Informed Prostate Cancer Support Group Inc.

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December 2012 NEWSLETTER

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We Meet Every Third Saturday (except December)

Friday, December 21, 2012

Volume 5, Issue 11

Officers

President: Lyle La Rosh,

Vice President : Gene Van Vleet

Additional Directors

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HAPPY HOLIDAYS

Next Meeting
January 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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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

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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this. We are in control. Be your own case manager.

Recap of the November Meeting

Our guest speaker at the November meeting was Robert Louie, PharmD, Senior Medical Science Liaison for Medivation, the company that developed the latest approved new therapy for metastatic castration resistant prostate cancer who have been previously treated with docetaxel-based chemotherapy. Formerly known as MDV3100, the new marketing name for the antiandrogen agent is Xtandi (generic name enzalutamide).

Typically when prostate Cancer (PCa) tumors start to grow--perhaps even after surgery or radiation, hormone or androgen deprivation therapy (ADT) is used to reduce the tumor. Often after a period of time the tumor becomes less responsive and requires a second line of ADT which includes chemotherapy. It is not yet known why, but at some point in time tumors become less responsive to androgen manipulation. This is now being referred to as being castrate resistant (formerly called refractory). It has been identified in the last 3-5 years that even though the tumor has become castrate resistant there is a pathway known as the androgen receptor signaling pathway which is a key driver of PCa tumor cell growth. Through understanding of this pathway, explained in detail by Mr. Louie, Xtandi was developed to overcome the ability of the tumor cells to continue to grow after androgen deprivation.

His presentation included the details of the clinical study results which were the basis of the FDA approval. In comparing those in the study that took Xtandi versus a placebo, life was extended an average of 4.8 months or the risk of death was reduced 37%.

Mr. Louie's presentation was very thorough. To more thoroughly understand the benefits or relativity of Xtandi, it is recommended that you obtain a copy of the DVD of the meeting through the library at the next meeting or go to our website: www.ipcsg.org and click on the "Purchase DVDs" button.

Important Announcement

Dr. Duke Bahn has announced that effective January 1, 2013, he will accept Medicare. This is good news! Dr. Bahn is the leading expert on Color Doppler Ultrasound imaging that is important in precisely identifying the size and location of prostate cancer tumors. This is helpful in guiding biopies and determining treatment options. You can view Dr. Bahn's website at: http://pioa.org

Future Meetings

January 19, 2013. Networking. Presentations by a few members' experiences followed by break-out sessions by treatment type.

February 16, 2013. To be announced

March 16. Dr. Carl Rossi, Medical Director of the Scripps Proton Therapy Center. New Scripps facility for proton beam therapy in relation to prostate cancer.

On The Lighter Side

Doctor: Well, we better discuss treatment now for your prostate cancer. I recommend hormone therapy.
Man: Are there any side-effects?
Doctor: A few. You will have a loss of potency. You might get some hot flashes. And when lost, you will have an inexplicable urge to ask for directions.

Given one of the principle problems faced by ageing men, and more so those who have had some treatment on their prostate, this innovation seems to have been a long time coming!

NOTEWORTHY ARTICLES

Urologist and Radiation Therapist Attitudes toward Active Surveillance

Posted: 18 Dec 2012 11:42 AM PST from Prostatesnatchers Blog

BY MARK SCHOLZ, MD

In May of every year over 10,000 medical oncologists from around the world attend a 5-day meeting sponsored by the American Society of Clinical Oncology (ASCO) where preliminary results of the latest cancer research are presented. Thousands of research projects are summarized and published in short 300-word abstracts. What follows is a long quote of almost the entire abstract published in 2012 by Dr. Simon Kim from the Mayo Clinic:

"While active surveillance is well recognized as an acceptable treatment strategy for low-risk prostate cancer, the extent to which radiation oncologists and urologists perceive active surveillance as effective and routinely recommend it to patients is unknown. Therefore, we sought to assess the attitudes and treatment recommendations for low-risk prostate cancer from a national survey of prostate cancer specialists.

Methods: A mail survey was sent to a population-based sample of 1,439 physicians in the U.S. from late 2011 and early 2012. Physicians were queried about their attitudes regarding active surveillance and treatment recommendations for patients diagnosed with low-risk prostate cancer (PSA<10 ng/dl; Stage = T1c; Gleason 6 in one of twelve cores).

Results: Overall, 321 radiation oncologists and 322 urologists completed the survey for a 45% response rate. Most physicians reported that active surveillance is effective for low-risk prostate cancer (71%) and stated that they were comfortable routinely recommending active surveillance (67%). Urologists were more likely to agree that active surveillance is effective (77% vs. 67%; p=0.005) and were comfortable recommending active surveillance (74% vs. 61%; p=0.001) compared with radiation oncologists. Most physicians recommended radical prostatectomy (47%) or radiation therapy (32%), but fewer endorsed active surveillance (21%) for low-risk disease. After adjusting for physician covariates, radiation

oncologists were more than eleven-times more likely to recommend radiation therapy, while urologists were 4.7-times more likely to recommend surgery and 2.1 times more likely to recommend active surveillance for low-risk prostate cancer.

Conclusions: Although active surveillance is widely viewed as effective by radiation oncologists and urologists, most urologists continue to recommend surgery, while most radiation oncologists recommend radiation therapy. Our results may explain in part the relatively low contemporary use of active surveillance in the U.S."

My Comment:This study clearly documents that urologists and radiation therapists, while acknowledging that active surveillance is acceptable, overwhelmingly recommend surgery and radiation. Not surprisingly, the urologists recommend surgery and the radiation therapists recommend radiation. The study findings are remarkable because they were not generated by a third party. This report depicts urologist and radiation therapist behavior though a self-description survey. Clearly, broader acceptance of active surveillance will be impeded until the day when urologists and radiation therapist physicians are willing to act on what they know to be true about active surveillance rather than simply giving it lip service.

Enzyme Linked to Aggressive Prostate Cancer Identified

From Science Daily

Dec. 18, 2012 — Researchers at Mayo Clinic's campus in Florida have identified an enzyme specifically linked to aggressive prostate cancer, and have also developed a compound that inhibits the ability of this molecule to promote the metastatic spread of the cancer.

Their study, published in the Dec. 18 online edition of Molecular Cancer Research, is the first to link the enzyme PRSS3 to prostate cancer.

"This molecule is a protease, which means it digests other molecules. Our data suggests PRSS3 activity changes the environment around prostate cancer cells -- perhaps by freeing them from surrounding tissue -- to promote malignancy and invasiveness," says the study's senior investigator, Evette Radisky, Ph.D., a cancer biologist in the Mayo Clinic Cancer Center. "I don't think PRSS3 is the only factor involved in driving aggressive prostate cancer, but it may be significant for a certain subset of this cancer -- the kind that is potentially lethal," she says.

Dr. Radisky and five colleagues at Mayo Clinic in Florida made the discovery by investigating publicly available databases, derived from clinical studies, which contain data on molecules that are upregulated -- irregularly switched on -- in cancer. They had previously discovered a link between the protease and the earlier stages of breast cancer.

The research team wanted to see if any other cancer abnormally expresses this protease, and at what stages so they mined multiple databases.

"The link between PRSS3 activity and aggressive prostate cancer jumped out at us," Dr. Radisky says. "We found a definitive trend of increasing PRSS3 expression with cancer progression."

Then, in mice models of prostate cancer, the researchers demonstrated that expression of the protease was critical for prostate cancer metastasis. Cancer did not spread in mice in which PRSS3 was silenced.

The group had earlier crystallized the structure of the PRSS3 protease, and discovered a place on the enzyme where a small protein therapeutic could bind to plug up the "scissoring" action of the molecule.

"The protease has an active site that breaks down other proteins, and our inhibiting agent sticks to the site, shutting it down," Dr. Radisky says.

The researchers say their finding suggests several possible future clinical applications.

We might be able to test prostate cancer patients for the presence of this molecule, to help identify

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those who are most at risk for aggressive cancer," she says.

And the researchers' prototype drug provides a template upon which to build an agent that can be used to treat these same patients, Dr. Radisky says. "Our inhibitor does not have the characteristics we need for a clinically useful drug. But it puts us on the right path to develop one."

Other study authors are Alexandria Hockla, Erin Miller, Moh'd A. Salameh, Ph.D., John A. Copland, Ph.D., and Derek Radisky, Ph.D., all from the Department of Cancer Biology at the Mayo Clinic campus in Florida. The authors declare no conflicts of interest.

The study was funded by grants from the Bankhead-Coley Florida Biomedical Research Program, the Department of Defense, and the National Cancer Institute.

New England Journal of Medicine Publishes Positive Phase III Clinical Results for Zytiga (abiraterone) in Men Without Prior Chemotherapy—Should Bolster Medical Reimbursements

From Prostate Cancer Foundation Website

December 19, 2012—This month the Food and Drug Administration (FDA) granted approval for the prostate cancer drug Zytiga to be used earlier in the course of the disease—prior to chemotherapy—on the same day that the New England Journal of Medicine published Phase III clinical trial results showing benefits to chemotherapy-naive men with metastatic treatment-resistant prostate cancer given Zytiga.

Zytiga blocks the production of the male androgen testosterone that fuels prostate cancer growth and prior research has shown the drug, when given after chemotherapy to men with treatment- resistance prostate cancer, extends overall survival. This month's New England Journal of Medicine study, detailing research presented in part earlier this year at the American Society of Clinical Oncology's (ASCO) annual meeting in Chicago, confirmed several benefits to taking Zytiga in the pre-chemotherapy setting, such as slowing the spread of cancers, decreased need for pain-killing drugs, and improvement is quality of life measures. And because of strong positive effects demonstrated by men taking Zytiga compared to the control group of men given placebo, the study was halted early so that all the men in the study could receive the drug. However, this early termination of the study precluded final data collection on overall survival benefit to men given Zytiga in the pre-chemotherapy setting. (In the post-chemotherapy setting, Zytiga has been shown to extended overall survival by about four and a half months.)

The study was a multinational, double-blind, randomized evaluation of 1,088 men assigned to receive either Zytiga and prednisone, or placebo plus prednisone. (Prednisone is a standard-of-care drug in clinical drug trials for advanced prostate cancer.)

Highlights of the study's findings are as follows:

Men in the Zytiga arm of the clinical trial experienced:

A 57 percent reduced risk of cancer progression as measured by imaging (CT or MRI and bone scan)

A 25 percent decrease in the risk of death, indicating a strong trend toward overall improved survival rates

A 51 percent reduced risk of experiencing disease progression as measured by increasing PSA levels (PSA is prostate specific antigen and can be used as a marker of disease progression or recurrence.)

An 8.3 month gain in time to onset of increased pain

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An 8.4 month gain in time to initiation of chemotherapy treatments
A 4.4 month gain in time to onset of declines in functional status and lowered quality of life reports.

These findings, reported in part at the ASCO meeting this spring, have prompted many doctors to prescribe Zytiga in the pre-chemotherapy setting to men with metastatic treatment-resistant prostate cancer. This month's NEJM publication of those results, along with the FDA's concurrent approval for expanded use of Zytiga should give further support for the medical insurance reimbursement of Zytiga in the pre-chemotherapy setting," said Howard Soule, the chief science officer for the Prostate Cancer Foundation.

Multiple authors on the NEJM study are PCF-funded researchers, including first author, Dr. Charles J. Ryan and senior author Dr. Dana E. Rathkopf.

For more information on Zytiga, its development history, and clinical study results of this drug in the pre-surgical setting, please read: Laying the Foundation for a Cure

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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

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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.

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

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.

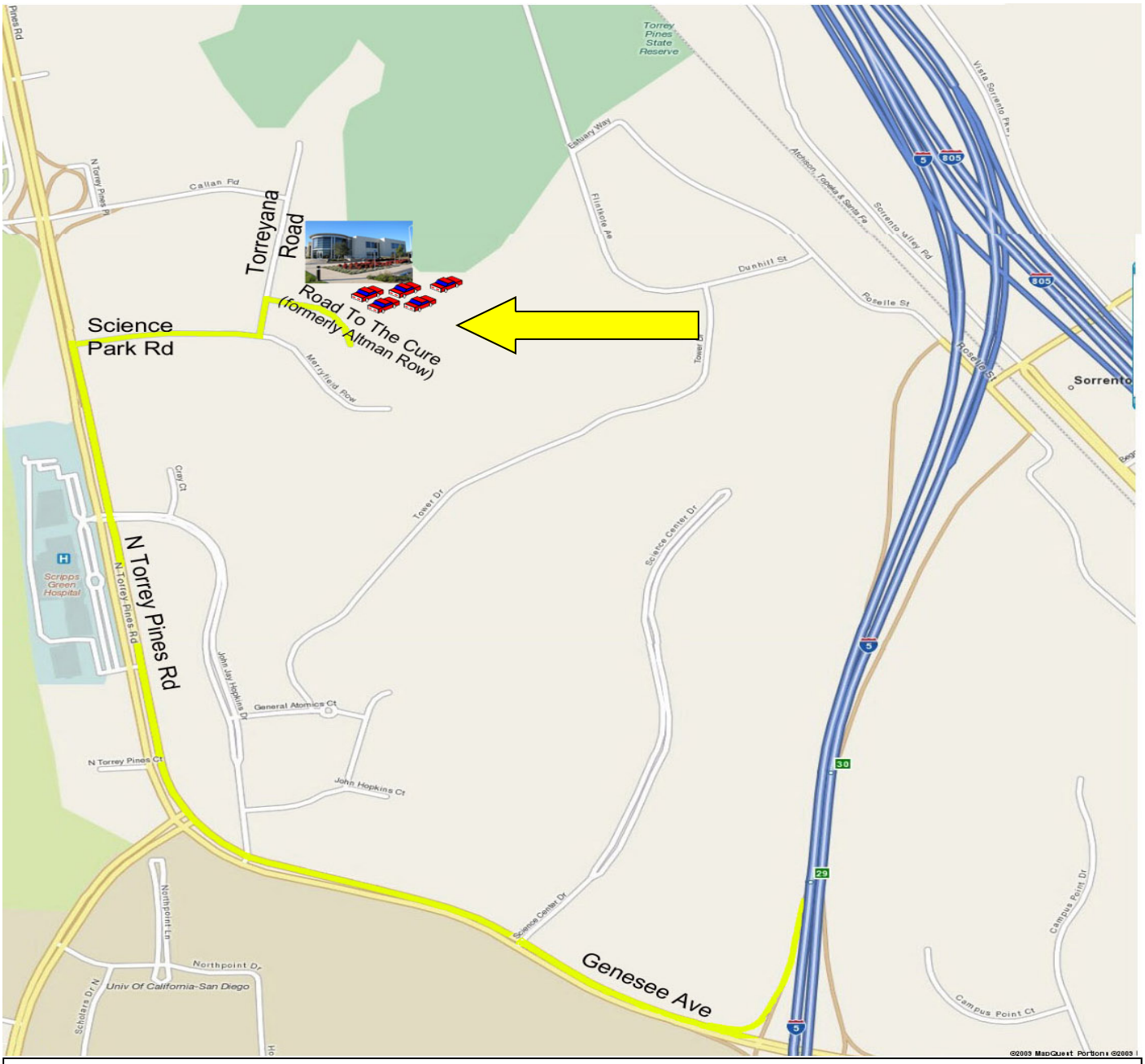
Mr. David Weil from Health Insurance Counseling and Advocacy Program (HICAP) provided information about their free services in our October, 2011 meeting. HICAP is a non-profit program that assists with counseling about medicare coverage and billing issues, including appeals. They do not make recommendations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

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).