



# Informed Prostate Cancer Support Group Inc.

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



## MARCH 2011 NEWSLETTER

P.O. Box 420142 San Diego, CA 92142  
Phone: 619-890-8447 Web: [www.ipcsg.org](http://www.ipcsg.org)

We Meet Every Third Saturday (except December)



Wednesday, March 09, 2011

Volume 4, Issue 2

### 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

**March 19th**

**10:00AM to Noon**

### Meeting at

Sanford-Burnham  
Auditorium

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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The February meeting was another outreach success. There were 110 in attendance with 18 newcomers! Our added efforts through advertising and networking are achieving results. Our thanks to all of you for your monetary and active support.

Our speaker this month was Dr. Robert Louie of Dendreon Corp. who presented information about the new Provenge treatment now available for metastatic castrate resistant prostate cancer patients. It is a process of stimulating one's own immune system to attack the cancer. First, cells are collected from the patient which are then taken to a Dendreon manufacturing facility where these cells are enhanced to stimulate the patient's immune system. They are then infused back into

### Video DVD's

DVD's of our meetings are available in our library for \$10ea. Refer to the index available in the library. They can also be purchased through our website: <http://www.ipcsg.org>. Click on the 'Purchase DVDs' button.

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the patient to begin the process of fortifying one's own immune system to attack the cancer.

It became apparent during the presentation that comparison of the results of this process to other treatments has not been possible due to its uniqueness. The only comparisons that could be made were against its own control group studies. One member has undergone the treatment and another is beginning the process as we go to press. If you wish to speak with these members about their experience, contact Gene Van Vleet, [gene@ipcsg.org](mailto:gene@ipcsg.org) or phone 619-890-8447.

You may purchase the DVD of the presentation from the library or through our website: [www.ipcsg.org](http://www.ipcsg.org)—go to the home page and click on the button “Purchase DVDs”.

### **.Future Meetings**

March 19, 2011 Dr. Irwin Goldstein, Director of Sexual Medicine at Alvarado Hospital.

April 16, 2011. Dr. Joseph Filbeck, Anti-Aging/Quality of Life Medicine.

May 21, 2011. Topical discussions and break-out sessions by treatment preference.

June 18, 2011. (Tentative) Bernadette Greenwood, Invivo Corp. [www.invivocorp.com](http://www.invivocorp.com), Prostate MRI and Prostate MRI guided procedures.

July 16, 2011. (Tentative) Dr. Duke Bahn, Director of Prostate Institute of America & Dr. Osamu Uki-mura, Professor of Urology-USC. Ultrasonography and Focal therapies for prostate cancer.

### **NOTEWORTHY ARTICLES**

#### **Protect Your Good Health with Colon Cancer Testing**

(Article from Man To Man Newsletter – suggested by member Van Hoffman)

Your prostate cancer is in remission, and you're seeing your doctor regularly for follow-up tests to make sure it hasn't come back. Are you as vigilant about other cancer tests you may need?

Colorectal cancer (cancer of the colon or the rectum) is the third most common cancer (excluding skin cancer) in men and women in the United States. Like prostate cancer, it is most common in people over age 50. For this reason, the American Cancer Society recommends that all men and women 50 and older get tested regularly for colorectal cancer. If you were treated for prostate cancer with radiation, this recommendation may be especially important for you.

Colorectal risk may be higher after radiation therapy. Some research suggests that men who had radiation therapy for prostate cancer have a higher risk for rectal cancer, and possibly colon cancer especially if they were diagnosed at a young age.

Doctors often use radiation therapy to kill prostate cancer cells. Some patients receive external beam

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radiation, in which a machine aims radiation directly at the cancer. In other cases, doctors implant radioactive seeds inside or near the tumor, a procedure known as brachytherapy. Some men may even have both external beam radiation and brachytherapy.

Though effective against prostate cancer, both types of radiation could cause collateral damage that raises the risk of colorectal cancer – even many years after treatment. With external beam radiation, the rectum sits in the line of fire. Plus, the colon may get hit with radiation “scatter”. Though the radiation doesn’t have to travel through tissues around the prostate to strike its target during brachytherapy, research suggests this treatment also can raise colorectal cancer risk.

Screening for colorectal cancer. There are no special recommendations on screening for colorectal cancer after prostate cancer treatment, but you shouldn’t skip this important step, whether you were treated with radiation, surgery or some other method. Talk to your doctor about which colorectal cancer test is right for you and when you need to get tested. And be sure to report any changes in your bowel habits, rectal bleeding or blood in the stool to your doctor. These problems could be side effects of prostate radiation therapy, but might also signal other conditions, including colorectal cancer, so they need to be checked out right away.

### **From Medical News Today**

Article dated 26 February, 2011

If a male's PSA (prostate specific antigen) has risen rapidly in recent years, he should not have a biopsy if his clinical exam is normal and the total PSA level is not yet high, researchers from Memorial Sloan-Kettering Cancer Center wrote in the *Journal of the National Cancer Institute*. They added that PSA velocity is a poor predictor of prostate cancer and often leads to unneeded biopsies and the anxiety and discomfort for the patient that goes with them.

Lead author, Andrew Vickers, PhD, said:

*"We have found no evidence to support the recommendation that men with a high PSA velocity should be biopsied in the absence of other indications. In other words, if a man's PSA has risen rapidly in recent years, there is no cause for concern if his total PSA level is still low and his clinical exam is normal."*

Prostate cancer only affects males. The cancer starts growing in the prostate - a gland that forms part of the male reproductive system. The epithelial cells in the prostate gland produce PSA, a protein that helps keep semen in its liquid state. Some of the PSA eventually gets into the bloodstream. A man's PSA level can be measured with a blood test. A high PSA reading could be an indication of some kind of prostate condition, including cancer.

According to the National Cancer Institute, 217,730 new cases of prostate cancer were diagnosed in the USA in 2010, and 32,050 men died of the disease. It is the most common male cancer in America, and the second leading cause of cancer deaths among men.

The authors explain that PSA screening is extensively used for prostate cancer detection, overdiagnosis is becoming a problem, resulting in unnecessary anxiety and treatments.

The American Urological Association guidelines advise a surgical biopsy for those found to have a high PSA velocity (PSA levels rise rapidly), even if the doctor finds no other indicators pointing to cancer. Other indicators may include a positive digital rectal exam or high baseline PSA.

The researchers looked at data on 5,519 males from the Prostate Cancer Prevention Trial. They were all aged 55 years or more and had no previous prostate cancer diagnosis, all had normal digital rectal exams and a baseline PSA of no more than 3.0 ng/mL. They were randomly selected to finasteride, a medication used for patients with an enlarged prostate (BPH, or benign prostatic hypertrophy), or a placebo. Treatment lasted seven years.

The researchers were interested in the control group, those on the placebo. They received annual PSA screenings. Those with a PSA of over 4.0 ng/mL were advised to have a biopsy. At the end of seven years those who did not have a prostate cancer diagnosis were invited to consent to an end-of-study biopsy.

After making adjustments for age, race and PSA levels, the scientists found no significant link between rapidly rising PSA levels and biopsy outcomes. It was not the rate of rise that predicted cancer likelihood, but rather the actual PSA level itself. In other words, a man with a steady PSA level of 5 ng/mL was more likely to be found to have prostate cancer than one whose level rose from 2.5 to 3.4ng/mL.

According to Peter T. Scardino, MD, said:

*"This study should change practice. We have previously published papers determining that PSA naturally varies from month to month and have urged men whose PSA suddenly rises to wait six weeks and repeat the test before agreeing to a needle biopsy. This new study in a large population of men provides even stronger evidence that using changes in PSA as a basis for recommendation for biopsy leads to many more unnecessary biopsies and does not help to find the more aggressive cancers that we want to find and treat. Men should be cautious before rush-*

## HEALTH INSURANCE NEWS

### **Affordable Care Act gives consumers new tools, makes health insurance market more transparent**

Created under the Affordable Care Act, [www.HealthCare.gov](http://www.HealthCare.gov) was launched July 1, 2010, and is the first website of its kind to bring information and links to health insurance plans into one place to make it easy for consumers to learn about and compare their insurance choices. HHS' Office of Consumer Information and Insurance Oversight (OCIO) worked to define and collect detailed benefits and premium rating information from insurers across the country, and starting October 1, 2010, consumers will also be able to find information about health insurance options such as: Monthly premium estimates; Cost-sharing information, including annual deductibles and out-of-pocket limits; Major categories of services covered; Consumer's share of cost for these services; Percent of people in the plan who pay more than the base premium estimate due to their health status; Percent of people denied coverage from a health plan.

More than 225 insurance companies have provided information about their individual and family plans for more than 4,400 policies, including policies in every state and the District of Columbia. Consumers can search for and compare information on plans available based on age, gender, family size, tobacco use and location.

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## NOTE

**California law requires that you have an annual 30-day open enrollment period beginning on your birthday. During this period, you may purchase any Medicare supplement coverage that offers benefits equal to or lesser than, those of your current coverage. You are eligible to purchase such plans without regard to your health status, claims experience, receipt of health care or medical condition**

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.

Our committee members are willing to provide you with education and resources.

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](mailto:gene@ipcs.org) or cell phone 619-890-8447 who may redirect your inquiry to an appropriate person for response.

PLEASE, volunteer your effort to assist our cause.

## 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.ipcs.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

## 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](mailto:gene@ipcs.org)

Lyle LaRosh, President 619-892-3888 [lyle@ipcs.org](mailto:lyle@ipcs.org)

## **NETWORKING**

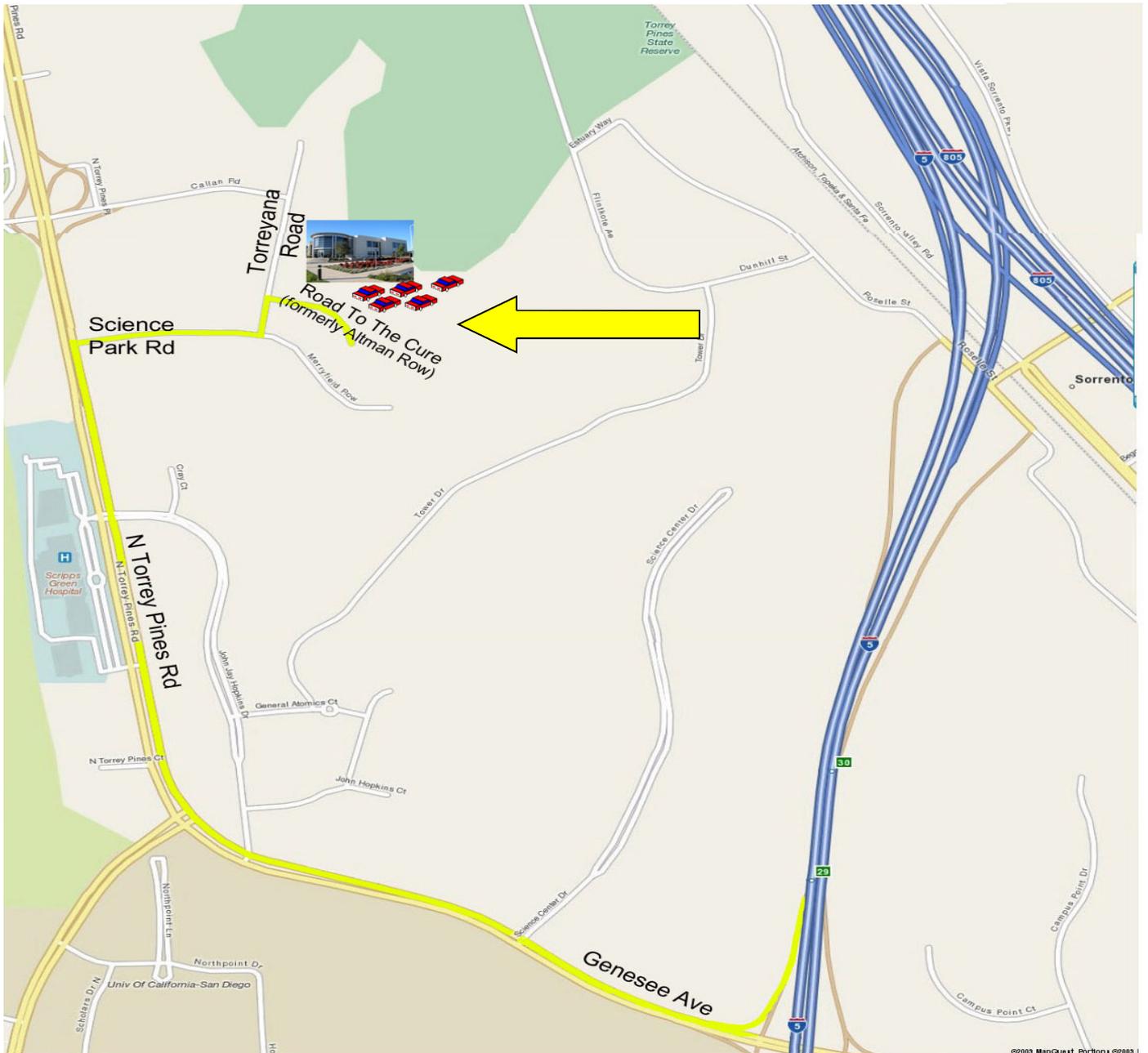
The original and most valuable activity of the INFORMED PROSTATE CANCER SUPPORT GROUP is “networking”. We share our experiences and information about prevention and treatment. We offer our support to men recently diagnosed as well as survivors at any stage. Networking with others for the good of all. 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).