



Informed Prostate Cancer Support Group Inc.

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



JULY 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)

Thursday, July 07, 2011

Volume 4, Issue 6

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

July 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!!

Table of Contents

Pg	
#1	What We Are About
#1	Video DVD's
#1,2	Meeting Notes
#2	Future Meetings
#2,3,4,5	Noteworthy Articles
#5,6	Health Insurance News
#6	Announcements
#7	Networking & Finances
#8	Directions and Map to where we meet

The guest speaker for June was Bernadette Greenwood of Invivo Corp. Her exceptional presentation was about imaging analysis of the prostate by MRI utilizing her company's DynaTRIM device coupled with DynaCAD image analysis. This is a new generation of the diagnostic process of doing a biopsy. There are about 1.2 million biopsy procedures done annually in the U.S. using ultrasound for guidance. If 6 samples about the size of a straight pin are taken, only .03% of the walnut-sized prostate is being sampled. When using this new process, a device about the size of the index finger is inserted into the rectum which is used to project MRI images that are much more precise than ultrasound images. If a suspicious area is detected, a needle can be precisely projected by the same de-

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.

(Continued from page 1)

vice into the suspected area during the same process to withdraw a core sample to be analyzed by pathology to obtain a Gleason score. Normally the process takes about 20 minutes to perform.

Bernadette generously answered specific questions of the audience which along with slides and detailed discussion, can be reviewed on the DVD now available in the library as well as on our website:

www.ipcsg.org.

.Future Meetings

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@ipsg.org

August 20, 2011. Topical discussions and break-out sessions by treatment preference.

January 21, 2012. Dr. Richard Lam, Prostate Oncology Specialists-Review and update on prostate cancer treatment.

NOTEWORTHY ARTICLES

What Not To Do Before a PSA Test (Reprint from Prostate.net)

To help preserve and maintain prostate health, men are urged to get a PSA (prostate specific antigen) screening test. PSA testing is just one tool men can choose to help them check up on their prostate health. Although the PSA test can be very helpful, it is not a perfect test. Currently, the medical community has not reached a consensus on which PSA levels are “safe,” “suspicious,” or “dangerous.” Even though different experts and reputable organizations, including the American Cancer Society, the American Urological Society, Memorial Sloan-Kettering Cancer Center, and the US Preventive Services Task Force, all have slightly different recommendations as to when men should undergo PSA testing, they all agree on one thing: men need to have their prostate checked regularly, especially if there is any personal or family history of prostate problems. Exactly when a man should have his first PSA test and how often thereafter is a topic each man needs to discuss with his healthcare provider.

That said, there are some things a man should **not** do before having a PSA test. This list of “don’ts” will help ensure your test results are as accurate as possible.

Don’t:

- Participate in vigorous exercise and activities that stimulate or “jostle” the prostate, such as bike riding, motorcycling, and riding a horse, ATV, or tractor, or getting a prostatic massage for 48 hours before your test.
- Participate in sexual activity that involves ejaculation for 48 hours before your test. Ejaculation within this time frame may affect PSA results, especially in younger men.

Schedule your PSA test to be done for at least six weeks after undergoing any of the following proce-

(Continued on page 3)

(Continued from page 2)

dures: prostate biopsy, transurethral resection of the prostate (TURP), urethral catheter, cystoscopy, or any other procedure that involves the prostate. If you are in doubt about the possible impact of any procedure on your PSA test, talk to your doctor.

Schedule a PSA test if you have a urinary tract infection. A bacterial infection in the urinary tract can cause PSA levels to rise temporarily. If you are not sure if you have a urinary tract infection, have a urine test before your PSA test to make sure. If you do have a urinary tract infection, you should wait at least six weeks after you have completed your antibiotic treatment before you have your PSA test.

Schedule a digital rectal examination (DRE) before your PSA test. Although a DRE should not have an impact on PSA levels, having the PSA test first is a precaution.

Don't forget to tell your doctor:

- If you are undergoing chemotherapy, as these drugs can cause an elevated PSA level
- If you are taking any medications, especially statins, nonsteroidal anti-inflammatory drugs, or medications that control urinary problems such as dutasteride or finasteride. All of these substances have the potential to affect PSA levels.

If you are taking any supplements. Some sports and nutritional supplements, such as carnitine, fenugreek, pomegranate, and tribulus terrestris, can cause testosterone levels to rise.

- If you have undergone urinary tract or prostate surgery recently, or if you have suffered a pelvic injury or sports injury.
- If you have prostatitis or BPH.

Drug Shows Promise In Prostate Cancer Spread To Bone

Source: Science Daily

A new drug to treat prostate cancer shows early promise, particularly against tumors that have spread to the bone, a multi-site study shows.

The drug Cabozantinib is designed to target mainly two important pathways linked to the growth and spread of prostate cancer. The drug had the most effect on tumors that had spread to the bone.

"Not only did three-quarters of bone scans have partial or complete resolution, but this was accompanied by improvement in bone pain and decreased need for narcotic use," says lead study author Maha Hussain, M.D., FACP, professor of internal medicine and urology and associate director of clinical research at the University Michigan Comprehensive Cancer Center.

Hussain presented the findings at the American Society of Clinical Oncology annual meeting.

The trial enrolled 171 men with metastatic prostate cancer. In more than three-quarters of the men enrolled, cancer had spread to the bone.

Researchers found 76 percent of patients saw some or all of their tumor shrink on bone scans following treatment with Cabozantinib. In addition, among patients who were on narcotics due to bone pain, 67 percent reported less pain and 56 percent either stopped taking narcotics or reduced the dosage. In addition, more than two-thirds of patients had some tumor regressions in areas of spread outside the bone. The treatment effects lasted on average 29 weeks.

The study found moderate side effects from Cabozantinib, including fatigue, gastrointestinal symptoms and high blood pressure.

"What's interesting about this drug is it brings to the table something we haven't seen before. Dramatic improvements in bone scans are unprecedented in this disease. Despite measurable progress, current treatment options for advanced prostate cancer tend to be modest in effect, so adding to and improving

(Continued from page 3)

these options is a high priority," Hussain says.

Hussain cautions that this is very early data, but it opens a new door for further investigation. The manufacturer, Exelixis, has developed a randomized clinical trial that is currently open at the U-M Comprehensive Cancer Center and other locations.

U-M researchers are also planning a clinical trial with this drug in patients with metastatic prostate cancer who have had no previous chemotherapy. Laboratory research at the University of Michigan will look to better understand Cabozantinib's effects on the bone. Cabozantinib is not approved by the U.S. Food and Drug Administration.

Prostate cancer statistics: 217,730 Americans will be diagnosed with prostate cancer this year and 32,050 will die from the disease, according to the American Cancer Society.

Prostate Drug Holiday Will Change The Standard Of Care For Men With Recurring Prostate Cancer

Source: NCIC Clinical Trials Group Canadian Cancer Society

Unequivocal results from a clinical trial released today at the annual meeting of the American Society of Clinical Oncology reveal that men with prostate cancer who are treated with intermittent courses of androgen-suppressing therapy will live as long as those receiving continuous therapy.

The Canadian Cancer Society-funded clinical trial, led by the NCIC Clinical Trials Group (CTG), has shown conclusively that if men choose intermittent over continuous androgen-suppressing therapy their life is not shortened.

"We have known since the mid-1990's that androgen suppressive therapy could be used in an interrupted fashion, but we didn't know until now that men were not sacrificing length of life in the hopes of having a better quality of life," says Dr Juanita Crook, principal investigator and radiation oncologist with the BC Cancer Agency. "The results of this trial will change the standard of care." Dr Crook co-led the study with Dr Laurence Klotz.

The standard treatment until now has been to use continuous therapy but this is expected to change as a result of these findings. These findings also have significant economic and quality of life implications. Patients on the intermittent therapy used only one-third the amount of the drug, which is both very costly and has numerous troublesome side effects, including impotence.

"This year alone, more than 25,000 Canadian men will be diagnosed with prostate cancer, which is a heavy burden for these men and for the people who love them," says Dr Christine Williams, Director of Research, Canadian Cancer Society. "These tremendously important research findings may significantly reduce the side effects of cancer treatment and improve the overall quality of life for those men who suffer a recurrence after their initial treatment."

Since the growth of prostate cancer depends on the male hormone testosterone, one of the commonly used treatments is a form of "hormone therapy" to lower testosterone (androgen) levels. Men who took part in this clinical trial had initially undergone surgical or radiation treatment for their prostate cancer but subsequently experienced elevated PSA levels (prostate-specific antigen) indicating that their cancer had returned. Nearly 1,400 men participated in the trial which recruited patients from 1999 until 2005. Most were from Canada, others were from the US and the UK.

Patients in the trial were randomized into two different groups: the control group of men received slow-release injections of a drug called an LHRH blocker (luteinizing-hormone-releasing hormone) continuously usually at 3-month intervals. The experimental group received the same drug but in treatment cycles that were 8 months long, interrupted for extended "drug holidays" lasting several months to years.

These men were monitored every two months using the PSA test. If a patient's PSA levels rose while off treatment, he would then resume treatment with the LHRH blocker for another 8-month cycle until his PSA levels dropped again, and so on.

The follow-up period of the trial was stopped early because a planned mid-trial analysis, reviewed by an independent data and safety monitoring committee, unequivocally demonstrated no difference in survival outcome between the two groups of men.

Patients receiving intermittent courses of the testosterone-suppressing drug also reported better quality of life, presumably because of fewer or less intense side effects. A more detailed assessment of this aspect of the trial along with a formal economic analysis are planned. Androgen-suppressing therapy side effects include hot flashes, sexual impotence, growth of breast tissue, insomnia, weight gain, worsening of diabetes, loss of muscle mass and osteoporosis. These side effects are due to the chemical castration produced by the drugs.

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 period beginning on your birthday during which 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.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 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@ipcs.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

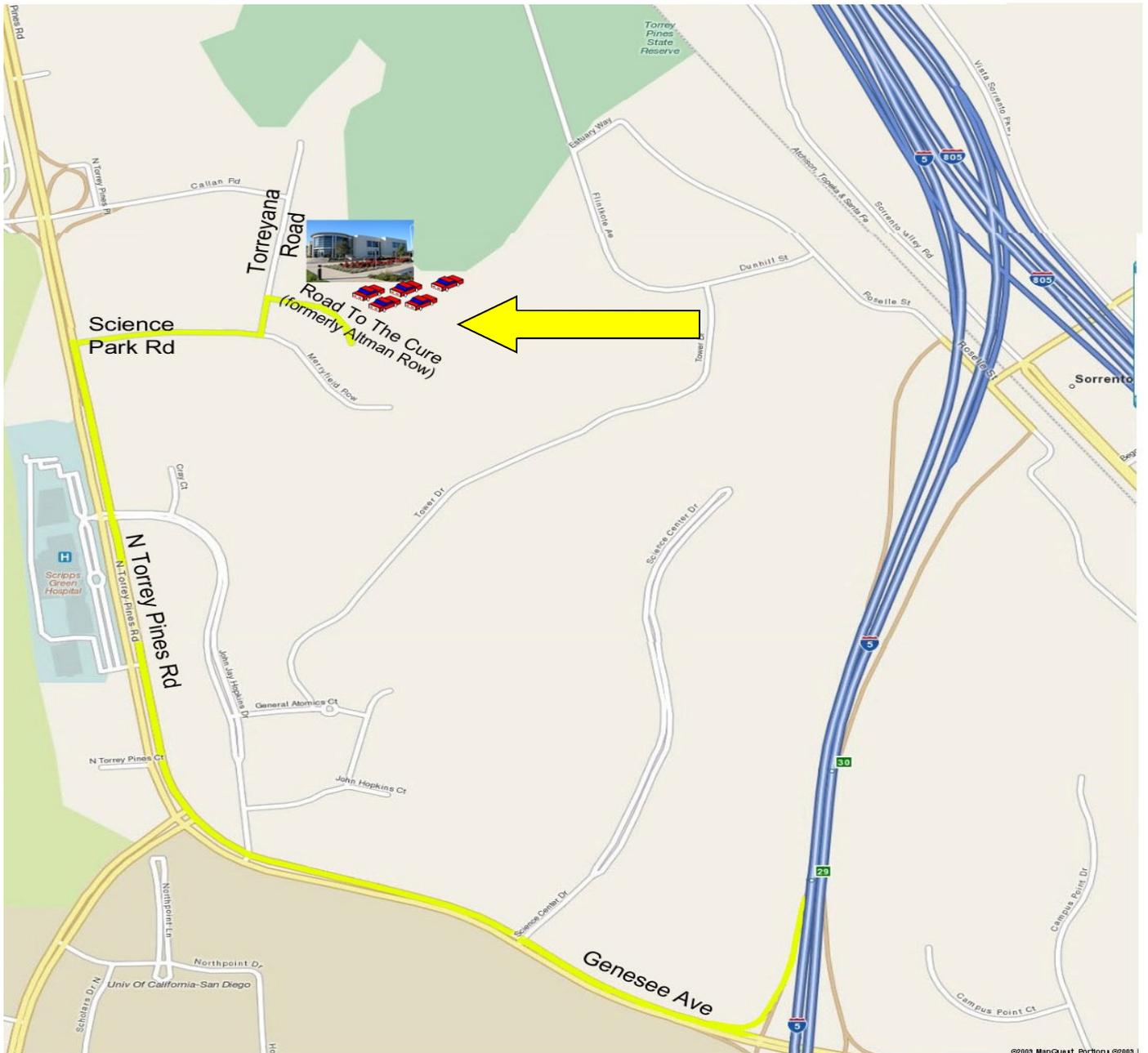
The original and most valuable activity of the INFORMED PROSTATE CANCER SUPPORT GROUP is “networking”. We share our experiences and information about prevention and treatment. We offer our support to men recently diagnosed as well as survivors at any stage. Networking with others for the good of all.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