



Informed Prostate Cancer Support Group Inc.

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



June 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)



Saturday, June 08, 2013

Volume 6 Issue 4

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

June 15

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

Dr. Richard Lam of Prostate Oncology Specialists returned for the fifth year to present to our group. An overflow crowd of 150, the most ever, were in attendance. His presentation focused on "Prostate Cancer 101" or information highly relevant to understanding methods of testing, analysis and treatment. His presentation was so well presented we have not recapped it here. Rather you are strongly encouraged to avail yourself of the DVD of the session through our library or from our website. We will also post it to view on our website. Go to: <http://ipcsg.org/Videos.html> to view it.

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.

FUTURE MEETINGS

June 15. Jay Cohen M.D., author, Prostate Cancer Breakthroughs. Dr. Cohen will discuss his recent experience of becoming his own case manager as a prostate cancer patient and lessons he learned to write his latest book.

July 20. Hear member experiences and network with others.

August 17. Annette Conway, Psy.D. HELP Mental Health & Counseling Services. Subject: Depression. When Its More Than Just the Blues,

ON THE LIGHTER SIDE

Everything is funny as long as it is happening to somebody else. ~Will Rogers

At age 47, I was diagnosed with prostate cancer. The urologist to whom I was referred by my new doctor recommended several months of Lupron followed by a radical prostatectomy, which I knew (from searching the internet) was the correct protocol at the time. In conference with my wife and I, however, the urologist warned that several months of Lupron to shrink the tumor might result in side effects, including hot flashes. He mentioned that, in rare cases, breast growth sometimes results.

On hearing that estrogen would take over as testosterone faded from my system, my wife's first question to the doctor was, "Will he finally enjoy shopping with me at the mall?"

Shin: a device for finding furniture in the dark. ~Author Unknown

After my first radiation treatment, I was laying in bed that night. The children were finally all asleep. My wife and I could, at last, talk about the day events. We talked about several things, always dancing around how the radiation treatment had gone.

Finally, she asked how I was feeling. I told her pretty good, but my skin was a little tender. Carol offered to take a look, pulled the covers back and gasped -- there was a strange green glow coming out from under the blankets.

I had taken a "Glow-stick" and hidden it under the covers.

It's always been and always will be the same in the world: The horse does the work and the coachman is tipped. ~Author Unknown

A very arrogant oncologist, Dr. Stoneheart, dies and goes straight to Hell. On arrival the Devil says, "I'm going to give you three choices, which is more than you ever gave your patients. Whichever door you choose will be how you'll spend eternity."

So the doctor opens the first door and sees a mob of people sitting on a floor covered with spikes. He goes to the next door and sees a humongous crowd of sinners lying down in maggots. At the third door, there is a throng of people chatting happily and drinking coffee, although they are up to their knees in manure.

"Thank God," he exalts, "It smells terrible, but least I could drink coffee and be able to talk to people."

He enters and joins the group. He is about to sip his first coffee when a loudspeaker announces, "Coffee break is over. Back to standing on your heads!"

Tell a man there are 300 billion stars in the universe and he'll believe you. Tell him a bench has wet paint on it and he'll have to touch it to be sure. ~Murphy's Law

NOTEWORTHY ARTICLES

Preventing Hormone Therapy Side Effects

Posted: 21 May 2013 01:45 PM PDT Prostate Snatchers Blog

BY MARK SCHOLZ, MD

Side effects vary from patient to patient and are influenced by types of testosterone inactivation pharmaceuticals (TIP) used, and by the duration of treatment. However, a number of interventions are available that can substantially reduce these adverse side effects.

Loss of Libido

Libido is an emotional attraction to the opposite sex (in most cases). Libido is not the same thing as potency, which is defined as the ability to get an erection. TIP causes loss of libido about 90% of the time. Libido returns when TIP is stopped though some men say libido after TIP is chronically diminished. Loss of libido and the cessation of sexual activity has wide ranging ramifications far beyond the intended scope of this blog. Specialists in sexual counseling are available and can be of great assistance.

Erectile Atrophy

Whether or not couples continue to have sexual intercourse after treatment, we counsel men to induce daily erections to counteract the risk of penis shrinkage. Cialis or Viagra should be taken daily. If this fails to restore the normal pattern of nighttime erections then either a vacuum pump or injection therapy should be considered.

Muscle Atrophy

Muscle mass can be maintained with a strength training program. Walking, aerobics, and stretching are healthy but accomplish little toward building muscle mass. Strength training that is effective requires a program similar to that undertaken by body builders. Ideally, strength training requires a minimum of two, one-hour sessions weekly during which all the major muscle groups are exercised: Pectorals, Deltoids, Biceps, Triceps, Latissimus dorsi, Upper and lower back muscles, Abdominals, Gluteus, Quadriceps, Hamstrings, and Calf muscles. Three sets of 10-12 repetitions should be undertaken with weight selected to result in muscle failure toward the end of the third set.

Fatigue and Lassitude

Tiredness and weakness from TIP are a direct result of muscle loss and reversible with strength training. Strength training is very effective for counteracting fatigue. Men who begin strength training when they initiate TIP will not only forestall tiredness, they can actually increase their strength.

Osteoporosis

TIP causes accelerated calcium loss from the bones, termed osteoporosis. Untreated bone loss can result in hip and spine fractures. Osteoporosis can be prevented with medications such as Prolia, Xgeva, Zometa, Boniva, Actonel and Fosamax which should be initiated when TIP is started. See the booklet titled Osteoporosis available** soon at www.prostateoncology.com for further details.

Hot Flashes

Hot flashes occur in about two-thirds of men on TIP. When severe, a progesterone injection (depo provera) can dramatically reduce hot flashes. Other prescription medications, which are effective about half the time, are low dose Effexor, a medication approved for the treatment of depression, and Neurontin, a medication approved to prevent seizures. Transdermal estrogen patches are very effective but sometimes cause breast enlargement or nipple tenderness.

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Weight Gain

TIP slows metabolism causing weight gain. Keeping a stable weight is easier than trying to lose weight. It is wise to evaluate your diet at the time of starting TIP to see if fat and sugar intake can be reduced. See the brochure about diet from the PCRI for more details.

Breast Growth

Breast growth (even without estrogen patches) occurs frequently in men treated with Casodex monotherapy and less frequently, about one-third of the time, in men treated with other forms of TIP. If there is any evidence for breast growth or nipple tenderness, therapy with an estrogen blocking pill called Femara should be started immediately. Alternatively, a short course of radiation to the nipples can be administered prior to starting TIP.

Anemia

Blood is a mixture of red cells and "serum" (water). When the proportion of red cell is diminished it is termed anemia. Severe anemia can cause shortness of breath. Milder degrees cause fatigue. Anemia reverses when TIP is stopped. If anemia is severe, it can be corrected with a medication called Aranesp. Iron is not beneficial.

Arthritis

Joint pains particularly in the hands but sometimes in other joints are common and often improve with glucosamine, Motrin or Celebrex.

Liver Changes

Casodex and Flutamide occasionally cause serious liver problems. This is detected by blood tests that need to be done routinely after starting TIP. The problem is easily reversible if detected early and the medication is stopped.

Mood Swings

Men on TIP occasionally mention increased intensity in their emotions. Some find this effect unpleasant whereas others enjoy it. For men with the former attitude, low doses of medications such as Zoloft or Paxil can reverse the unpleasant feelings.

Final Thoughts

My general impression after many years treating men with TIP is that treatment is quite tolerable if side effects are expertly managed. Preventative measures such as weight lifting and diet are critically important. Checking blood tests for anemia and liver function is essential. Side effects like joint pains, hot flashes, depression, emotional swings, breast enlargement and impotence can be greatly reduced with judicious medical care.

TUESDAY, May 21 (HealthDay News) -- Aggressive treatment for prostate cancer may not be warranted for many older patients with underlying medical conditions, a new study finds.

Treatments for prostate cancer, such as surgery, radiation and radioactive seed implants, can cause serious side effects, such as erectile dysfunction, urinary incontinence and bowel problems, explained researchers from the University of California, Los Angeles (UCLA).

They found that older patients with slower growing forms of prostate cancer who have at least three other health problems are more likely to die of something other than cancer. The findings might help educate patients on the risks and benefits of treatment, the team said.

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"For men with low- to intermediate-risk disease, prostate cancer is an indolent [slow-growing] disease that doesn't pose a major risk to survival," study author Timothy Daskivich said in a university news release. "The take home point from this study is that older men with multiple underlying health problems should carefully consider whether they should treat these tumors aggressively, because that treatment comes with a price," said Daskivich, who is Robert Wood Johnson fellow at UCLA.

In the study, the researchers analyzed the 14-year survival outcomes of 3,000 men diagnosed with prostate cancer between 1994 and 1995. Within six months of their diagnosis, the men completed surveys to document any other medical conditions they had.

Daskivich's team focused on older patients with three or more underlying health problems, such as diabetes, hypertension, congestive heart failure and/or arthritis.

They found the 10-year risk of dying from something other than prostate cancer for men aged 61 to 74 was 40 percent, and the 14-year risk of dying from low or intermediate risk prostate cancer was only 3 percent.

For men older than 75, the 10-year risk of dying from something other than cancer was 71 percent and their 14-year risk of dying from prostate cancer was only 7 percent.

"This was a great opportunity to get a glimpse at the long-term outcomes of these men diagnosed with prostate cancer in the mid-1990s," Daskivich said, and "the risk of dying from their cancer paled in comparison to the risk that they'd die from something else."

His advice: "If you're very unlikely to benefit from treatment, then don't run the risk and end up dealing with side effects that can significantly impact quality of life. It's important for these men to talk to their doctors about the possibility of forgoing aggressive treatment. We're not talking about restricting care, but the patient should be fully informed about their likelihood of surviving long enough to benefit from treatment."

The study authors pointed out it may take eight to 10 years for the survival benefits of treatment to emerge. In many cases, they said, closely monitoring prostate cancer is better than treating the disease as aggressively as possible.

The researchers noted however that men with high-risk forms of prostate cancer may still benefit from aggressive treatment. The study found that older men's 14-year risk of death from high-risk prostate cancer was 18 percent.

According to the U.S. National Cancer Institute, in 2013 nearly 240,000 American men are expected to develop prostate cancer.

The study was published online on May 21 in *Annals of Internal Medicine*.

FRIDAY, May 31 (HealthDay News) -- Researchers have identified a new class of drugs that show promise for treating advanced prostate cancer. The drugs, known as peptidomimetics, interfere with the signaling necessary for prostate cancer cells to grow, according to a new study.

Prostate cancer depends upon the actions of androgens, such as the hormone testosterone. Androgens activate androgen receptors, resulting in a signal that causes prostate cancer cells to grow.

To stop tumor growth, men with prostate cancer have been treated with drugs to block the production of androgens or block the receptor where androgens bind. However, tumors can grow despite this treatment because of mutations in androgens or receptors.

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In the latest study, published online May 28 in Nature Communications, a team of researchers led by Dr. Ganesh Raj, associate professor of urology at UT Southwestern Medical Center at Dallas, found the nontoxic peptidomimetic agents could disrupt androgen-receptor signaling and prevent tumor growth.

When tested in mouse and human tissue models, the drugs blocked the activity of androgens by attacking the protein in a different spot from where the androgen binds, the researchers explained. As a result, prostate cancer cells do not receive the signal to grow -- even when the androgen receptor is activated.

"We are hopeful that this novel class of drugs will shut down androgen-receptor signaling and lead to added options and increased longevity for men with advanced prostate cancer," Raj, the study's senior author, noted in a university news release.

One expert was optimistic about the new findings.

"The study represents a significant step forward in the development of a new molecular targeted therapy for advanced prostate cancer," said Dr. Manish Vira, director of the Fellowship Program in Urologic Oncology at North Shore-LIJ's Arthur Smith Institute for Urology in Lake Success, N.Y.

He said the new drug works at "preventing the [cell] receptor from promoting cancer cell growth signaling," and added that "the study is proof in principle that rationale design of peptidomimetics can lead to the development of a new class of anti-cancer therapy."

The researchers noted more testing is needed before the drugs could progress to clinical trials involving humans. Results obtained in laboratory experiments are not always replicated in humans.

"Most drugs now available to treat advanced prostate cancer improve survival rates by three or four months," Raj added. "Our new agents may offer hope for men who fail with the current drugs."

ANN ARBOR, Mich., May 23, 2013 -- /PRNewswire-USNewswire/ -- Are certain drugs more effective against some types of prostate cancers than others? Researchers know that not all therapies work for all patients – the next question is to figure out how to match the right treatments with the right patients.

A new clinical trial is testing whether targeting treatments to a genetic anomaly can lead to better treatments for prostate cancer. The trial, led by investigators at the University of Michigan Comprehensive Cancer Center, is being conducted at 11 sites throughout the country.

The phase 2 trial will look at patients with castration-resistant metastatic prostate cancer, which means the cancer has spread and has stopped responding to hormone-based treatments. The target being evaluated is a genomic rearrangement that causes two genes called TMPRSS2 and ERG to fuse together. This gene fusion, believed to be the triggering event of prostate cancer, was initially discovered in 2005 by U-M researchers led by Arul Chinnaiyan, M.D., Ph.D.

"We hope this study will help us understand why certain patients respond to therapy and certain patients do not. By better understanding the evolving biology of prostate cancer, we will have the ability to better treat the disease," says the clinical trial's principal investigator, Maha Hussain, M.D., FACP, professor of internal medicine and urology, and associate director of clinical research at the U-M Comprehensive Cancer Center.

Study participants will undergo a biopsy to determine whether their tumor expresses the gene fusion, which occurs in about half of all prostate cancers. All participants will receive the standard hormone-based therapy abiraterone. Each group – gene fusion positive and gene fusion negative – will then be randomly assigned so half of participants will also take an experimental drug called ABT-888 in addition to

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abiraterone.

The trial's design is based on scientific data indicating the potential for improving abiraterone's effect on the tumor and that this improvement may be more evident in patients whose tumors have the gene fusion.

"Can we better select treatments for prostate cancer based on the genes in the patient's cancer? We hope that what we learn from this study will help us to better control and better treat the deadly stage of prostate cancer," Hussain says.

ABT-888 is a new type of cancer-fighting drug that's designed to block an enzyme called PARP that's known to directly interact with the gene fusion, leading to cancer growth and progression. Lab studies have found that a PARP inhibitor, when added to hormone therapy, helped shrink tumors in general and

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 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://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

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@ipcs.org

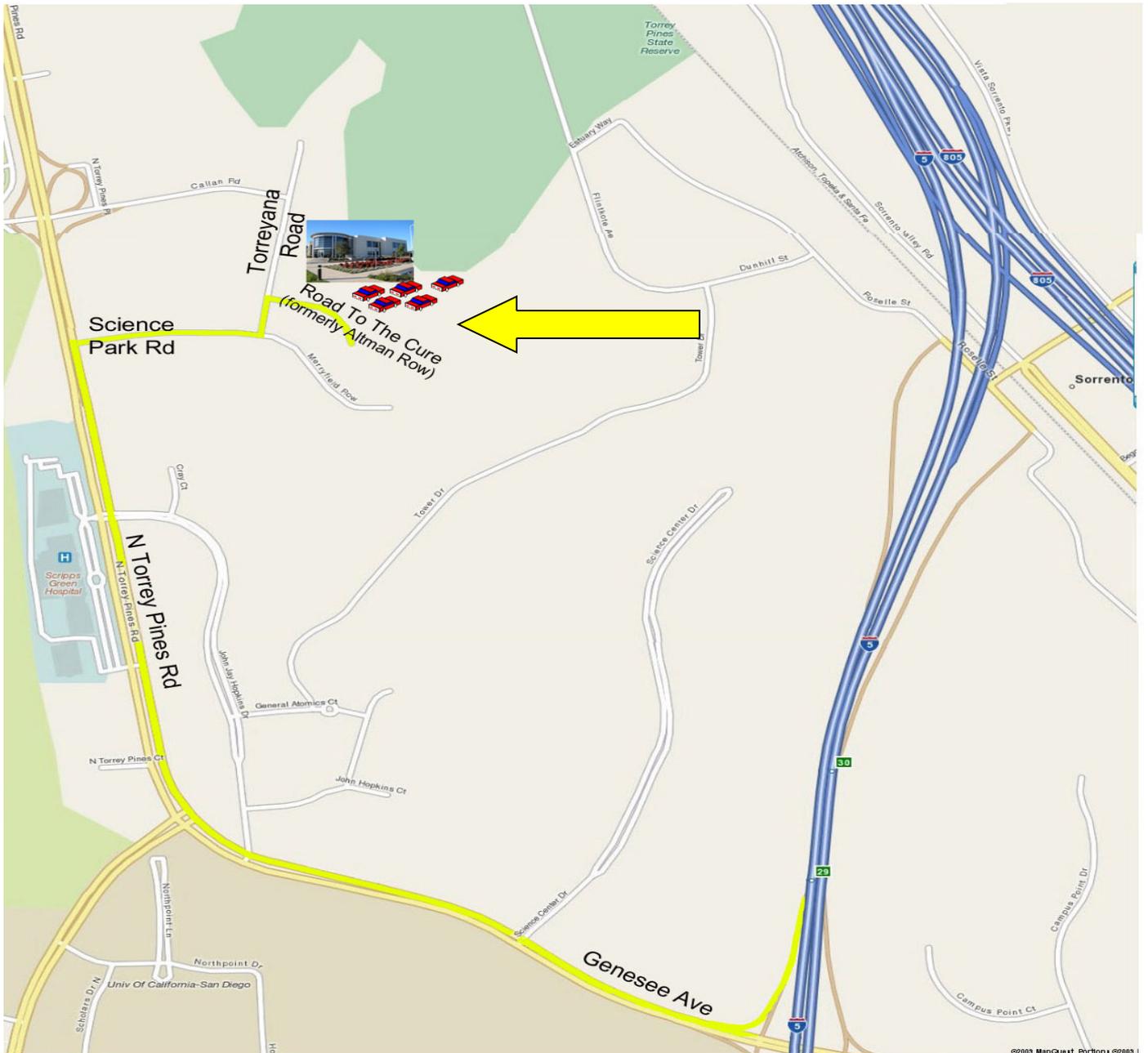
Lyle LaRosh, President 619-892-3888 lyle@ipcs.org

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).