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

November 2014 NEWSLETTER

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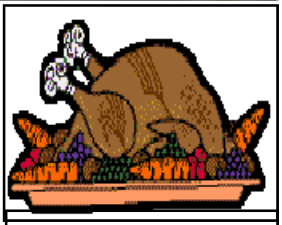
We Meet Every Third Saturday (except December)



Sunday, November 09, 2014

Volume 7 Issue 11

Next Meeting November 15, 2014

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 PCa 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.

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Editor: Gene Van Vleet

PROSTATE CANCER IT'S ONLY 2 WORDS NOT A SENTENCE

Our guest speakers for the October meeting were A.J. Mundt, M.D., Professor and Chair, Department of Radiation Oncology UCSD, And John P. Einck, M.D., Associate Clinical Professor Radiation Oncology UCSD who spoke about new radiation treatment modalities and current evidence to help us understand available radiation options. These doctors are strong supporters of our Group and have attended many of our meetings as guests or speakers. Dr. Einck led the presentation using PowerPoint and Dr. Mundt added commentary.

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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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There are essentially two types of radiation therapy; proton and photon. There are many types of photon treatments which include conventional 4-field box therapy used in the '80's and '90's, 3d conformal started in the '90's using CT scans to design radiation fields and, more recently, intensity modulated radiation therapy (IMRT), image guided radiation therapy (IGRT), Cyberknife and Tomotherapy. All photon therapies use some form of x-ray. Brachytherapy is another method which utilizes radioactive seeds implanted into the prostate.

Radiation was first used to treat prostate cancer in 1909. The speakers traced the different therapy developments over time up to the modern therapies. Modern therapies began in the 2000's with IMRT which uses multiple beams that conform to the shape of the prostate by using computers which allows the avoidance of the rectum. In IGRT, gold seeds are implanted in the prostate using needles through the perineal area. Thus, beams can be aligned precisely to the seeds in the prostate area. Later in the 2000's they developed the ability of the treatment machine to make a CT scan picture of the prostate so that before the treatment begins, a full rotation around the patient takes a picture of the precise location of the prostate which is used to focus the beam. This type of treatment is now being done throughout facilities in San Diego. The goal is to treat the area as quickly as possible because the bladder and rectum are constantly filling which changes the position of the prostate. Today, a number of platforms exist to treat the prostate with high doses with only small margins surrounding the target.

The National Cancer Institute recognizes that surgery and radiation have equal cure rates. There has never been a head to head comparison study of the two. A huge study has begun in England which is scheduled for completion next year that will compare the two.

Today there are contentious battles between radiation technologies. TrueBeam is a linear accelerator made by Varian, Cyberknife which uses a robotic arm that was developed by the automobile industry for welding, Proton therapy which uses a huge cyclotron and Tomotherapy that is basically a CT scan platform which has a miniature linear accelerator inside that can rotate helically around the patient. All of these are available in San Diego: UCSD has TrueBeam, Genesis Health Care has Cyberknife, Scripps has the Proton center and Grossmont Hospital has Tomotherapy. One commonality is that they all have similar side effects during treatment: increased urination and/or minor irritation during urination, soft or frequent stools, and minor fatigue. Types of damage from these treatments can potentially be permanent include rectal 2-5%, urinary frequency 5%, damage to the bladder 1-2%, and problems with sexual functions 40-50%. Since problems with sexual functions usually develop over time it is difficult to distinguish if it is due to radiation or the normal aging process. Radiation does not cause incontinence as surgery might.

Proton therapy was discussed. Both speakers do proton therapy in cooperation with Scripps. There are big differences between proton therapy and IMRT which uses high energy x-rays or photons that penetrate, thus what goes in must come out. It is necessary to modulate the beam to make it safe. Protons are a charged particle which means it will have interaction with the tissue it penetrates and will stop at some point. Protons enter the body at very low doses then build up rapidly at a certain depth then fall off rapidly or stop. Typically only two proton beams are used to treat the prostate—one from each side. The problem in using proton beams for the prostate is that it must be modified to make it wide enough to cover the entire prostate area and this makes it a little less effective. Proton therapy is more effective in treating children because standard photon beams are more toxic to growing things and proton beams are not. Toxicity reports comparing proton to photon are pretty much the same.

Cyberknife is hundreds of beams spaced all over the patient with a robotic arm that can move to very

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precise positions around the patient in order to deliver the radiation. It is usually delivered in 5 treatments or less. In other radiation therapy the dosage reaches 81grays over the treatment period of 40-45 days. Cyberknife delivers higher dosages over a much shorter time. There is yet no large long-term studies to quantify the advantage/disadvantage of Cyberknife vs IMRT. Long term indications for IMRT are that recurrence may occur as long as 10 years after treatment. No such determination can yet be made for Cyberknife.

Tomotherapy is just another way of doing IMRT. Capabilities, effectiveness and toxicities are likely much the same as IMRT but there are, as yet, no reliable comparative studies.

This is a brief recap of the presentation which contained many slides, graphs and further explanations. The DVD of the presentation will be available from the website: http://ipcsg.org/shop/ or from the library by the Nov. 15th meeting.

FUTURE MEETINGS

November 15, 2014 - Richard Lam, M.D. Research Director, Prostate Oncology Specialists: Androgen Deprivation Therapy and recent treatment developments.

December, 2014. NO MEETING

ON THE LIGHTER SIDE

Bumper Stickers

Change is inevitable, except from a vending machine.
I took an IQ test and the results were negative.
Errors have been made. Others will be blamed.
Lottery: A tax on people who are bad at math.

Signs

Official sign near door: Door Alarmed. Hand printed sign nearby: Window frightened.

In the offices of a loan company: "Ask about our plans for owning your home."

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Outside a country shop: "We buy junk and sell antiques."

"The difference between genius and stupidity is; genius has its limits." — Albert Einstein
"The length of a film should be directly related to the endurance of the human bladder."
— Alfred Hitchcock

"Do you know how helpless you feel if you have a full cup of coffee in your hand and you start to sneeze? " — Jean Kerr

"Normal is getting dressed in clothes that you buy for work and driving through traffic in a car that you are still paying for - in order to get to the job you need to pay for the clothes and the car, and the house you leave vacant all day so you can afford to live in it." — Ellen Goodman

"When I was little I bragged about my firefighting father: my father would go to heaven, because if he went to hell he would put out all the fires" — Jodi Picoult, My Sister's Keeper

"Once you leave out all the bullshit they teach you in school, life gets really simple." — George Carlin, Brain Droppings

"If you tell the truth, you don't have to remember anything." — Mark Twain

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Medical Insurance Update Information

Provided by Member Dennis Walker

This update is to inform California Medicare Beneficiaries who have Part A/B as their PRIMARY/ ORIGINAL MEDICARE ASSIGNMENT, that they are eligible to purchase any Medicare Supplement Policy (Medigap Plan). Plans are designated A to N. Plans F and G have the most complete coverage.

Insurance providers must comply with coverage basics in plans A to N, but usually have different premium rates. A prudent buyer can shop for his particular insurance needs.

Open annual enrollment period is commencing on YOUR BIRTHDAY and lasting for a period of 30 days. This means you may switch to an individual plan with equal or lesser benefits regardless of any health or pre-existing conditions.

NOTE: Not to be confused with an Advantage Part C or drug (PDP) Part D, Prescription Drug Plan, which has an annual enrollment period ending Dec. 7, 2014.

A rate guide is available that compares the Policies sold by different insurance providers.

You can obtain a copy by calling the Dept. of Insurance at (1-800-927-HELP) or by calling Health Insurance Counseling and Advocacy Program (HICAP)at (1-800-434-0222) or by accessing (www.insurance.ca.gov).

PLEASE NOTE: Open enrollment for a 2015 Prescription Drug Plan closes Dec. 7, 2014. This is a separate policy known as Part D and is mandatory.

If you have opted for an Advantage Part C Plan, you are not eligible for a Medicare Supplement Policy but may have an inclusive Part D, Drug Plan.

Questions? E-mail Dennis at: dwalker48@cox.net

INTERESTING ARTICLES

DNA Blood Test Might Identify Status of Prostate Cancer

May help doctors pinpoint best treatment, researchers say

September 17, 2014 (HealthDay News)

A blood test that measures DNA from a prostate cancer tumor could provide doctors with a better assessment of the state of a man's disease, a new study suggests.

If used routinely, this blood test could reveal when treatment for advanced prostate cancer stops working and actually begins promoting tumor growth, the researchers suggested.

"Our study showed that a steroid treatment given to patients with advanced prostate cancer and often initially very effective started to activate harmful mutations and coincided with the cancer starting to grow again," study leader Dr. Gerhardt Attard, from the Institute of Cancer Research (ICR) in London, explained in an ICR news release.

"In the future, we hope to routinely monitor genetic mutations in patients with advanced disease using just a blood test -- enabling us to stop treatments when they become disease drivers and select the next best treatment option. We need to confirm these findings in larger numbers of patients, but using these types of blood tests could allow true personalization of treatment for prostate cancer patients, based on the cancer mutations we detect," he explained.

Using a blood test to measure circulating tumor DNA levels is less expensive and less invasive than needle biopsies. This test could be an effective way to monitor the emergence of treatment-resistant prostate cancer, the study published on Sept. 17 in Science Translational Medicine suggested.

"Drug resistance is the single biggest challenge we face in cancer research and treatment, and we are just beginning to understand how its development is driven by evolutionary pressures on tumors," Paul Workman, interim chief executive at the ICR, said in the news release.

This discovery "reveals how some cancer treatments can actually favor the survival of the nastiest cancer cells, and sets out the rationale for repeated monitoring of patients using blood tests, in order to track and intervene in the evolution of their cancers," Workman said.

"There are currently too few treatment options for men living with advanced stage prostate cancer. Not only do we desperately need to find more treatments for this group of men, we also need to understand more about when those that are available stop working and why," Dr. Matthew Hobbs, deputy director of research at Prostate Cancer UK, said in the news release.

"This research is important as it shows that there might be a new way to monitor how a man's cancer is changing during treatment, and that could help us to pinpoint the stage at which some drugs stop being effective. In the future, this could arm doctors with the knowledge they need to ensure that no time is wasted between a drug that stops working for a man and him moving on to another effective treatment," Hobbs said.

But, Hobbs also noted that this is preliminary research and that the study size was small -- just 16 men. He agreed with Attard that the findings need to be confirmed in a larger study.

The researchers cautioned that any patients currently taking medication for advanced prostate cancer should continue to take their medications as prescribed and discuss any concerns about their treatment with their doctor

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High triglycerides linked with prostate cancer recurrence

NEW YORK (Reuters Health) - A new study has linked high triglyceride levels with biochemical recurrence of prostate cancer.

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Among men who had surgery for prostate cancer, those with elevated triglyceride levels before surgery were 35% more likely to show signs of a cancer recurrence than men with normal preoperative levels.

The study reinforces the benefits of maintaining a healthy lifestyle, epidemiologist Elizabeth Platz told Reuters Health.

Platz, who studies cancer prevention at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, was not involved with the current study.

"We all need to think about modifying behaviors that promote well being in general – not smoking, reducing obesity, increasing physical activity while decreasing sedentary time," she said.

Investigators studied the records of men who were not taking statins before radical prostatectomy at six Veterans Affairs hospitals in California, Georgia and North Carolina.

After prostate cancer treatment, 293 of the 843 men in the study had a rising level of prostate-specific antigen (PSA).

The researchers expected to find more cancer recurrence in men with high pre-surgical cholesterol levels. But they did not.

Instead, they found that for the overall group, only high triglycerides raised recurrence risk, according to the study published October 10 online in Cancer Epidemiology, Biomarkers & Prevention.

But when the researchers looked only at the 325 men with abnormally high preoperative cholesterol levels, they found the risk of recurrence increased 9% for each 10 mg/dL in total cholesterol above the abnormal cutoff of 200 mg/dL.

More striking, though, was their finding that among men with abnormally low levels of HDL cholesterol (that is, below the desired level of 40 mg/dL), every extra 10 mg/dL of HDL brought the risk of recurrence down by 39%.

"Our findings suggest that controlling lipid levels is not only important for cardiovascular disease but also may have a role in prostate cancer," lead author Emma Allott from Duke University Medical School in Durham, North Carolina told Reuters Health.

The study can't prove that cholesterol and triglycerides caused the recurrence of prostate cancer.

Still, Allott said, "Controlling your lipid levels is well known to reduce your risk of cardiovascular disease. Here we're showing that there may be a role for prostate cancer."

The researchers call for additional studies of the role of cholesterol in prostate cancer growth. They also note that other studies have linked cholesterol-lowering statins with a reduced risk of prostate cancer recurrence.

Research suggests there may be an off switch for drug resistance in cancer cells

From Gizmag October 22, 2014

In cancer treatments such as chemotherapy, hundreds of thousands of cancerous cells are killed off. But if even one of these cells has a unique mutation, it can survive the treatment and start to multiply, giving rise to a set of more drug-resistant cells. Researchers at the Salk Institute in California have now gained new insights into what exactly is causing these variations in the cells, suggesting there may in fact be a way of switching off the mechanism and improving treatment effectiveness.

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Lead by staff scientist Fernando Lopez-Diaz, the Salk researchers set about identifying the diversification switch, that is, what mechanism was causing the cancers cells to multiply and take on slightly different forms. If this process could be prevented from happening, it may well curtail the cells' ability to develop the resistance to cancer-fighting drugs.

"Cancer isn't one cell but it's an ecosystem, a community of cells," says Beverly Emerson, professor at Salk's Regulatory Biology Laboratory. "This study begins the groundwork for potentially finding a way to understand and dial back cell diversity and adaptability during chemotherapy to decrease drug resistance."

In investigating the origins of this diversity, the researchers treated human pre-cancer and metastatic breast cancer cells with paclitaxel, a cancer-fighting drug. The cells that survived started to multiply, though with minor changes in their RNA, a molecule that decodes genes and produces proteins.

The scientists monitored more than 80,000 RNA molecules for each of the new cancer cells. This was a much more thorough examination than other studies, where only hundreds of RNA have been observed to determine the diversification in the molecules. The exhaustive nature of the RNA study shone new light on subtle differences between the generations of the same cancer cells treated with chemotherapy, while also enabling the team to chart how they enhanced diversity through the RNA.

"We found an overwhelming return to diversity after chemotherapy treatment that couldn't be explained by expected mechanisms," says Lopez-Diaz. "There is something else going on here, a 'philosopher's stone' to cancer cell diversity that we now know to look for."

Additionally, the team found that a large number of the pre-cancer cells subject to chemotherapy survived and multiplied at a higher rate than both normal or cancerous cells. This suggests that the pre-cancer cells would be more resistant to drugs once they developed into a tumor.

"The pre-cancer cells, when exposed to chemotherapy, evolved much faster and create a more drug-resistant state," says Lopez-Diaz. "This and other findings can now be explored into greater detail using the knowledge and perspective we have gained here."

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.

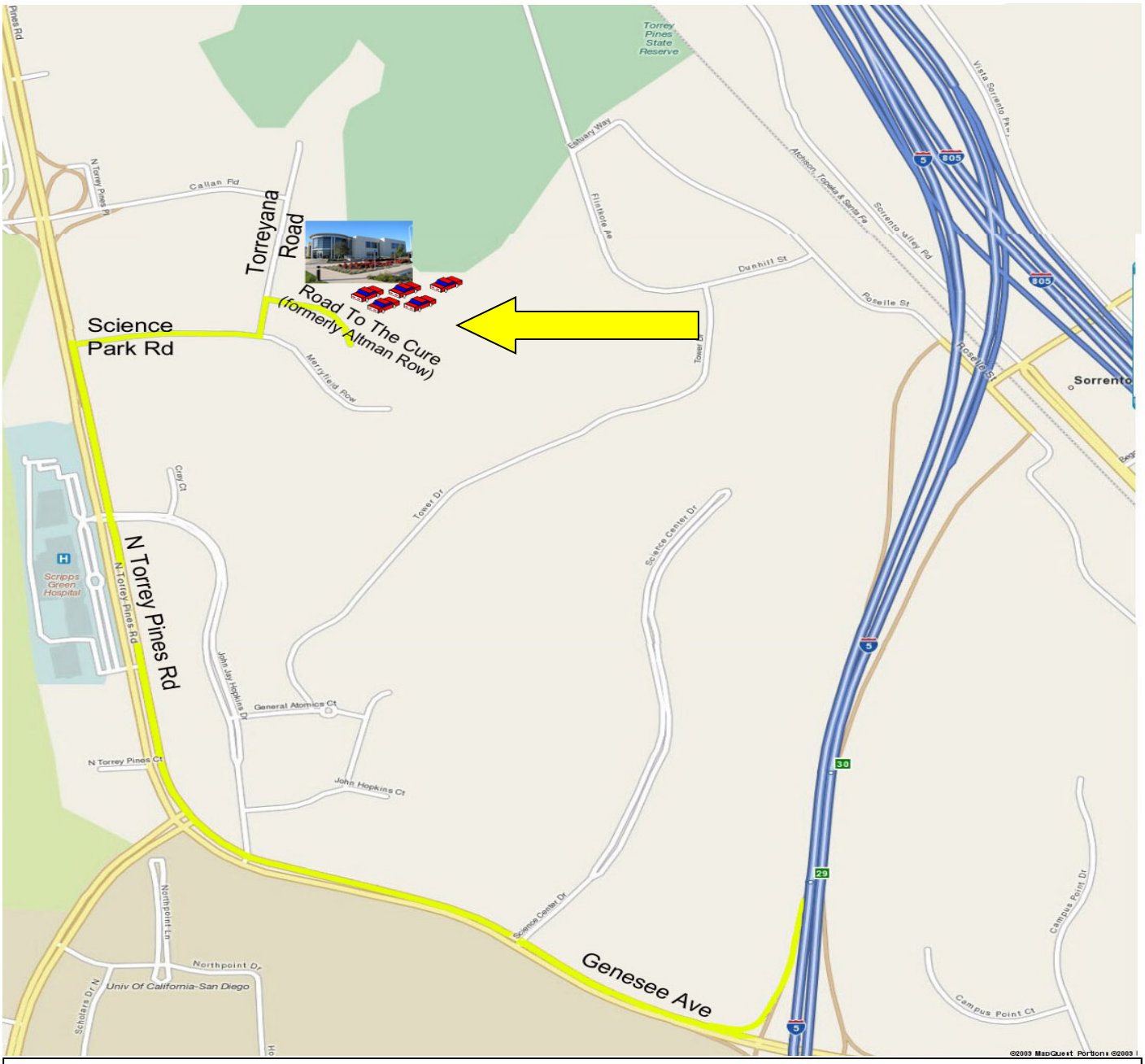
Ads about our Group are in the Union Tribune 2 times prior to a meeting. Watch for them

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).