



Informed Prostate Cancer Support Group Inc.

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



APRIL 2011 NEWSLETTER
P.O. Box 420142 San Diego, CA 92142
Phone: 619-890-8447 Web: www.ipcsg.org
We Meet Every Third Saturday (except December)



Saturday, April 09, 2011

Volume 4, Issue 3

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

April 16th

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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Dr. Irwin Goldstein, Director of Sexual Medicine at Alvarado Hospital was the guest speaker at our March meeting. His informal approach helped in understanding a difficult subject—the importance of adequate testosterone levels in maintaining a healthy lifestyle. He presented ample evidence that low levels of testosterone contributes to many maladies, including abdominal obesity, elevated triglycerides, lower HDL, elevated glucose and increased blood pressure to name just a few of those he listed.

He advised that the most common prostate cancer treatments will have a negative effect on potency because they affect hormones which affect sexual functions as well as other health issues.

For those not quick enough to jot down the 9

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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tests Dr. Goldstein recommends to analyze a patient's sexual function, here they are:

1. Testosterone
2. Sexual Hormone Binding Globulin-SHBG
3. Dihydrotestosterone-DHT
4. Luteinizing Hormone-LH
5. Follicle Stimulating Hormone-FSH
6. Prolactin-PRL
7. Estradiol
8. Prostate Specific Antigen-PSA
9. Thyroid Stimulating Hormone-TSH

Developing an understanding of the information provided could help answer doubts as to whether lowering testosterone to help lower PSA and thus keep PCa under control is an appropriate long-range solution considering their impact on one's overall health.

A lot of highly technical and important relative information was presented at this meeting. As usual it is difficult to digest so much information in a short time. You can add to your understanding by obtaining a copy of the DVD of this session from our library or from our website: www.ipcsg.org "Purchase DVDs" page.

.Future Meetings

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. Bernadette Greenwood, Invivo Corp. 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 Ukimura, Professor of Urology-USC. Ultrasonography and Focal therapies for prostate cancer.

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

NOTEWORTHY ARTICLES

Cabazitaxel for the treatment of prostate cancer.

Michielsen DP, Braeckman JG, Denis L.

Department of Urology, UZ Brussel, Vrije Universiteit Brussel (VUB), Laarbeeklaan 101, 1090 Brussels, Belgium +32 2 477 7900 ; +32 2 477 6818 ; dirk.michielsen@uzbrussel.be.

Abstract

Introduction: Prostate cancer is a frequently diagnosed male cancer. In men presenting locally advanced or metastatic disease, the mainstay of treatment is hormonal suppression. Despite the castrate levels of testosterone, with time, prostate cancer gradually evolves into a castration-refractory state. Chemotherapeutic agents are able to influence the natural history of metastatic castration-resistant prostate cancer. Docetaxel is a clinically relevant, FDA-approved taxane. Today, it is the first-line chemotherapeutic agent

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in castration-refractory prostate cancer (CRPC). There is no standard second-line chemotherapeutic regimen. Areas covered: This review provides information on the efficacy of cabazitaxel as a second-line treatment for CRPC. The medline database was searched for clinical trials on chemotherapeutical treatment options of castration-resistant prostate cancer. All available data on the efficacy of cabazitaxel are summarized. Expert opinion: New treatment strategies for castration-resistant prostate cancer should primarily focus on quality of life. In this view, vaccination therapy seems promising because of the acceptable level of toxicity. However, more research is needed to prove their efficacy in the treatment of castration-resistant prostate cancer. Cabazitaxel seems to be a promising second-line therapy in CRPC.

PMID: 21406025 [PubMed - in process]

New Prostate Cancer Test Gives More Accurate Diagnosis

ScienceDaily (Apr. 6, 2011) — In a large multi-center clinical trial, a new PSA test to screen for prostate cancer more accurately identified men with prostate cancer -- particularly the aggressive form of the disease -- and substantially reduced false positives compared to the two currently available commercial PSA tests, according to newly published research from Northwestern Medicine.

PSA stands for prostate-specific antigen, a substance whose elevated levels can indicate prostate cancer but can also be caused by prostate inflammation or enlargement or other conditions. Its lack of specificity can result in unnecessary biopsies.

"This new test is more specific and accurate than the currently available blood tests for early prostate cancer detection," said lead investigator William Catalona, M.D., director of the clinical prostate cancer program at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. "This will focus on the detection of more life-threatening prostate cancers and reduce unnecessary biopsies in men 50 years of age and older."

Catalona, known as the father of the PSA screening, was the first to show in 1991 that a simple blood test measuring PSA levels could be used to detect prostate cancer. He is a professor of urology at Northwestern's Feinberg School of Medicine and a urologist at Northwestern Memorial Hospital.

The study, which will be published in the May issue of the *Journal of Urology*, followed 900 patients from 10 sites, including Northwestern. The results showed the new screening test, a simple blood test called the Pro-PSA test, is particularly useful for patients with a normal prostate exam whose PSA is 2 to 10, a range considered the diagnostic gray zone because most men with higher levels have prostate cancer and most men with lower levels do not.

The Pro-PSA test measures a more specific PSA subform called (-2) Pro-PSA. The test becomes even more accurate when its results are analyzed with a mathematical formula that provides an overall Prostate Health Index. (The formula divides the Pro-PSA number by the free-PSA. Then the quotient of the two is multiplied by the square root of the total PSA.)

"The logic behind the formula is that the higher the Pro-PSA and the total PSA and the lower the free-PSA, the more likely the patient has aggressive prostate cancer," Catalona said.

The new Pro-PSA test was recently approved for commercial use in Europe, Catalona noted. "The FDA is currently reviewing our data from the study, and I'm hopeful that it will be approved in the United States as well," he said.

Catalona conducted the study in collaboration with Beckman Coulter, Inc., a biomedical test developer and manufacturer, for which he serves as a paid consultant.

The trial was supported by Beckman Coulter. Catalona's research also is supported by the National Cancer Institute and the Urological Research Foundation.

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 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.

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 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.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 2 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" Some 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.

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@ipcsg.org

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

NETWORKING

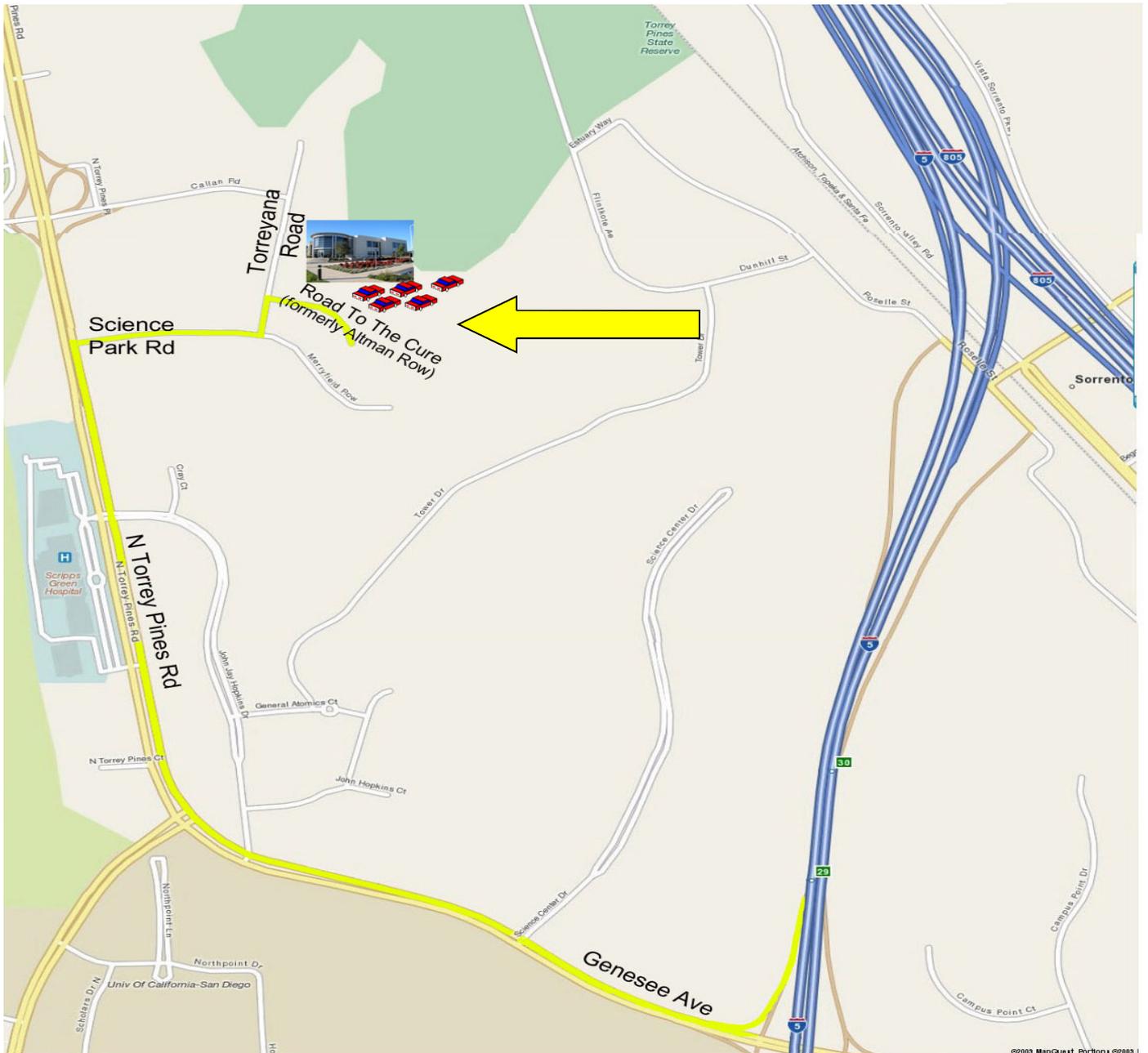
The original and most valuable activity of the INFORMED PROSTATE CANCER SUPPORT GROUP is “networking”. We share our experiences and information about prevention and treatment. We offer our support to men recently diagnosed as well as survivors at any stage. Networking with others for the good of all.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