



Informed Prostate Cancer Support Group Inc.

"A 501 C 3 CORPORATION ID # 54-2141691"



AUGUST 2010 NEWSLETTER

P.O. Box 420142 San Diego, CA 92142

Phone: 619-890-8447 Web: www.ipcsg.org

We Meet Every Third Saturday (except December)



Wednesday, August 11, 2010

Volume 3, Issue 7

Officers

President: Lyle La Rosh,
Vice President : Gene Van Vleet

Additional Directors

Dr. Dick Gilbert
John Tassi
George Johnson

Steering Committee

Judge Robert Coates
Victor Reed
Carlos Richardson
Robert Keck, Librarian
Bill Manning
E. Walter Miles
Jerry Steffen
Robert Werve, Treasurer

Next Meeting

August 21st

10:00AM to Noon

ATTENTION!!!!

Meeting at
Sanford-Burnham
Auditorium
(Pictured Above)
10905 Road to the
Cure, San Diego CA
92121
**SEE MAP ON THE
LAST PAGE**

What We Are About

Our Group offers the complete spectrum of information on prevention and treatment. We provide a forum where you can get all your questions answered in one place by men that have lived through the experience. Prostate cancer is very personal. Our goal is to make you more aware of your options before you begin a treatment that has serious side effects that were not properly explained. Impotence, incontinence, and a high rate of recurrence are very common side effects and may be for life. Men who are newly diagnosed with PC are often overwhelmed by the frightening magnitude of their condition. Networking with our members will help identify what options are best suited for your life style.

Be your own health manager!!

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July Meeting Notes

Gene Van Vleet opened the meeting by welcoming newcomers and describing the information package distributed to them. There were 9 newcomers, 7 of which came as a result of our ads in the Union Tribune.

Lyle LaRosh presented updated information about the Provenge drug recently approved by the FDA for use by men who have become refractory following hormone therapy. A good summary is also available in Dr. Moyad's article in the June issue of PAACT (www.paactus.org). Lyle also dis-

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THE FOLLOWING ARE SOME OF THE MORE RECENT DVD'S OF THOSE FOR SALE IN THE IPCSG LIBRARY FOR A DONATION OF \$10.00. They can also be purchased through our website: <http://www.ipcsg.org>.

- Jan. '10 Drs. Mundt Murphy
- Feb. '10 Al Sanchez Jr.-Poly MVA
- Mar '10 Dr. Douglas Chinn
- Apr '10 Round Table
- May '10 Round Table
- Jun '10 Round Table
- Jul '10 Round Table

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cusSED the value of using a Ploidy analysis to determine whether or not you may be resistant to radiation therapy.

Lyle introduced Laura Appelbaum, the regional representative for Aureon, who presented information about the new tests available to assist in predicting the aggressiveness of PCa. We have brochures as well as listings of local participating doctors available in our Library. Their website is: www.aureon.com.

The major focus of this meeting was again on networking. Based on comments resulting from last month's meeting, the break-out session format is being well received. George Johnson presented an update on his information gathering to determine the treatment most suitable for his situation. He has added a color doppler ultrasound analysis by Dr. Bahn to his information base. Bob Drew spoke about making his treatment choice of active surveillance after having a favorable color doppler ultrasound analysis by Dr. Bahn. Chuck Grimm spoke about his experience of undergoing the Da Vinci robotic prostatectomy after considering family history as well as consulting with Dr. Richard Lam of Prostate Oncology Specialists which included a color doppler ultrasound analysis. Nick Wallner present information about the penile implant as a treatment to overcome erectile dysfunction. Dennis Walker presented detailed information about radiation therapy and his decision making process in selecting this treatment.

The group was then broken into smaller groups according to methods of treatment for further specific discussions.

We encourage you to view the DVD of the meeting for more detailed information. Copies are available through the website: www.ipcsg.org/shop or in the library

Ways to treat Prostate Cancer: Presented by Lyle LaRosh, President

1. Active Surveillance.
2. Surgery.
 - a. Radical Prostatectomy
 - b. Laparoscopic Prostatectomy
 - c. Da Vinci Robotic Surgery
3. Radiation.
 - a. 3D Conformal External Beam
 - b. Brachetherapy. Seed Implants
 - c. Intensity Modulated Radiation Therapy (IMRT) with Image Guided Targeting
 - d. Proton Beam
4. Hormonal Therapy.
 - a. Androgen Deprivation.
 - i. Hormonal Blockade of Testosterone using injected drugs such as Lupron
 - ii. Combination Hormonal treatment not using Lupron. Eg. Casodex, Avodart, etc.
 - iii. Monotherapy
 - iv. Chemotherapy using drugs such as Taxotere
5. High Intensity Focused Ultrasound (HIFU). Heating of the Prostate to 100C.
6. Cryoablation (Freezing of the Prostate).
 - a. Freezing of the Prostate immediately followed by Immuno Enhanced Dendritic Cells Injection
 - b. Focal Cryoablation (Partial Freezing of the Prostate)

7. Newly announced drugs.
 - a. Provenge. Immune System Enhancement. The patients blood is withdrawn and the T Cells (White or Dendritic) are removed . The white cells are enhanced with more dendritic cells and PCa cells. The blood is then returned to the patient by injection.
 - b. Avastin: The drug is injected into the patient to prevent the formation of new blood vessels to feed the cancer cells (Antiangiogenesis)
 - c. Aberiterone AKA Super Lupron. Used in conjunction with Lupron shuts off Testosterone from Adrenal Glands.
 - d. MVD3100 AKA Super Casodex Shuts off the molecular membrane of tumor cells to stop the ingestion of Dihydrotestosterone by cancer cells. Causes cancer cells to die (Apoptosis)
8. Diet & Exercise.
 - a. Modified Mediterranean. Eliminate red meat and dairy products. Eat some fish, some chicken, lots of green vegetables.
 - b. Vegan Diet. Eat no animal protein. Drink 8 fresh juiced drinks a day.

Overcoming Fear Related to Prostate Cancer Diagnosis Editorial by Gene Van Vleet, Vice President

When first diagnosed with Prostate Cancer (PCa) fear of drastic results sets in immediately with the patient and loved ones. It happens to all of us and affects each of us in varying ways.

The best known way to overcome any fear is to face it directly and learn how to combat “the enemy”. Reliance on others to make choices for you does not give rise to self-confidence in the outcome. This is very much true in dealing with PCa. Keep in mind that in dealing with the medical profession there may be prejudice, even if unintentional, towards their expertise.

PCa is generally slow-developing and it is highly likely it will never be fatal. It is well documented that the overwhelming number of men diagnosed with PCa will die of some other cause. Further, all men will have prostate cancer in their lifetime even though it may not become apparent. This knowledge along with knowing how to deal it can help allay the associated nagging fear. To whatever extent you are capable of researching your treatment choices be aware that information overload will likely occur. Thus, decisions on the most suitable way for you to deal with it, given your life style preferences, may be confusing at best.

Networking with men and their loved ones who have similar circumstances along with their experience in dealing with PCa can be one of your best resources. Becoming involved with our support group can be your most valuable source of treatment options—one of which might be no specific treatment but rather monitoring the status of your particular PCa.

Yes, we can and do help!

Future Speakers

October 16. Dr. Lam of Prostate Oncology Specialists will make his annual visit.

November 20. Dr. Irwin Goldstein, Director of Sexual Medicine at Alvarado Hospital.

If you have leads to speakers related to the interests of our group please contact: lyle@ipcs.org or gene@ipsg.org

The following informative reading was suggested by member Richard Balsam:

Excerpt from Prostate Forum Volume 11, Number 10 February, 2010

By Dr. Charles "Snuffy" Myers

While there are many controversies within the prostate cancer field, there now seems to be nearly universal agreement that many men with newly diagnosed prostate cancer do not need either surgery or radiation therapy. There is even an emerging consensus on how to identify these patients (Table 1).

Table 1. Characteristics of Candidates for Active Surveillance

Gleason total *6 with no pattern above 3*
PSA *At or below 10 ng/ml*
Proportion of cores positive *One third or less*
Proportion of a core involved *No more than half*
PSA progression *Stable PSA*

At present, patients with cancer that matches the criteria in Table 1 are often offered an approach that involves measuring their PSA every 3 months, rectal exam every 3-6 months, and transrectal ultrasound with or without biopsy every year or two. As will emerge later in this discussion, you'll find a surprising large proportion of the leaders in urologic surgery have reported favorable results using this approach.

My approach is radically different. I am a medical oncologist who largely sees men with cancer that was metastatic at diagnosis or is growing after surgery or radiation therapy. In those patients with more aggressive cancer, I will often try to kill as many cancer cells as possible first. Then I will work hard to arrest or slow the re-growth of their cancer. In the last issue of this newsletter, I recounted a number of patient histories in which I was able to dramatically slow or arrest the growth of the man's cancer.

As a result of that experience, I know of a group of drugs and supplements that slow prostate cancer progression. As I outlined in that issue, these agents come from three areas of research. The first area is on how to reduce PSA doubling time. The second area of research focuses on how cancers can be made dormant. The third area focuses on agents that act as differentiation inducers.

When I see a patient who is a candidate for active surveillance, I recommend that they make the changes listed in Table 2 in addition to the usual surveillance measures mentioned above. For want of a better term, I call this growth arrest because that is the intent of the program. As you will no doubt note, the agents listed are not only nontoxic, but are likely to improve a man's general health.

Since I do not expect these patients to die anytime soon of prostate cancer, I also look carefully at other causes of illness and death common in prostate cancer patients. The common other causes of death in this patient population include heart disease, stroke, diabetes, lung cancer, and colon cancer. With this in mind, I strongly discourage cigarette smoking. I recommend a Mediterranean heart healthy diet and exercise. If that does not lead to adequate control of cholesterol patients start prescription drugs for cholesterol and blood pressure. If the patients are obese, I recommend they try to lose weight. Finally, I

strongly recommend patients have a colonoscopy done at appropriate intervals.

Table 2. Moving from Active Surveillance to Growth Arrest

Avodart or Proscar (finasteride)

Mediterranean heart healthy diet

Exercise aerobically 30 minutes a day with resistance exercise three times a week.

Reverse vitamin D deficiency

Pomegranate juice or extract capsules

Lycopene

Soy isoflavones

Fish or fish oil

Antioxidants*

Aggressively treat hypertension, high cholesterol and elevated blood sugar

Reverse obesity

Colonoscopy on a timely basis

*I have traditionally recommended selenium and vitamin E. I'm now evaluating more potent antioxidants like resveratrol and curcumin.

You can subscribe to Prostate Forum at: <http://prostateforum.com/subscribe.aspx>

Special Announcement

The annual PCRI national conference will be held September 11-12, 2010 at the L.A Marriott Airport Hotel. Registration forms are available in the library or you can register at www.pcri.org. The nation's best authorities on prostate cancer and related subjects will lecture during the conference.

Share-a-ride sign up sheets will be available at meetings prior to that date. Richard Moyer has kindly

Announcements

Member and Director, John Tassi continues to develop our new website that we believe is much simpler and easier to navigate. **Check out the Personal Experiences page and send us your story.** Go to: <http://www.ipcsg.org>

Our brochure provides the group philosophy and explains our goals. Copies may be obtained at our meetings. Please pass them along to friends and contacts.

Ads about our Group are in the Union Tribune 4 times prior to a meeting. Watch for them.

Our Steering Committee meets for lunch, usually at Baci's restaurant (preferred) at noon on the first Tuesday of each month. All members are welcome! Please call Lyle La Rosh at 619-892-3888, to make reservations and to verify location.

Library Announcement

"To all those who have borrowed books, tapes or DVD's please return them at the next meeting" Copies of the book "China Study" have been donated by Robert Werve. This is very informative reading. Bob Keck Librarian

Snail Mail Recipients Notice!

Snail mail is expensive. E-mail is not. If you have changed to e-mail let us know. Send your information to: gene@ipcsg.org.

More PC Meetings:

The Prostate Cancer Research Foundation (PC-Ref) meets on the 2nd Saturday of each month at Alvarado Hospital, 6655 Alvarado Rd. They start at 10:00 AM for newcomers and at 11:00 AM for every one. Check out the website at: <http://www.pcref.org> or phone them at (619) 906-4700.

Medical Insurance Committee

The medical insurance committee, comprised of Bill Pitts, Dennis Walker and Gene Van Vleet assists in making choices that provide them the best coverage suitable to their situation. The committee cannot be expected to make recommendations for suitable medical coverage but rather should be a resource of information to help you determine what options are most suitable for your situation.

If you have particular knowledge that would be helpful to our goal of creating a base of information, please volunteer your efforts to the committee. Contact Gene Van Vleet, e-mail gene@ipcs.org or cell phone 619-890-8447 who may redirect your inquiry to an appropriate person for response.

PLEASE, PLEASE volunteer your effort to assist our cause.

If you are eligible and have not yet applied for Medicare, our knowledge may be helpful to you. Let us know if we can be of assistance.

PLEASE NOTE: Dennis Walker made contact with a service that may be very helpful to you. There is a non-profit California organization that specializes in assisting you to obtain medical coverage that best suits your needs. It is called HICAP (Health Insurance Counseling and Advocacy Program). The San Diego number is 858-565-8772. Contact them if you need help making choices.

We Need Help

All services for our group are performed by volunteers. As is usual in our type of organization we have a few doing a lot for many. We need people to step up and help in the following areas:

1. Fund Raising. We need help from anyone with any knowledge or willingness to become involved in acquiring grants to support our organization. We need someone to organize fund raising activities.
2. Information Technology. Any techies out there that can help take advantage of the facilities available where we meet--such as live remote conferencing.
3. Assistance with editing and publishing monthly newsletter.

Anyone interested please contact:

Gene Van Vleet, Vice President. 619-890-8447 gene@ipcs.org

Lyle LaRosh, President 619-892-3888 lyle@ipcs.org

NETWORKING

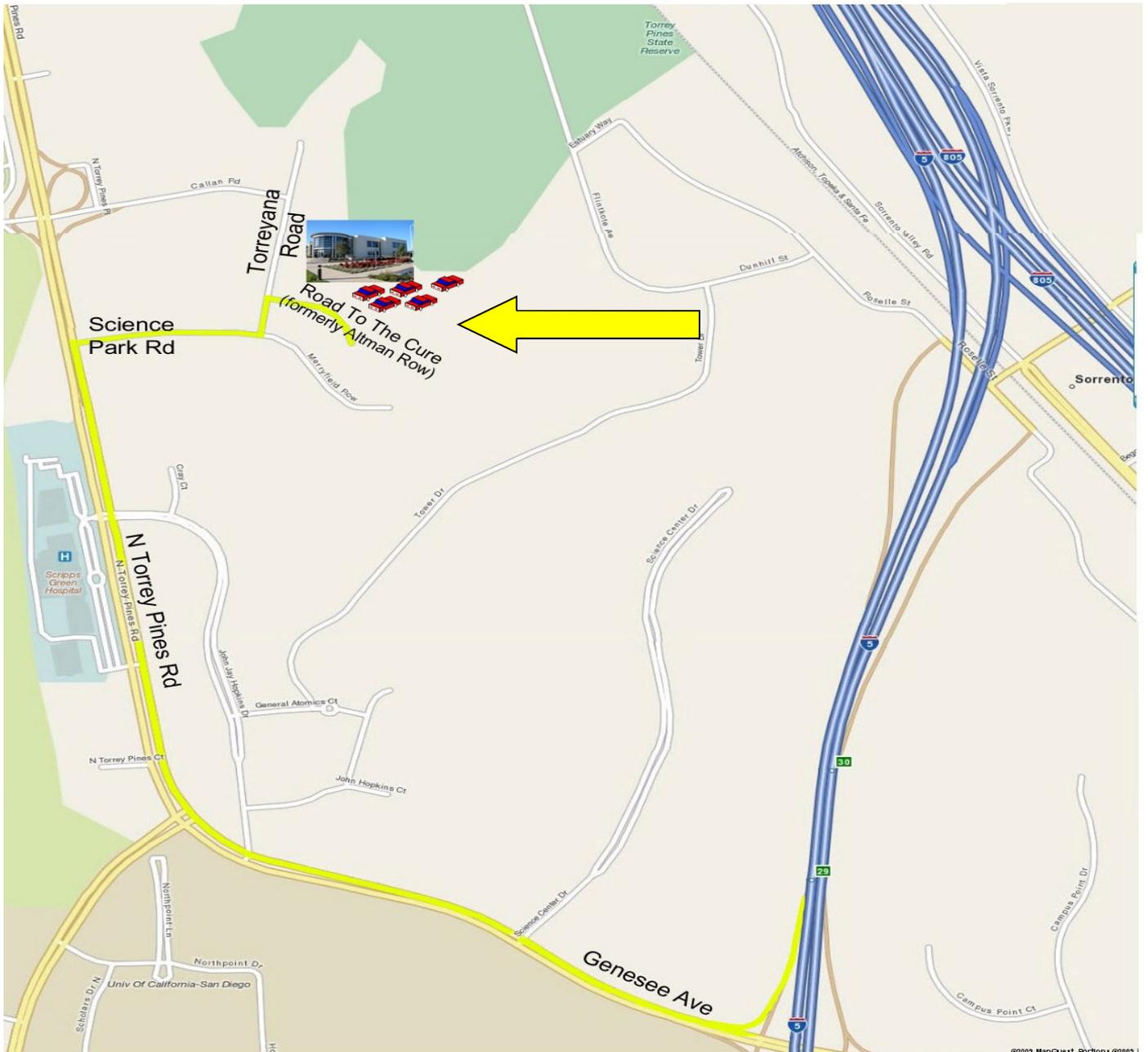
The original and most valuable activity of the INFORMED PROSTATE CANCER SUPPORT GROUP is "networking". We share our experiences and information about prevention and treatment. We offer our support to men recently diagnosed as well as survivors at any stage. Networking with others for the good of all. Many aspects of prostate cancer are complex and confusing. But by sharing our knowledge and experiences we learn the best means of prevention as well as the latest treatments for survival of this disease. So bring your concerns and join us.

FINANCES

We want to thank those of you who have made special donations to IPCSG. Remember that your gifts are tax deductible because we are a 501(c)(3) non-profit organization.

We again are reminding our members and friends to consider giving a large financial contribution to the IPCSG. This can include estate giving as well as giving in memory of a loved one. You can also have a distribution from your IRA made to our account. We need your support. We will, in turn, make contributions from our group to Prostate Cancer researchers and other groups as appropriate for a non-profit organization. Our group ID number is 54-2141691. Corporate donors are welcome!

If you have the internet you can contribute easily by going to our website, <http://ipcs.org>, and clicking on "Donate" Follow the instructions on that page. OR just mail a check to: IPCSG, P. O. Box 4201042, San Diego, CA 92142



**Directions to Sanford-Burnham Auditorium
10905 Road to the Cure, San Diego, CA 92121**

Take I-5 (north or south) to the Genesee exit (west).

Follow Genesee up the hill, staying right.

Genesee rounds right onto North Torrey Pines Road.

Do not turn into the Sanford-Burnham Medical Institute or Fishman Auditorium

Turn right on Science Park Road.

Turn Left on Torreyana Road.

Turn Right on Road to the Cure (formerly Altman Row).