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

April 2013 NEWSLETTER

P.O. Box 420142 San Diego, CA 92142
Phone: 619-890-8447 Web: www.ipcsg.org

We Meet Every Third Saturday (except December)

Tuesday, April 16, 2013 Volume 6 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
Robert Keck, Librarian
Bill Manning
E. Walter Miles
Jerry Steffen

Next Meeting April 20th 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

PROSTATE CANCER IT'S ONLY 2 WORDS, NOT A SENTENCE

February Meeting Recap

Facilitator George Johnson opens our meetings with background information about our group and useful information for newcomers, which includes a survey of the audience about how long they have survived the disease and the types of treatment experienced. He discussed the Partin Tables which use the results of the rectal exam, the PSA level, and the Gleason score, to predict the likelihood that cancer is still confined to the prostate, when it is most amenable to cure, and how likely it is to

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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have spread into the seminal vesicles or to adjacent lymph nodes.

Our guest speaker for the March meeting was Dr. Carl Rossi, Medical Director of the soon to be completed Scripps Proton Therapy Center http://www.scripps.org/services/cancer-care/services__proton-therapy Previously, Dr. Rossi spent 20 years in highly responsible positions at Loma Linda University Medical Center. Dr. Rossi led off by stating that proton beam therapy is a useful tool for treating not only prostate cancer but is equally effective for adults and children for many other types of cancer. He downplayed the attitude that proton is better or worse than other x-ray technologies, but rather emphasized that it is a type of radiation with unique characteristics that can be advantageous. Any type of radiation works by disrupting DNA so that cells can no longer replicate. All the different kinds of radiation are directed at putting more radiation into the bad cells and less into nearby good cells. Good cells are better at repairing themselves from the damage. Every advance in radiation therapy is directed at sparing normal tissue. It must be remembered that x-ray beams don't stop. They go in one end and out the other. Thus tissue in front of and behind the target is being affected. All the modern names such as CyberKnife, Gamma Knife, RapidArc, Tomo Therapy and IMRT are all x-ray based methods, thus they treat from skin to skin. Proton beam therapy differs in that it does stop. Thus when treating with a proton beam, three to four times less tissue is being affected by proton beams that by x-ram beams. Therefore the chance of injury to other tissue is much less. Imagine that a proton beam aimed at the spine can be stopped before hitting the spinal cord or if aimed at the prostate it can be stopped before hitting the rectum. The challenge in developing equipment for utilizing the proton beam was to get it to stop at the right place.

The use of proton beam therapy started at Harvard in 1977 and began on a large scale at Loma Linda University Medical Center in 1991. Over 15,000 have been treated and its primary benefit is to increase radiation dosage without increasing toxicity. Dr. Rossi presented many slides of information comparing proton beam treatment with x-ray beam treatments and quality of life studies.

The foregoing is a recap of Dr. Rossi's presentation. You are encouraged to learn more detailed information by obtaining a copy of the DVD of the meeting from our library which is available at our meetings or through our website: www.ipcsg.org and clicking on Purchase DVD's. The DVD of this meeting will be available by our next meeting on April 20th.

The new Scripps facility is expected to be operational sometime this summer. It will have 5 treatment rooms with a capacity of more than 200 patients per day. The above referenced website contains more information about the Scripps facility. That site will announce when the facility will become operational.

Future Meetings

April 20 - Networking. Presentations by a few members' experiences followed by break-out sessions by treatment type.

May 18. Dr. Richard Lam, Research Director, Prostate Oncology Specialists.

June 18. To be announced

On The Lighter Side

"If you could choose one characteristic that would get you through life, choose a sense of humor."——Jennifer Jones

Wheat grass juice is one answer to keeping cancer at bay. It must be good. Did you ever hear of a horse having cancer?

What do you get when you cross a pigeon and a zero? A flying none!

If women controlled medicine, one of the tests the men might have to undergo could look like this:

To quote Mark Twain, There are lies, darn lies and statistics.

"We have enough gun control. What we need is idiot control"——Author Unknown

NOTEWORTHY ARTICLES

A New Immune Treatment Combination

Posted: Prostate Snatchers blog 09 Apr 2013 09:47 PM PDT

BY MARK SCHOLZ, MD

In my last blog I contended that of all the different ways to treat cancer—hormone therapy, chemotherapy, radiation or surgery for example—immune therapy has the greatest potential to save lives: Only the immune system, by its very nature, has the ability to adapt to the many thousands of varieties of cancer. Also, new breakthroughs in understanding how it works have led to real progress in harnessing the immune system to fight cancer.

One discovery—that the immune system uses a specific type of immune cell called the "dendritic cell" to detect cancer cells—led researchers at a company called Dendreon to develop a five-step process for enhancing dendritic cell function.

First the dendritic cells are filtered out of the blood for processing in the lab. Second, the dendritic cells are exposed to prostatic acid phosphatase (PAP), a protein that can be identified on the surface of almost all prostate cancer cells. Third, the dendritic cells are incubated with granulocyte macrophage cell stimulating factor (GM-CSF) which converts the dendritic cells from their dormant state into an activated form. Fourth, the activated dendritic cells are infused back into the patient's blood. Fifth, once back in the body, the activated dendritic cells recruit the killer cells of the immune system, the T-cells, to attack the cancer cells, which are identified by having PAP on their surface.

This five-step process, called "Provenge," is an elegant and clever way to enhance immune function. Two prospective, double-blind, placebo-controlled trials have proved the efficacy of Provenge. However, one cannot help but wonder why—since Provenge is simply an enhancement of the immune system's normal function—is all this artificial stimulation in the lab necessary? Why aren't the dendritic cells in the cancer patient's immune system detecting the cancer cells spontaneously and recruiting T-cells to attack it?

Another breakthrough has been the discovery that a normally functioning immune system, like all the systems in our body, is tightly organized by a variety of controlling hormones. Obviously, both under activity and over activity of any system, be it the heart, the pancreas or the immune system, can be dangerous. Now, new research reveals that malignant cells actually manufacture and release excess amounts of controlling hormones that trick the immune system into remaining dormant. Thus the natural process of immune system detection is directly inhibited by the cancer.

Provenge partially circumvents this problem by activating the dendritic cells outside the body in the lab. But the dendritic cells still face a hostile inhibitory environment after they are re-infused. The question arises, "Wouldn't Provenge work even better if the immune environment in the cancer patient could be rendered more "friendly"?"

In this era of rapid technological advancement it is not surprising that a medicine designed for this specific purpose is already on the market! Yervoy, a monoclonal antibody from Bristol-Myers Squib, was FDA approved to treat malignant melanoma in 2011. Yervoy enhances immune function by counteracting the excess amounts of suppressive hormones being released by the cancer. I heard one researcher characterize Yervoy as the most powerful method available for "taking the brakes off" the immune system.

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Provenge and Yervoy used together are so attractive conceptually that the only question remaining is about the optimal method of delivery. Yervoy, unlike Provenge, can have serious side effects. In excess amounts it can induce the immune system to run wild and start attacking the organs in the body like the liver, thyroid and intestines. Caution dictates beginning with a small initial dosage of Yervoy.

In the study we will be conducting at Prostate Oncology Specialists in Marina del Rey the first three patients we treat will be given one-twelfth of a normal dose of Yervoy one week after the Provenge is completed. The second group of three patients will receive a one-sixth dose of Yervoy. The third group of three patients will get three-twelfths of a Yervoy dose. All patients will receive full-dose Provenge and will be closely monitored for disease response, immune function and for possible side effects.

Provenge and Yervoy are just two of the many exciting new methods being studied for harnessing the immune system to fight cancer. However, to my knowledge, we at Prostate Oncology Specialists are privileged to be the first to test the effectiveness of these two exciting treatments in combination. Our first patient is scheduled to start on trial this month.

Prostate Cancer Metastasis Switch Identified

Washington: A University of Colorado Cancer Center study has described for the first time a switch that regulates the production of the protein E-Cadherin, the loss of which is a prerequisite for prostate cancer metastasis.

The transcription factor SPDEF turns on and off production, leading to metastasis or stopping it "When E-Cadherin is lost, cells become `rouge` - they can detach from their surrounding tissues, move effortlessly through the circulatory system, grow and attach at new sites," said Hari Koul, PhD, investigator at the CU Cancer Center and professor and director of Urology Research at the University of Colorado School of Medicine, the study`s senior author.

"In prostate tumors that had lost E-Cadherin, we put in SPDEF and the tumors once again expressed E -Cadherin. They were once again anchored in place and unable to metastasize. We can make these `rouge` cells back into epithelial-like cells and these epithelial cells stay anchored and lose the ability to migrate," added Koul.

In fact, the work could have implications far beyond prostate cancer, as increasing evidence points to loss of E-Cadherin as a prerequisite for metastasis in many cancers.

Koul and colleagues first showed that E-Cadherin levels varied directly with the addition or subtraction of SPDEF. Then the group artificially knocked down E-Cadherin despite the presence of SPDEF and showed that cells remained able to migrate and invade new tissues (SPDEF didn`t by itself affect metastasis and was instead dependent on modulating E-Cadherin, which is the driver).

The group also showed a one-way switch - SPDEF regulates E-Cadherin, but E-Cadherin expression does nothing to affect levels of SPDEF.

"Taken together, these studies paint a pretty compelling picture of SPDEF working in part through the modulation of E-Cadherin to inhibit prostate cancer metastasis," Koul said.

"To the best of our knowledge these are the first studies demonstrating the requirement of SPDEF for expression of E-Cadherin," he added.

Koul stated that his group is getting very close to turning off the loss of E-Cadherin in cancer cells by re-arming tumors with the gene that makes SPDEF and my testing small molecules that increase SPDEF in cancer cells.

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The study was published in the Journal of Biological Chemistry.

Study Finds Bird Virus Promising For Prostate Cancer Treatment

11 Apr 2013 from Medical News Today

A study at the Virginia-Maryland Regional College of Veterinary Medicine has identified a chicken-killing virus as a promising treatment for prostate cancer in humans.

Researchers have discovered that a genetically engineered Newcastle disease virus, which harms chickens but not humans, kills prostate cancer cells of all kinds, including hormone-resistant cancer cells. The work of Dr. Elankumaran Subbiah, associate professor of virology in the Department of Biomedical Sciences and Pathobiology, along with Dr. Siba Samal, associate dean and chairman of the University of Maryland's Department of Veterinary Medicine, and Shobana Raghunath, a graduate student in Subbiah's laboratory, appears in the April 2013 issue of the *Journal of Virology.*

"This potential treatment is available for immediate pre-clinical and clinical trials, but these are typically not done at the university level," Subbiah said. "We are looking for commercial entities that are interested in licensing the technology for human clinical trials and treatment. Newcastle disease virus has yet to be tested as a treatment for prostate cancer in patients."

About one in six men will develop prostate cancer. Patients typically receive hormone treatments or chemotherapy, both of which have adverse side effects. Subbiah hopes that the development of new treatment methodologies will not only better fight prostate cancer, but also lessen the side effects commonly associated with hormone treatments and chemotherapy.

Newcastle disease virus affects domestic and wild bird species, especially chickens, and is one of the most economically important viruses to the poultry industry. Although it can cause mild conjunctivitis and flu-like symptoms in humans who have been in close contact with infected birds, it does not pose a threat to human health.

Scientists first documented the cancer-fighting properties of Newcastle disease virus in the 1950s, but it is only with recent advances in reverse genetics technology that they have turned to the genetically engineered virus as a possible treatment.

"We modified the virus so that it replicates only in the presence of an active prostate-specific antigen and, therefore, is highly specific to prostate cancer. We also tested its efficacy in a tumor model in vitro," Subbiah said. "The recombinant virus efficiently and specifically killed prostate cancer cells, while sparing normal human cells in the laboratory, but it would take time for this to move from the discovery phase to a treatment for prostate cancer patients."

Earlier human clinical trials for other types of cancer with naturally occurring strains of Newcastle disease virus required several injections of the virus in large quantities for success. Subbiah believes that the recombinant virus would be able to eradicate prostate cancer in much lower doses. It would also seek out metastatic prostate cancer cells and remove them. Because it is cancer cell-type specific, "the recombinant virus will be extremely safe and can be injected intravenously or directly into the tumor," Subbiah added.

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 is the webmaster of our website and welcomes any suggestions to make our website simple and easy to navigate. Check out the Personal Experiences page and send us your story. Go to: http://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.

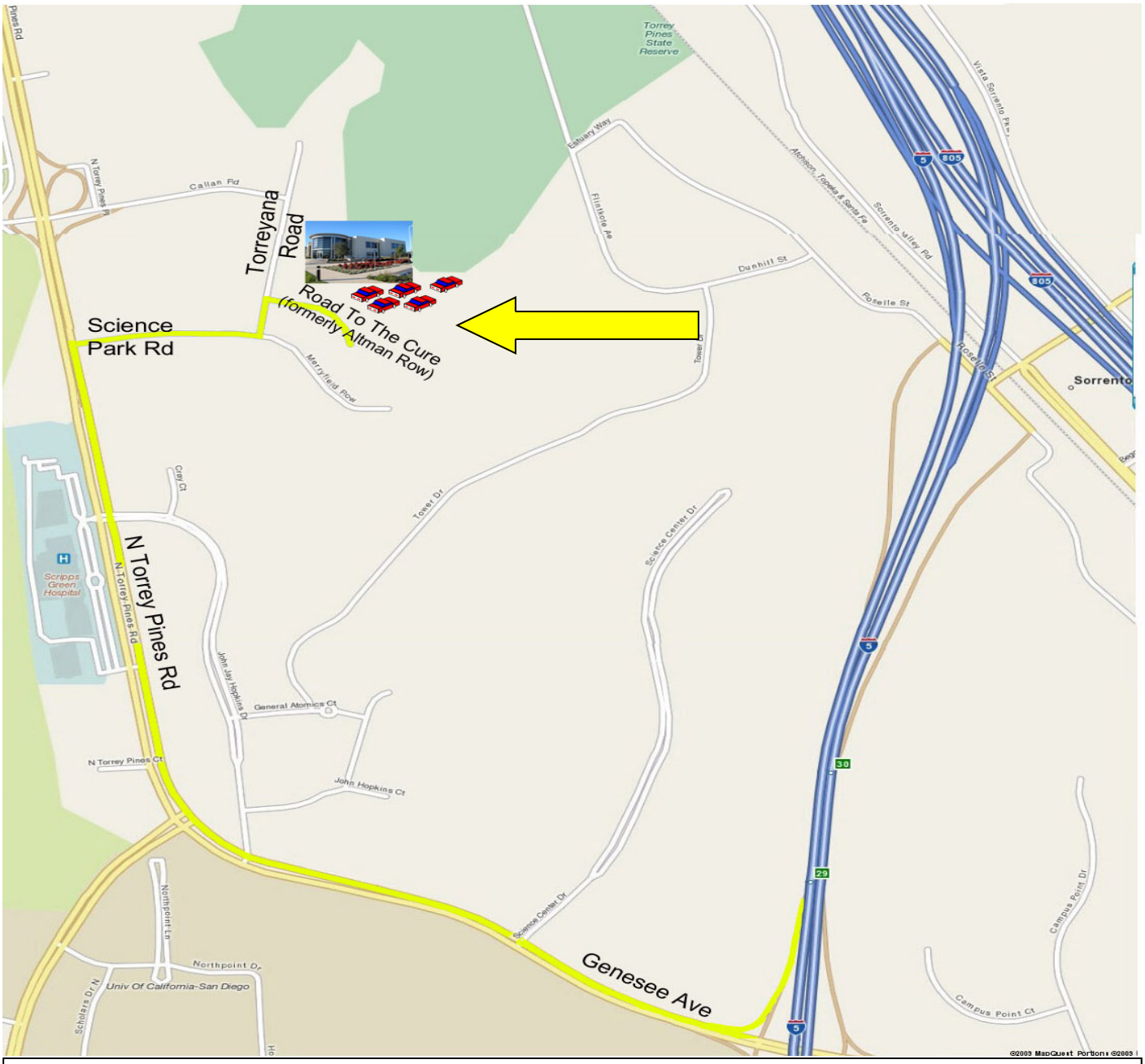
Anyone interested please contact:
Gene Van Vleet, Vice President. 619-890-8447 gene@ipcsg.org
Lyle LaRosh, President 619-892-3888 lyle@ipcsg.org

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).