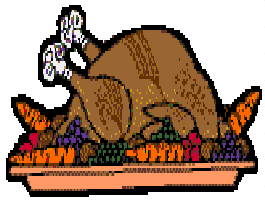
Informed Prostate Cancer Support Group Inc.
"A 501 C 3 CORPORATION ID # 54-2141691"

November 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, November 06, 2011 Volume 4, Issue 11

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 Saturday November 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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Editor: Gene Van Vleet

We first want to announce the availability of the DVD produced of from the speech of Dr. Duke Bahn at our July meeting. Dr. Bahn describes and quantifies the tests to help identify and monitor likely candidates for Active Surveillance. It is professionally produced by Bill Manning with guidance from Gene Van Vleet. We acquired Dr. Bahn's slides and included a professional voice-over soundtrack. The run time is about 12 minutes. It is our intent to provide the DVD to support groups throughout California with permission to copy and give it to their members, families, and medical professionals as they see fit. We had the DVD reviewed by Dr. Bahn who commented **"My reaction to the quality of this DVD is 'amazingly well done'. It is better than most of commer-**

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://ipcsg.org. Click on the 'Purchase DVDs" button.

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cially available educational material. I can not thank you enough for the job well done." Dr. Bahn is now speaking in Germany and Italy and intends to distribute DVDs while there.

We have copies available for sale in the library or through the website for the usual $10 which will help defray our costs of producing and distributing the DVD. **If you have contacts that would benefit by the DVD please advise Gene Van Vleet 619-899-8447 e-mail gene@ipcsg.org**

VOICE YOUR OBJECTIONS TO THE USPSTF RECOMMENDATION AGAINST PSA SCREENING. An e-mail was distributed with Congressional contacts and recommended response. Printed copies are in the library.

The October meeting included Mr. David Weil from Health Insurance Counseling and Advocacy Program HICAP. HICAP is a non-profit program that assists with counseling about medicare coverage and billing issues including appeals. They make not recommendations but rather provide information to help individuals make decisions about available coverages. They also assist with Long Term Care Insurance. The local phone number is 858-565-8772 or, if calling from a cell phone outside of the San Diego Area, 800-434-0222. Website: http://www.cahealthadvocates.org/HICAP/sandiego.html

David emphasized that Medicare options change annually, so it is important to keep informed. He also announced that effective March 3, 2012 the Anthem Blue Cross PPO option will be cancelled, so now is the time to seek replacement. A similar Preferred Standard plan will take its place.

Although David spoke at length and answered many specific questions, it is most advisable to make contact with their office to go over your personal situation.

As usual, DVDs of the meeting are available for $10 from the library or our website: http://ipcsg.org

Future Meetings

November 19, 2011. Dr. Russell Low, Medical Director of Sharp and Children's MRI Center. Subject: New MRI Techniques for Prostate Cancer Diagnosis and Surveillance.

December, 2011. **NO MEETING**

January 21, 2012. Dr. Richard Lam, Prostate Oncology Specialists– The Many Roles of AndrogenDeprivation Therapy in Prostate Cancer.

February 18, 2012. Dr. Richard Safrin, Head of Pathology at Alvarado Hospital, will speak about Gleason testing.

March 17, 2012. Dr. Irwin Goldstein and Dr. Brian Dicks will speak about sexual medicine. Dr. Andrew Goldstein will speak about his research in understanding stem cells in relation to prostate cancer.

April 21, 2012. Round Table. Hear member experiences, then break-out networking sessions by treatment type.

If you have leads to speakers related to the interests of our group please con-

NOTEWORTHY ARTICLES

Reprinted from Prostate Snatchers Blog

Discontinue PSA Screening?

Posted: 18 Oct 2011 10:52 AM PDT

BY MARK SCHOLZ

The recent task force's recommendation to discontinue PSA screening has shocked the prostate cancer community. Yet with radical prostatectomy rates up 50% over the last five years their desire to apply the brakes is understandable.

No one disputes that PSA testing leads to earlier detection of prostate cancer. In fact, one could argue that the problem with PSA is that *it works too well*, diagnosing the disease years before we even need to know about it. Attention, therefore, needs to be refocused on how doctors respond to an elevated PSA rather than recommending the end of PSA testing altogether.

Presently, at the first sign of PSA elevation doctors urge immediate prostate biopsy, taking a dozen needle samples of the gland through the rectum. More than a million men undergo this unpleasant procedure annually, risking the possibility of serious infections, bleeding and temporary impotence.

Rather than triggering an immediate biopsy, an elevated PSA should prompt additional testing with urine tests and scans along with thorough patient education about the risks of biopsy.

Moreover, this would be a good time to educate the medical community about how to judiciously use the information PSA provides. We can't forget the fact that 30,000 men die annually from advanced prostate cancer, and that twice that many are living and suffering from advanced disease including metastatic disease in their bones. We also need to remain mindful that studies clearly show that early diagnosis leading to the selective use of appropriate treatment reduces mortality rates.

ABOUT THE PCA3 TEST

Derived from pca3.org website

What is the difference between the PCA3 test and PSA?

The major difference between PCA3 (Prostate CAncer gene 3) and prostate specific antigen (PSA) is the fact that PCA3 is prostate cancer (PCa)-specific and PSA is not.

This is due to the fact that PSA is also produced by non-cancerous prostate cells. Therefore, PSA is not only elevated (higher than 2.5-6.5 ng/mL depending on age) in men with PCa but also in men with non-cancerous prostate diseases. These include benign prostatic hyperplasia (BPH, i.e. prostate enlargement) or prostatitis (infection of the prostate). The greater the number of prostate cells / size of the prostate, the higher the PSA level in the blood. As a consequence, many men with a PSA level between the age-specific upper limit of normal and 10 ng/mL do not have PCa, i.e. the prostate biopsy is negative / does not contain cancer cells. Prostate biopsy may cause pain, bleeding and infection. Therefore, there is a need for additional tests that will help to avoid unnecessary biopsies in these men.

PCA3 is, unlike PSA, only produced by PCa cells and not affected by prostate size. Therefore, the PCA3 Score better than PSA predicts the presence of PCa in a subsequent biopsy. As such, it will help to reduce the number of unnecessary biopsies and its potential discomfort, pain and complications (pain, bleeding and infections).

PCA3: a gene-based test to help deciding if biopsy is really needed

The Prostate CAncer gene 3 (PCA3) Assay is a gene-based test. It is not a replacement for pros-

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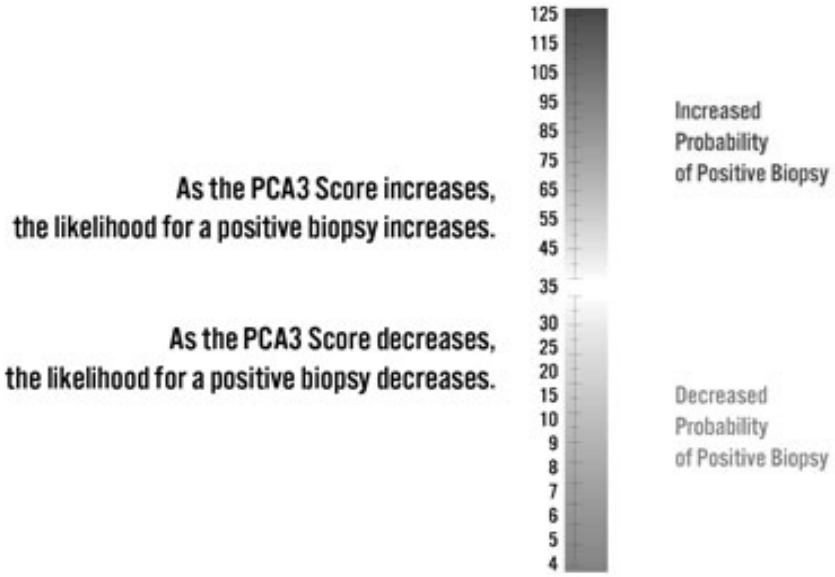
tate specific antigen (PSA). It is an additional tool to help decide if in men suspected of having prostate cancer (PCa), e.g. those with a PSA between 2.5 and 10 ng/mL, prostate biopsy is really needed to diagnose PCa. PCA3 is, unlike PSA, prostate cancer-specific. This means that it is only produced by PCa cells and not affected by prostate size. It discriminates better than PSA between PCa and benign/non-cancerous prostate diseases such as benign prostatic hyperplasia (BPH, i.e. prostate enlargement) or prostatitis (infection of the prostate). Therefore, PCA3 gives very useful information, in addition to PSA, in deciding if biopsy is really needed.

A recent study suggests that the PCA3 Score can also differentiate between non-significant (indolent cancer) and significant PCa.

Interpretation of the PCA3 test result

The PCA3 Assay is a simple test: following a digital rectal examination (DRE), cancerous cells with high levels of PCA3 are shed from the prostate into the urine. A urine sample is then collected (click on animation to visualise). This urine sample is sent to a laboratory to determine the PCA3 Score. A high PCA3 Score indicates an increased likelihood of a positive biopsy, i.e. presence of cancer cells in the prostate. A low PCA3 Score indicates a decreased likelihood of a positive biopsy. If the PCA3 Score is low, a biopsy may be delayed or eventually avoided. In this way, the PCA3 Assay may help to avoid many unnecessary first biopsies and the potential discomfort and complications (pain, bleeding and infections) for the men involved.

The PCA3 Assay can also be used in men with one or more previous negative biopsies to predict the likelihood that another biopsy will be positive, or to assess the need for a next biopsy.



If a biopsy is performed and turns out to be positive, the PCA3 Score may be used as complementary information in predicting the pre-operative risk of PCa progression and the need for early treatment.

Age a Big Factor in Prostate Cancer Deaths, Study Finds

ScienceDaily (Oct. 19, 2011) — Contrary to common belief, men age 75 and older are diagnosed with late-stage and more aggressive prostate cancer and thus die from the disease more often than younger men, according to a University of Rochester analysis published online this week in the journal *Cancer*.

The study is particularly relevant in light of the recent controversy about prostate cancer screening. Earlier this month a government health panel said that healthy men age 50 and older should no longer be routinely tested for prostate cancer because the screening test in its current form does not save lives and sometimes leads to needless suffering and overtreatment. Patient advocates and many clinicians disagreed with the finding.

Although the Rochester study does not address screening directly it does raise questions about the benefits of earlier detection among the elderly.

"Especially for older people, the belief is that if they are diagnosed with prostate cancer it will grow slowly and they will die of something else," said lead author Guan Wu, M.D., Ph.D., assistant professor of Urology and of Pathology and Laboratory Medicine at the University of Rochester Medical Center.

"We hope our study will raise awareness of the fact that older men are actually dying at high rates from prostate cancer," he said. "With an aging population it is important to understand this, as doctors and patients will be embarking on more discussions about the pros and cons of treatment."

Wu and colleagues studied the largest national cohort of cancer patients, called the Surveillance, Epidemiology, and End Results (SEER) database. They analyzed 464,918 records of men diagnosed with prostate cancer between 1998 and 2007, known as the "PSA era" because of a strong inclination to recommend the PSA test during that time.

(The prostate-specific antigen or PSA is a protein produced by the prostate gland, which can be measured in the blood. An elevated PSA is associated with cancer and other noncancerous prostate conditions.)

The analysis showed that when age groups are broken down into smaller sections, men 75 or older represented only 16 percent of the male population above age 50 and 26 percent of all cases of prostate cancer -- but 48 percent of cases of metastatic disease at diagnosis and 53 percent of all deaths. In general, higher grade cancer seemed to increase with age, the study said.

Researchers were looking for associations between age, metastasis and death because in clinical practice, Wu said, several URMC urologists observed that many otherwise healthy older men were presenting with very advanced disease at diagnosis, and reporting that they had never had a PSA test.

Indeed, older men have largely been excluded from prior clinical trials of the benefits of early detection, the study said. This is based on the idea that older men wouldn't benefit from early detection because of a shorter remaining life expectancy.

But Wu and colleagues contend that overall health, more than age, impacts life expectancy following a cancer diagnosis, and that more studies are needed to identify ways to manage the disease in older patients

"Due to a lot of natural variation in the biology of prostate cancer," Wu said, "the URMC study should stimulate the need to develop an algorithm to identify healthy, elderly men who might benefit from an earlier diagnosis."

The research was funded by the Ashley Family Foundation. Co-investigators are: Edward M. Messing, M.D., chair of the URMC Department of Urology; Emil N. Scosyrev, Ph.D., assistant professor of Urology; Supriya G. Mohile, M.D., M.S., assistant professor of Medicine in Hematology/Oncology with a special interest in geriatrics at the URMC's James P. Wilmot Cancer Center; and Dragan Golijanin, M.D., a former URMC faculty member in Urology.

Is a High PSA Level a Risk for Prostate Cancer?

Reprint from Prostate.Net

At what point does a healthy man's prostate-specific antigen (PSA) level indicate he may be at risk for prostate cancer? The answer to this question is one that experts do not yet agree upon, which is one reason why over-diagnosis of prostate cancer is a problem.

The findings of a new Danish study, however, may help shed some light on the dilemma concerning PSA test numbers. Under direction of Dr. David Orsted of Copenhagen University Hospital, blood samples collected from 4,383 healthy men who participated in the Copenhagen City Heart Study were examined. The goal was to determine if PSA levels could predict the rate of prostate cancer and death in the general population.

During the 28 years of follow-up (1981 through 2009), 170 men developed prostate cancer and 94 died from the disease. An evaluation of the men's PSA levels showed that the 10-year absolute risk for developing prostate cancer was 11 to 22 percent for men who had a PSA level of 4.01 to 10.00 ng/ml compared to a 37 to 79 percent risk for men who had PSA levels greater than 10.00 ng/ml.

The PSA is a protein produced by the prostate gland. Although most PSA stays in the prostate gland and semen, small amounts are found in the bloodstream, where it can be measured using a blood test. An elevated PSA can occur when the prostate becomes inflamed because of infection or benign prostatic hyperplasia, or in the presence of prostate cancer. However, there are other reasons why men may have high PSA levels that are unrelated to prostate cancer.

Dr. Orsted acknowledged that "one of the major problems in prostate cancer is over-diagnosis," and he explained the benefits of their findings. "Our results indicate that physicians could focus screening efforts on men with higher baseline prostate specific antigen values while men with lower levels could avoid having frequent and unnecessary diagnostic examinations. This could reduce over-diagnosis and unnecessary treatment for prostate cancer as well as reduce expenditure in already strained healthy systems."

The results of this study, which were presented at the 2011 European Multidisciplinary Cancer Congress in Stockholm, may provide men and their doctors with some help with prostate cancer screening. According to Professor Hein Van Poppel, director of the European School of Urology and a spokesperson for the European Society for Medical Oncology:

"It could well be that screening needs to start at an age where there is no interference from the benign prostatic hyperplasia in PSA production, i.e., at age 40; by repeating the PSA measurement at 45 and 50 years old, the PSA slope can probably recognize those with a high likelihood of ever developing cancer, but also those who will not need further screening because their chance of ever developing significant prostate cancer is not significant."

This information may be helpful for men who are concerned about when to have their PSA levels checked as part of prostate cancer screening.

Announcements

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.

Please help us in our outreach efforts. Our speakers bureau consisting of Lyle LaRosh, Gene Van Vleet and George Johnson are available to speak to organizations of which you might be a member. Contact Gene 619-890-8447 or gene@ipcsg.org to coordinate.

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"

HEALTH INSURANCE NEWS

DON'T FORGET!! THE WINDOW FOR CHANGING MEDICARE INSURANCE ENDS DECEMBER 7TH

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 (OCIIO) 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

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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. This only applies if you currently are on Medicare.

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.

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.

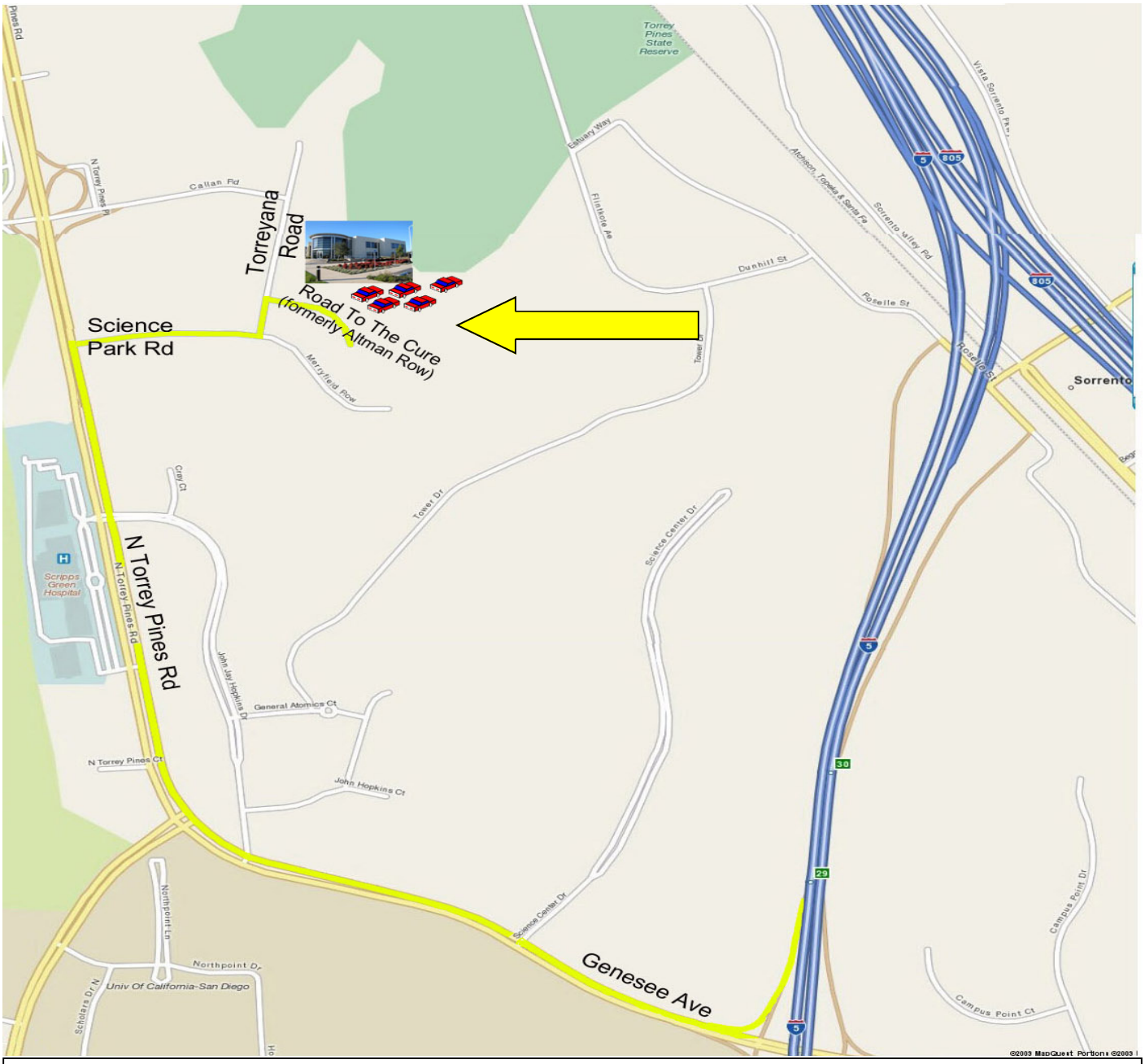
Anyone interested please contact:
Gene Van Vleet, Vice President. 619-890-8447 gene@ipcsg.org
Lyle LaRosh, President 619-892-3888 lyle@ipcsg.org

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).