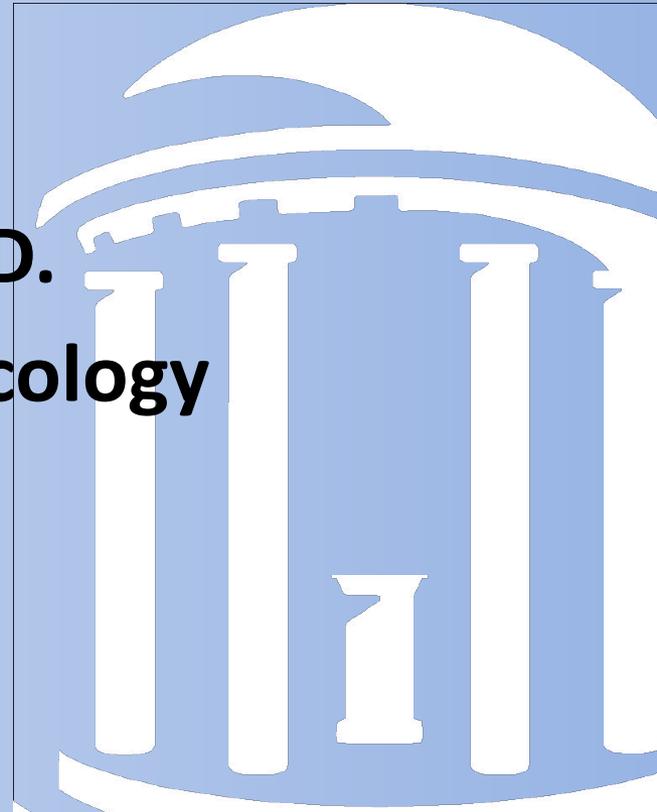
Newer processes can rapidly evaluate thousands of genes/proteins in a tumor

- Abnormal Genes
- Protein expression

Newer designer drugs to block mechanisms of cancer in development

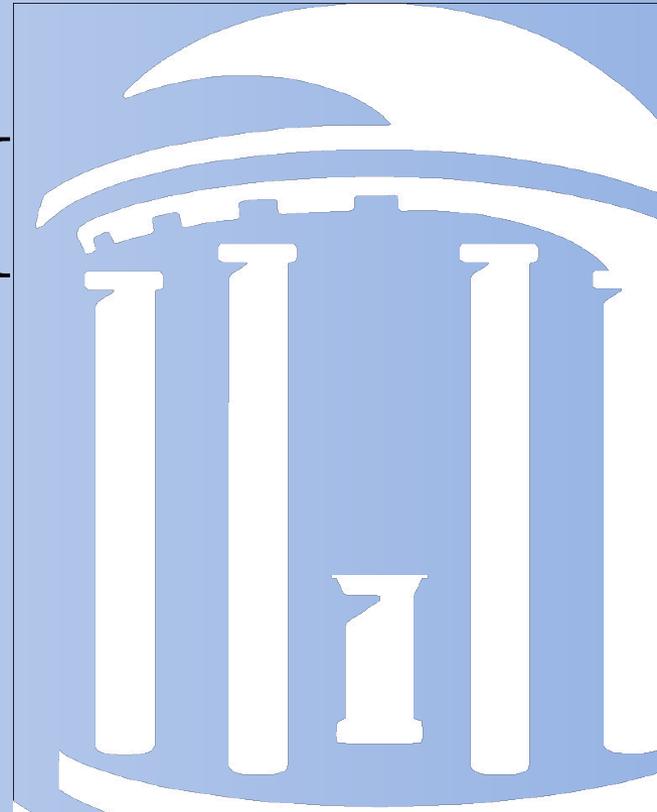
Already being used in Blood cancers like Leukemias and Lymphomas

Nathan Sheets, M.D.
Rex/UNC Radiation Oncology



Question & Answer Session

LUNCH



Survivor Panel

DR. DUDLEY FLOOD

MR. MAX HERRING

MR. JAMES HINES

MR. KEN KING

Closing Remarks

DRS. JAMES SMITH & DUDLEY FLOOD

Take Home Message

We must accept finite disappointment, but we must never lose infinite hope.

~Martin Luther King Jr.





Thank You!