



Informed Prostate Cancer Support Group Inc.

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



March 2012 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, March 08, 2012

Volume 5, Issue 2

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

March 17th

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 |
| #3 | Future Meetings |
| #3,4,5 | Noteworthy Articles |
| #6 | Announcements |
| #6,7 | Health Insurance News |
| #7 | We Need Help, Networking, Finances |
| #8 | Directions and Map to where we meet |

Editor: Gene Van Vleet

Dr. Richard Safrin, Head of Pathology of Alvarado Hospital discussed the pathological aspects of the Gleason tests that are commonly used to determine the aggressiveness of prostate cancer. He opened with refresher information about the location and function of the prostate. Surrounding the urethra that leads from the bladder into the penis, it is a part of the urinary tract. If it becomes swollen it can cause problems with urination. Initially weighing about 20 grams or 1 ounce, it typically grows larger as we age. The prostate is also a part of the genital tract and produces a part of the fluid that is part of the semen that nourishes the sperm on its way to fertilizing an ovum. Dr. Safrin thoroughly explained the meticulous process of

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 DVD's' button.

(Continued from page 1)

preparing prostate tissue samples for analytic viewing. He indicated the process takes about 8 hours to accomplish. He showed vivid slides explaining how the tissue is analyzed for the presence of cancer. When the slides are then microscopically analyzed and compared for the presence of cancer, the Gleason grade is formulated. The grading system runs from 1 to 5. A grade 1 is when the benign microscopic gland appears so much the same as a malignant one that it is hardly discernible. Rarely does a pathologist give a grade 1 score. A grade 5 is when the tumor cell looks the most deranged when compared to a normal cell. A grade 4 looks less deranged than a grade 5 and so on down the scale. Thus if the predominant cell patterns look like a grade 3 and the next most predominant cell patterns look like a grade 4, a Gleason score of 3 + 4 for a total score of 7 is given. Rarely are there more than two types of cells within a tumor. The lowest possible total Gleason score would be 2 and the highest would be 10. Grading is based entirely on the microscopic appearance of the tumor. Dr. Safrin presented many slides showing the different grades. The grading is subjective by the pathologist, but rarely would they disagree if comparing one pathologists findings of the same samples to another.

Staging is how far advanced the tumor is anatomically. Stages are rated from 1 to 4. A stage 1 cancer is more localized within the prostate and a stage 4 has metastasized outside the prostate to nearby lymph nodes, and/or bones and/or other areas.

This foregoing is intended to be only a summary of Dr. Safrin's presentation. You can gain more valuable and specific knowledge by obtaining the DVD of this meeting through the website: <http://ipcs.org> by clicking on the blue "Purchase DVDs" button; through the library that is available at each meeting, or by contacting Gene Van Vleet: e-mail gene@ipcs.org or phone 619-890-8447.

Future Meetings

March 17, 2012. Dr. Andrew Goldstein will speak about stem cell research in relation to prostate cancer. Dr. Brian Dicks will speak about preserving erectile function.. Dr. Irwin Goldstein, President and Director of The Institute for Sexual Medicine, will moderate.

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

May 19th, 2012. Dr. Fabio Almeida, Medical Director, Southwest PET/CT Institute-Arizona Molecular Imaging Center. Subject: An ongoing clinical trial for Carbon-11-Acetate PET/CT imaging for Prostate Cancer.

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

NOTEWORTHY ARTICLES

The Legacy of the Saber Tooth Tiger: A Few Unkind Words About Stress

Posted: 06 Mar 2012 09:24 AM PST Prostate Snatchers Blog

BY RALPH BLUM

Whatever the problem—heart, cancer, diabetes—stress is arguably Public Enemy #1 for half of what ails this nation. And when it comes to immune system health, stress rings cash registers. Advertising budgets dedicated to pushing the stress button are worth what Ted Turner would call “serious cash money.” The root briar of an estimated 20 billion dollar a year volume of advertising, stress is Big Business.

It is now more or less common knowledge that the most potent immune system suppressor is stress. Especially chronic stress—the kind suffered by all of us from the moment we are diagnosed with prostate cancer. So manufacturers of specialty foods, supplements, herbs and minerals are climbing onto the bandwagon and claiming that their products are “immune system boosters.” However, if you look carefully you will see that 90% of their claims are laced with hedge-your-bet qualifying terms like “might,” “perhaps,” “could” and “can sometimes.” This is the stuff that scams are made of these days.

So when you don't know whether your job is being abolished, and you are seeing your savings dwindle to nothing, and your anxiety over your children's future is keeping you awake at night, and then, on top of all that, you are diagnosed with prostate cancer, how can you hope to cope with this kind of chronic stress barrage? What can you do that will genuinely assist your immune system to function efficiently?

The three tried and true stress busters are simple enough. They are diet, exercise, and meditation. You don't have to pump iron or run marathons, or subsist on tofu, berries, and leafy greens. But in order to fight cancer successfully, you *do* need to eat a healthy diet and find a type of exercise you enjoy. And, at least as important, you need to find some kind of meditation that you can live with—it can be as little as fifteen minutes a day!—because it *does* reduce the stress that inevitably ramps up with a cancer diagnosis.

If you're interested, you might check into the fairly new field of Psychoneuroimmunology.

You'll learn about the legacy of the saber tooth tiger, and how to distinguish the activity of the adrenal system from that of the immune system. Because there are two distinct conditions: there's growth and there's protection, but you can't have both at the same time. And when any threat mobilizes the body with the old “fight or flight” response, the adrenal (stress) hormones directly repress the action of the immune system. Result: almost every major illness has been linked to chronic stress.

It is now fairly well established that what goes on in our minds absolutely affects our bodies. There is no question that our thoughts and our beliefs generate a cascade of chemicals that can act to either harm us or heal us. So my best recommendation to you is to *believe wholeheartedly* that whatever treatment you decide on *will be totally successful*. And when the stress gets to you, you don't have to sit crossed-legged on the floor and repeat a mantra provided by a guru in the Himalayas. Just turn on some relaxing music, breathe slowly and deeply, and imagine yourself walking on a beach, or in a forest—whatever works for you—and see yourself relaxed and healthy. Relieving the chronic stress of living with prostate cancer is arguably taking a long step on the road to recovery.

Science Shows How Exercise Might Help In Prostate Cancer

TUESDAY, Jan. 31 (HealthDay News) -- Vigorous exercise causes changes in some 180 prostate genes among men with early stage prostate cancer, a new study suggests.

(Continued on page 4)

(Continued from page 3)

Included are genes known to suppress tumor growth and repair DNA, which might mean that exercise could prevent or delay progression of the disease, the researchers said.

"There are many reasons to exercise," June Chan, associate professor of epidemiology and biostatistics, and urology at the University of California, San Francisco, said during a Tuesday press conference. "Here's yet another great reason to exercise and it may offer a prostate cancer-specific benefit."

For the study, Chan's team compared prostate genes from 70 men with low-risk prostate cancer to normal prostate genes from 70 men.

The cancer patients in the study were undergoing "active surveillance" -- also known as "watchful waiting" -- rather than active treatment.

The men answered questions about how much and what type of exercise they did.

Chan's group found 184 genes that were differently expressed in men who did activities such as jogging, tennis or swimming for at least three hours a week, compared with genes in men who did less exercise.

Genes more highly expressed in men who did vigorous exercise included well-known tumor-suppressor genes associated with breast cancer, BRCA1 and BRCA2, the researchers found.

In addition, these men also had increased expression of genes involved in DNA repair, they noted.

The researchers hope to confirm their findings in a larger group of men who are undergoing active surveillance, and also among men who have experienced a recurrence of their cancer.

There are limitations to this study, Chan said. Most important, the study was small and so the results could be by chance, she said.

"If confirmed, the results suggest that vigorous physical activity might offer protection against prostate cancer progression," Chan said.

Exercise has also been found to have benefits for breast and colon cancer, the researchers noted.

The results of the new study are slated for presentation Friday at a meeting of the American Society of Clinical Oncology in San Francisco.

Because this research is being presented at a medical meeting, the data and conclusions should be viewed as preliminary until published in a peer-reviewed journal.

Dr. Anthony D'Amico, chief of radiation oncology, and a prostate cancer expert from Brigham and Women's Hospital in Boston, said that "this is an interesting, hypothesis-generating study that will require further testing and perhaps opens doors to exercise as part of future prostate cancer treatment, but it's too soon to tell."

In two studies last year, Chan's group found links between vigorous activity, such as brisk walking, and a lowered risk of prostate cancer progression and death.

In one study, which appeared in the February 2011 *Journal of Clinical Oncology*, men with prostate cancer who participated in three or more hours a week of vigorous activity had about a 50 percent lower risk of death from all illnesses, and a 60 percent lower risk of death from prostate cancer, compared to men who participated in less than one hour per week of vigorous physical activity, Chan said.

In the other study, published in the May 2011 issue of *Cancer Research*, men who walked three miles per hour or faster had about half the risk of prostate cancer progression of men who walked at two miles per hour or less, she said.

"These studies suggested that some form of cardiopulmonary exercise might offer specific benefits for prostate cancer," Chan said. "However, the molecular mechanisms by which physical activity exerts this effect on prostate cancer remains unknown."

SOURCES: Anthony D'Amico, M.D., Ph.D., chief, radiation oncology, Brigham and Women's Hospital,

(Continued on page 5)

(Continued from page 4)

Boston; Jan. 31, 2012, press conference with: June Chan, Sc.D., associate professor, epidemiology, and biostatistics and urology, Steven and Christine Burd-Safeway Distinguished Professor, University of California, San Francisco; Jan. 31, 2012, Genitourinary Cancers Symposium of the American Society of Clinical Oncology, San Francisco

New Prostate Cancer Treatment Drugs Could Pack Double Punch

By RoboticOncology.com

Posted: 11:41am on Feb 17, 2012; Modified: 11:45am on Feb 17, 2012

NEW YORK, Feb. 17, 2012 — /PRNewswire/ -- The arsenal of prostate cancer treatments for men with advanced prostate cancer may soon be strengthened as the FDA prioritizes the review of both Ra-223 and MDV3100 for treating metastatic castration-resistant prostate cancer (CRPC). Based on positive, independent research of each drug, better survival rates and improved bone health for patients with late-stage prostate cancer may be within reach.

Dr. David Samadi is Vice Chairman, Department of Urology, and Chief of Robotics and Minimally Invasive Surgery at The Mount Sinai Medical Center and a leading robotic surgery expert and PSA test advocate. He commended the efforts behind these advancements by saying, "I'm encouraged to see advanced prostate cancer treatment drugs that may not only extend life, but do so with improved patient health. That's the key – prolonging life with quality." Previous drug therapies, such as Provenge or Zytiga, have proven to extend survival rates, though do not offer additional benefits to the patient.

The drug Radium-223 chloride, also known as Ra-223 or Alpharadin, delivers radiation to the bone and the prostate cancer tumor. In trial, the drug improved patient survival by an average of three months. In addition, patients undergoing Ra-223 drug therapy experienced delayed bone damage or need for surgery or radiation by more than five months.

Medivation, or MDV3100, is an androgen inhibitor that prevents prostate cancer tumor growth by binding with cancer cell receptors. Patient trials with MDV3100 proved improved survival rates by nearly five months. Further, the drug caused tumor shrinkage in close to 30 percent of men, a 50 percent decline in PSA level, and an overall reduction in risk of death by 37 percent.

Improved survival rates of three to five months may sound minimal, but these drugs each present a significant opportunity for men with a disease that, in its advanced stages, can progress very quickly. What's more, experts believe using these drug therapies in a layered approach could provide even greater impact on survival rates for men with metastatic castration-resistant prostate cancers over the next few years.

"In recent months, we've seen the launch of various drug therapies targeting metastatic prostate cancer," said Dr. Samadi, "but the combined survival benefits, tumor shrinkage, and bone improvements with these drugs could lead to a double punch approach. Unlocking the power of how they might work together could mean longer and better lives for these patients." Further research will be conducted to evaluate the extent to which combining or sequencing Ra-223 and MDV3100 would provide additional survival and health benefits.

Prostate cancer is believed to be a hormone-fed disease that thrives in the presence of testosterone. Castration-resistant prostate cancer is named for its resistance to testosterone-lowering treatment therapies.

As a robotic prostatectomy expert, Dr. Samadi addressed the limited benefits of late-stage advancements by saying, "The more we do on the front end of this disease – improving diagnostic tools, getting

(Continued on page 6)

behind the PSA test for early diagnosis, strengthening treatment choices – the less need there would be for costly drugs that offer relatively short-term returns."

Based on both drugs' exemplary trial results and limited side effects, experts are hopeful that Ra-223 and MDV3100 will become available for FDA-approved patient use this year.

"Men with late-stage prostate cancer deserve every opportunity to extend their time with loved ones. But we can do better; we have the resources to diagnose prostate cancer early. With robotic prostatectomy surgery and other treatments we can address the cancer in time for a full recovery and a long, healthy life," Dr. Samadi concluded.

Prostate Cancer Vaccine Teams Up With Antibody

From Weekly Vaccines Industry Newsletter

February 23, 2012 — 4:43am ET | By Suzanne Elvidge

Sometimes, the sum of the parts is greater than the whole, and this can be true for cancer therapies as well. Researchers are hoping that combining Prostavac, the investigational therapeutic cancer vaccine, with ipilimumab, a monoclonal antibody, will enhance treatment effects. And results from an early clinical trial hint it just might work.

The study looked at Prostavac, Bavarian Nordic's poxvirus-based investigational therapeutic cancer vaccine, and Bristol-Myers Squibb's (\$BMY) Yervoy (ipilimumab) in men with metastatic castration-resistant prostate cancer. Yervoy is approved for the treatment of melanoma.

In the study, 30 men received increasing doses of ipilimumab and fixed doses of Prostavac. There were no side effects that limited the amount of drug the men could receive. The side effects were those expected with ipilimumab, and the vaccine didn't seem to make them worse. Half of the patients saw decreases in prostate-specific antigen, a biomarker of prostate cancer, some by more than 50%, and the median overall survival was around three years.

According to James Gulley, director of the Clinical Trials Group at the Laboratory of Tumor Immunology and Biology at the National Cancer Institute, although the Phase I trial was small and non-randomized, the median overall survival of 34.4 months for the 30 patients treated raises the possibility the ipilimumab/Prostavac combination might result in prolonged overall survival.

Phase I trials are designed to prove concepts and check out the safety, and that this has shown some effects on biomarkers--and perhaps even on survival--has given the researchers hope it could help prostate cancer patients, but only further clinical trials designed to look at efficacy will tell. Prostavac started Phase III trials in November 2011.

Have you been up to our website lately? What do you want to see that's not there? We need your feedback. Go up to our website and browse around and let us know how we're doing.

Go to <http://ipcs.org> and click on the buttons on the left. Send us your comments by clicking on the "Contact Us" button.



(<http://ipcs.org/ContactUs.html>)

Your feedback is always welcome and will help create a website that is more in tune to the needs of our readers.

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@ipcs.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.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”

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

(Continued on page 8)

(Continued from page 7)

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.

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>

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.

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@ipcs.org

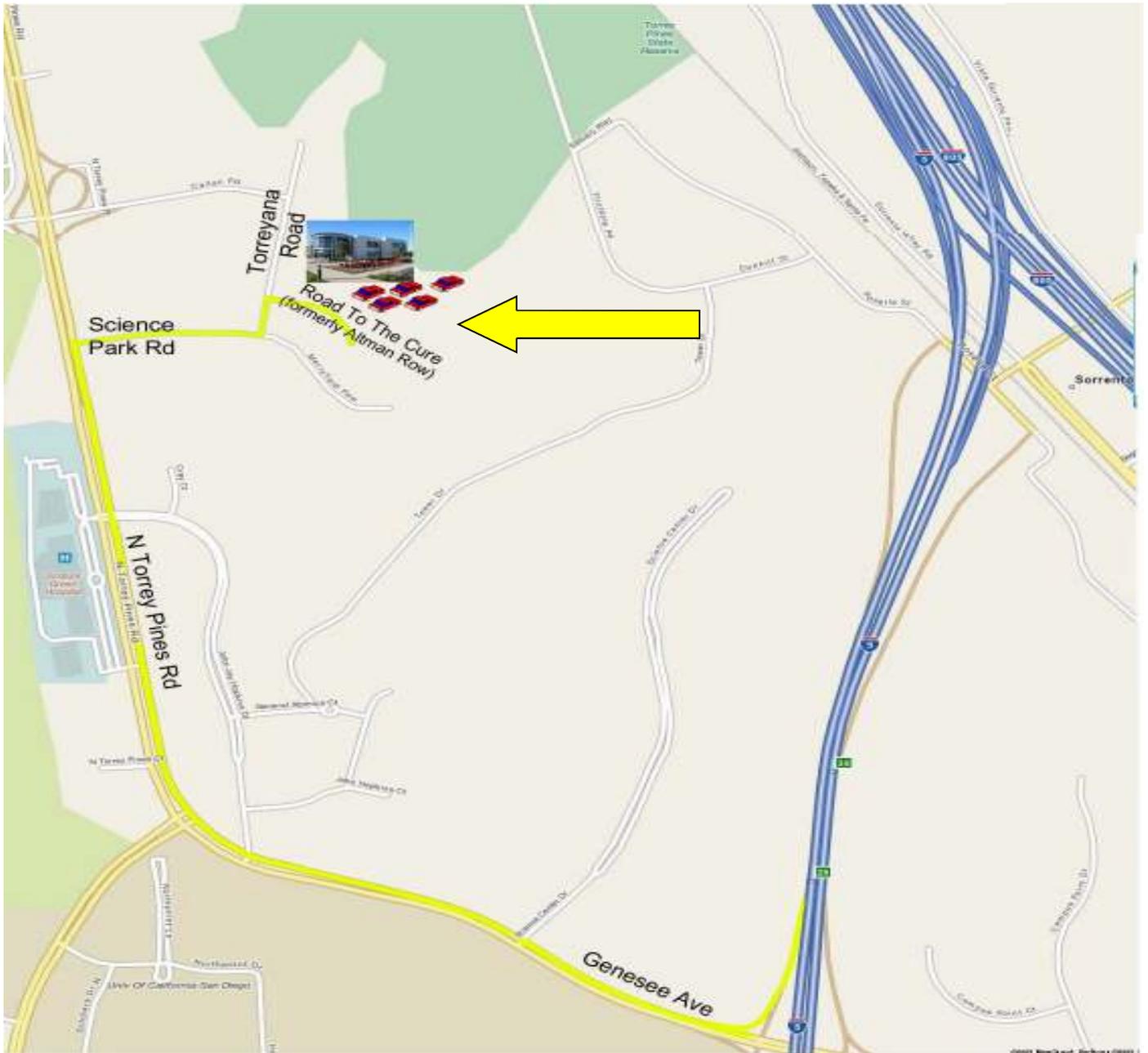
Lyle LaRosh, President 619-892-3888 lyle@ipcs.org

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://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).