



Informed Prostate Cancer Support Group Inc.

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



MAY 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)



Sunday, May 08, 2011

Volume 4, Issue 4

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

May 21st

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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Our guest speaker at the April meeting was Dr. Joe Filbeck speaking on quality of life medicine. He is a leading advocate of using testosterone for general well being. He traced his personal experience of dealing with prostate cancer. Since his cancer was outside of the capsule, he chose watchful waiting (we call it active surveillance). Nutrition, exercise, stress reduction, supplementation and prescription medication are all factors that help control progression. It is not surprising that these are the same factors practiced in anti-aging medicine. In order to monitor one's status it is necessary to establish baseline studies. Dr. Filbeck explained the laboratory biomarkers for quality of life medicine. They are: CBC Chemistry Panel (CPI3), Lipid Panel (Cholesterol), Homo-

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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cysteine, Insulin (Fasting), IGF-1, IGF-BP3, Total Testosterone, Free Testosterone, Dihydrotestosterone, PSA, Estradiol, DHEA, Pregnenolone, TSH, T3, T4 and Vitamin D. Dr. Filbeck explained the tests and what they provide. His insights on prostate cancer and how anti-aging medicine can benefit those with the disease were very helpful. As is usual in this type of presentation, a lot of information is presented in a short period of time. Pick up a copy of the DVD of this session from our library or through our website: www.ipcsg.org by clicking on the Purchase DVDs button.

.Future Meetings

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. 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

FDA approves Zytiga for late-stage prostate cancer

Publish date: May 6, 2011 By: Formulary staff

Source: Formulary ENews

FDA has approved abiraterone acetate (Zytiga, Centocor Ortho Biotech), an oral, once-daily medication for use in combination with prednisone for the treatment of men with metastatic castration-resistant prostate cancer who have received prior chemotherapy containing docetaxel.

In prostate cancer, the male sex hormone testosterone stimulates prostate tumors to grow. Drugs or surgery are used to reduce testosterone production or to block the effects of testosterone. However, sometimes prostate cancer can continue to grow even when testosterone levels are low. Men with these cancers are said to have castration-resistant prostate cancer.

Zytiga targets cytochrome P450 17A1 (CYP17A1), which plays an important role in the production of testosterone. The drug works by decreasing the production of this hormone, which would stimulate cancer cells to continue growing.

The application was reviewed under FDA's priority review program. Zytiga is being approved ahead of its June 20, 2011, regulatory goal date.

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“[Zytiga] is in a new class of drugs that inhibits prostate cancer growth,” Mary B. Todd, DO, Zytiga global medical affairs leader, Janssen Global Services, LLC, told *Formulary*. “It is predominately going to be administered in the outpatient setting, which will eliminate administration costs associated with cabazitaxel injection.”

Zytiga’s safety and effectiveness were established in a phase 3, randomized, placebo-controlled, multicenter study of 1,195 patients with late-stage castration-resistant prostate cancer who had received prior treatment with docetaxel chemotherapy. Patients received either Zytiga once daily in combination with prednisone 2 times a day or a placebo twice daily in combination with prednisone.

Results of this study showed that at prespecified interim analysis, treatment with Zytiga in combination with prednisone resulted in a 35% reduction in the risk of death (14.8 months vs 10.9 months [HR= 0.646; 95% CI, 0.543, 0.768; $P<.0001$]) and a 3.9-month difference in median survival compared to placebo plus prednisone. In an updated analysis, results were consistent with those from the interim analysis, with a 4.6-month difference between the 2 arms in median survival (15.8 months vs 11.2 months [HR=0.74]).

At a predetermined number of events in the study, an interim analysis was conducted and it was determined that efficacy had been demonstrated.

The most commonly reported side effects in patients receiving Zytiga included joint swelling or discomfort, low levels of potassium in the blood, fluid retention (usually of the legs and feet), muscle discomfort, hot flashes, diarrhea, urinary tract infection, cough, high blood pressure, heartbeat disorders, urinary frequency, increased nighttime urination, upset stomach or indigestion, and upper respiratory tract infection.

Testosterone-Prostate Cancer Link Re-Examined

The long-standing prohibition against testosterone therapy in men with untreated or low-risk prostate cancer merits reevaluation, according to a new study published in *The Journal of Urology*.

"For many decades it had been believed that a history of prostate cancer, even if treated and cured, was an absolute contraindication to testosterone therapy, due to the belief that testosterone activated prostate cancer growth, and could potentially cause dormant cancer cells to grow rapidly," says Abraham Morgentaler, MD of Men's Health Boston. "Generations of medical students and residents were taught that providing testosterone to a man with prostate cancer was like pouring gasoline on a fire."

This study, involving 13 symptomatic testosterone deficient men who also had untreated prostate cancer, suggests this traditional view is incorrect, and that testosterone treatment in men does not cause rapid growth of prostate cancer. It is the first to directly and rigorously assess changes in the prostate among men with prostate cancer who received testosterone therapy.

The men received testosterone therapy while undergoing active surveillance for prostate cancer for a me-

dian of 2.5 years. Median age was 58.8 years. The initial biopsy Gleason score was 6/10 for 12 of the men, 7/10 for the other (Gleason score grades the aggressiveness of prostate cancer by its microscopic appearance on a scale of 2-10. Gleason 6 is generally considered low to moderately aggressive, and Gleason 7 moderately aggressive).

Mean testosterone concentration increased from 238 to 664 ng/dl with treatment, yet neither prostate specific antigen (PSA) concentrations nor prostate volume showed any change. Follow-up biopsies of the prostate were performed in all men at approximately yearly intervals, and none developed cancer progression. In fact, 54 percent of the follow-up biopsies revealed no cancer at all.

Although the number of men in the study was small, and none had aggressive or advanced prostate cancer, Morgentaler observed, "These men were rigorously followed. The cancers in these men were typical of the prostate cancers for which men have undergone invasive treatment with surgery or radiation for 25 years. Clearly, the traditional belief that higher testosterone necessarily leads to rapid prostate cancer growth is incorrect."

In a *Journal of Urology* editorial comment, Martin M. Miner, MD, of the Miriam Hospital and Warren Alpert School of Medicine of Brown University notes the conclusions represent "a remarkable shift in thinking from only five years ago. ... If testosterone therapy was not associated with disease progression in men with untreated prostate cancer, how concerned must we be about testosterone therapy in men with treated prostate cancer?"

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@ipcsg.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

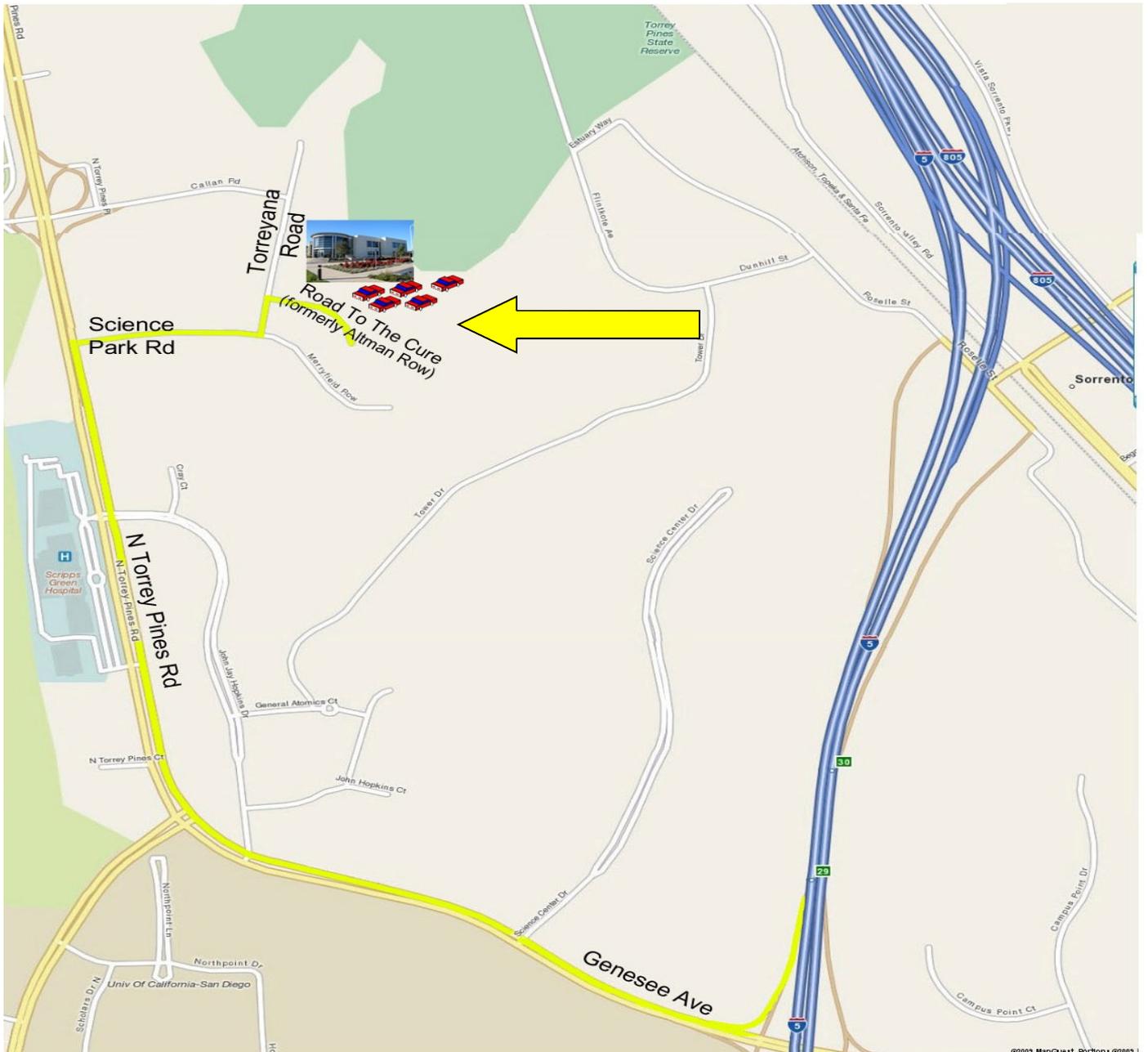
The original and most valuable activity of the INFORMED PROSTATE CANCER SUPPORT GROUP is “networking”. We share our experiences and information about prevention and treatment. We offer our support to men recently diagnosed as well as survivors at any stage. Networking with others for the good of all.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