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

DECEMBER 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, December 22, 2011 Volume 4, Issue 12

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

HAPPY HOLIDAYS

Next Meeting
JANUARY 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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From the Editor

As another year draws to a close, it is well to remember those things that are important in our lives. In dealing with our complicated disease, it is not unusual to become discouraged with recurrence, unexpected side effects or the complicated process of achieving qualified care from the medical community.

I am convinced that a positive attitude, faith and strong family relationships along with proper diet and regular exercise are major contributors to our ability to deal with our disease. These all help reduce the stress that is detrimental to the healing process. We needn't rely on "experts" to help with this. We are in control.

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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There has been extraordinary progress in the analyses and treatments for prostate cancer in the last 2 years and there is high hope for more to come. We have better imaging to help analyze the location and extent of the disease, new medications that are more effective in controlling the disease and promising research to help determine the aggressiveness of each individual's disease.

Take heart, and remember, YOU CAN LIVE WITH PROSTATE CANCER

Merry Christmas and Happy Holidays to everyone from the team at IPCSG

We wish to thank all of you for your contributions to our success in our outreach efforts. Our total attendance for the eleven meetings this year was over 1,000, an average of over 90 per meeting with a record 140 attending the July meeting featuring Dr. Duke Bahn and Dr. Osamu Ukimura. More significantly we attracted over 140 newcomers. We are confident all have benefitted by the information resources and networking provided by our support group,

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Our guest speaker in November was Dr. Russell Low, Medical Director of Sharp & Children's MRI center. www.scmri.org

Dr. Low showed the anatomy of the prostate and defined its function which is to secrete a fluid that forms one third of the seminal fluid that carries sperm. Further, it helps control the flow of urine from the bladder. Through his slides he defined the prostate zonal anatomy:

1. Transition Zone-surrounds the urethra (usually the site of BPH)
2. Central Zone-surrounds the ejaculatory duct
3. Peripheral Zone-80% of cancers occur here

Imaging is an important tool to see if there is cancer and where it is located. The goal is to find it early and determine if it is amenable for long term survival. Imaging choices include:

1. CT (CAT)-Doesn't have much of a role because I doesn't adequately see the tumor
2. Transrectal Ultrasound-sees the troubled area and helps direct biopsies
3. MRI-can see soft tissue delineation and has good spatial resolution

Dr. Low focused on Dynamic Contrast Enhanced MRI (DCE). His practice prefers to use a coil placed on the outside of the prostate area which is connected to the MRI machine. They use a field strength of 1.5 tesla (magnetic flux density) enhanced with colorization through computer software which will look at how the tissue enhances. Any red or green areas are tumors.

The value of DCE is in tracking changes.

1. Staging to help determine the seriousness of the cancer
2. Monitoring response to treatment
3. Detecting residual recurrent tumors
4. Directing Biopsies

Dr. Low kindly allowed us to use his slides to improve the quality of the presentation on the DVD of this session. We highly recommend that you view the DVD to learn of the usefulness of his expertise in analyzing the status of your PCa and making treatment choices. Further, it is a viable local source of monitoring your disease.

Copies are now available and can be ordered through our website: www.ipcsg.org. Click on the blue button Purchase DVD and click on the November 2011 selection. Copies will also be available at our next meeting Saturday, January 21, 2012.

.Future Meetings

January 21, 2012. Dr. Richard Lam, Prostate Oncology Specialists– The Many Roles of Androgen Deprivation 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 contact: lyle@ipcsg.org or gene@ipsg.org

NOTEWORTHY ARTICLES

What To Avoid Before A PSA Test

(From Prostate.net November 12, 2011)

To help preserve and maintain prostate health, men are encouraged to get a PSA test (prostate specific antigen). A PSA test 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 procedures: 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

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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 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 dustasteride 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.

Prostate Cancer-Androgen Deprivation Therapy Does Not Raise Cardiovascular Death Risk

A study published in the December issue of *JAMA* shows that even though earlier investigations suggested that androgen deprivation therapy designed to inhibit the production of male sex hormones for the treatment of prostate cancer may increase mortality risk from cardiovascular causes, researchers of a meta-analysis of previous randomized trials did not find any links to men with unfavorable risk, nonmetastatic prostate cancer. They did however find a link of a lower risk of prostate cancer specific death and all-cause death with androgen deprivation therapy.

Androgen deprivation therapy (ADT) in the form of a gonadotropin-releasing hormone (GnRH) agonist is a mainstay of prostate cancer treatment. The U.S. Food and Drug Administration were prompted to issue a safety warning as well as a joint statement by several medical societies in order to raise awareness of a possible association between ADT and cardiovascular events after several studies indicated that ADT may increase the risk of cardiovascular death. However, these findings have not been confirmed in other studies.

Paul L. Nguyen, M.D., of the Dana-Farber Cancer Institute, Brigham and Women's Hospital, and Harvard Medical School, Boston, and his team conducted a meta-analysis of randomized controlled trials in order to find out if ADT is connected with cardiovascular mortality in men with unfavorable-risk, nonmetastatic prostate cancer, all-cause mortality, and prostate cancer-specific mortality (PCSM).

The researchers reviewed medical literature and found eight randomized trials (n = 4,141 patients) that met inclusion criteria for the meta-analysis. In these trials the median (midpoint) follow-up ranged between 7.6 and 13.2 years.

They reported that:

There were 255 cardiovascular deaths among the 2,200 individuals who were treated with ADT, equivalent to an overall incidence of cardiovascular death of 11%.

For the control group, they found there were 252 cardiovascular deaths among the 1,941 patients, for an overall incidence of 11.2%.

Among participants in short-course ADT trials (6 months or less), the percentage of cardiovascular death was 10.5% compared to 10.3% for the control group.

For patients who participated in long-course ADT trials (3+ years), the percentage of cardiovascular

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deaths was 11.5% vs. 11.5% for the control group.

Furthermore, the team discovered that patients' age did not alter their findings, as there was no connection between cardiovascular mortality and ADT whether the median age of the patient was younger or older than 70 years.

443 PCSM deaths occurred among the 2,527 men in the ADT group and 552 PCSM deaths occurred among the 2,278 participants in the control group. The relative risk of PCSM was 31% lower for men who received ADT, with an incidence of 13.5 percent compared to 22.1% for the control group. In total there were 1,140 deaths among men in the ADT group and 1,213 total deaths among men in the control group, with examination suggesting that the relative risk of all-cause mortality was 14% lower for those who received ADT compared to men in the control group (incidence, 37.7% vs. 44.4% respectively).

The researchers explain:

"Overall, the results of our study should be generally reassuring to most men with unfavorable-risk prostate cancer considering ADT, because it was associated with improved survival without measure excess in cardiovascular mortality, but a few important points need to be raised. First, none of the trials were stratified by preexisting cardiovascular comorbidity; therefore, our study cannot exclude the possibility that a small subgroup of men with underlying cardiac disease (even if controlled) could experience excess cardiovascular mortality due to ADT.

A second issue is that although our study assessed total cardiovascular deaths, it could not exclude the possibility that cardiovascular deaths happen earlier in men receiving ADT. In conclusion, our meta-

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 (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 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.

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Mr. David Weil from Health Insurance Counseling and Advocacy Program (HICAP) provided information about their free services in our October, 2011 meeting. HICAP is a non-profit program that assists with counseling about medicare coverage and billing issues, including appeals. They do not make recommendations but rather provide information to help individuals make decisions about available coverage. 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

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 available.

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

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 simple and easy 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

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.

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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

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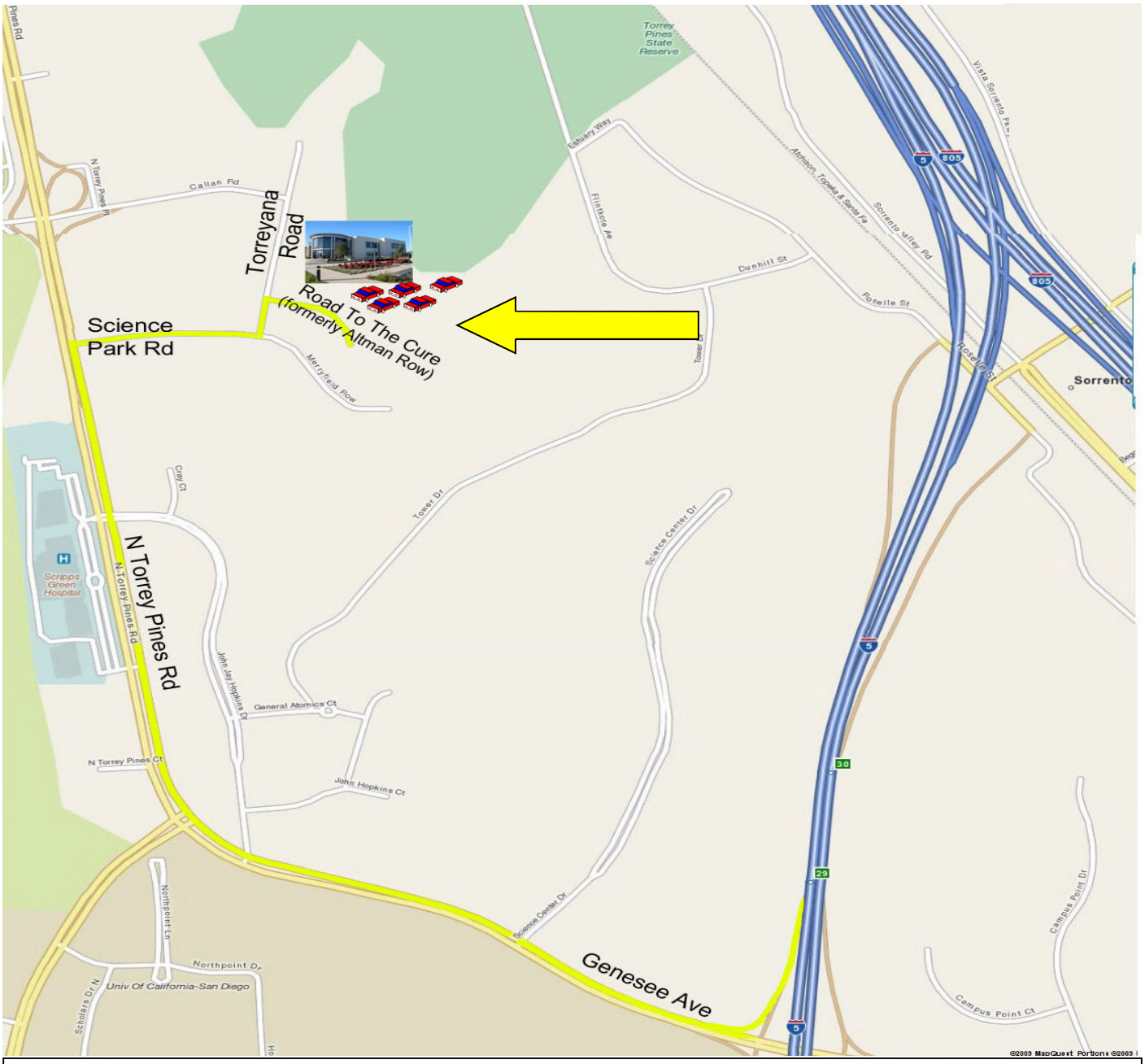
FINANCES

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).