



“The world is my country, all mankind are my brethren, and to do good is my religion.”

—Thomas Paine



Dear Members:

In light of what’s happening in the medical insurance world, I thought I would focus our May newsletter on this subject along with a review of last month’s survey.

As you know, we conducted the survey to collect data to use in our efforts to persuade Medicare and the private insurers to continue reimbursing for prostate cancer proton therapy. If they stop reimbursing, the consequences would be unthinkable in my opinion:

- The construction of new proton centers will be significantly impacted as will revenues from proton therapy that help fund them.
- Fewer proton centers means fewer opportunities to treat numerous cancers in children and adults, many of which are only treatable with protons.
- Our brothers, sons, friends, and acquaintances will not have proton therapy available to treat their prostate cancer.
- And proton therapy for prostate cancer will only be available to those who can afford to pay out-of-pocket.

Is this what our healthcare system should be all about? I don’t think so.

I’m not sure when the Center for Medicare and Medicaid Services will be rendering their opinion. I suspect it won’t be for several months. There is a strong and intensifying effort underway in Washington to eliminate waste in healthcare spending, which is good. But, one of the specific areas they have targeted is proton therapy for prostate cancer, and that is not good.

A high ranking official who is connected with NIH and the OMB is using proton therapy, specifically, as an example of waste in the healthcare system, reporting in several speeches recently, that proton therapy for prostate cancer is two to three times more expensive than IMRT, and it hasn’t been proven to be any better.

Fact is, proton therapy is only 40% more expensive *today*, and with improvements based on work currently underway, such as the hypo-fractionation clinical trials, proton therapy will be comparable, or possibly even lower in cost than IMRT in the near future. And, while randomized clinical trials have not yet been done—for good reasons—there is considerable evidence that proton therapy is far superior to IMRT and the other treatment modalities.

I sometimes wonder if some bureaucrats really don’t care about the truth; they just want an issue to help promote their agendas. And both political parties are to blame. They seem to be more interested in stuffing earmarks in the bail-out plan than protecting a critically important medical technology.

The holding company that manages Blue Cross Blue Shield in Texas, New Mexico, Oklahoma, and Illinois announced in March that they would no longer be reimbursing for proton therapy for prostate cancer, lung cancer, esophageal cancer or hepatocellular carcinoma beginning on May 1, 2009. Fortunately, something happened to cause them to delay this action for one month. The new date for elimination of reimbursement is now June 1, 2009.

Our group is now approaching 4,000 members in size. This number represents almost half the men who have been treated with proton therapy for prostate cancer in the world. We have representation in all 50 states, from all five U.S. proton treatment centers, and we have a voice.

On April 9th I sent out a survey to our membership via e-mail. We currently have 2,913 BOB members with working e-mail addresses. I have been involved with surveys in the past, and have learned that a 10% or 15% return is considered to be a huge success. I thought we might see returns as high as 20%. I was not prepared for what was to come.

Within 12 hours of initiating our survey, we had more than 800 returns, representing 27% of the group with e-mail service. As of this writing, we have 1,520 returns. This represents 52% of those with e-mail addresses, and 39% of our total membership. It also represents close to 20% of all the patients who were ever treated with protons for prostate cancer. Wow!

The results of the survey thus far, are presented in this month's *BOB Tales*. The information provided by members will definitely help in our effort to prevent Medicare and private insurers from discontinuing reimbursement for proton therapy.

Soon I will be asking members to become more actively involved in this process with a letter-writing or e-mail campaign. This battle is just heating up.

Here are some additional highlights from this month's BOB Tales:

- A critique of our survey.
- Next steps. It's time for members to get involved.
- How young is too young to have prostate cancer?
- To test or not to test for prostate cancer ... that is the question.
- A prominent physician who was treated with protons speaks out on screening.
- Portland Oregon Reunion scheduled for May 28.
- Your fearless leader will be visiting Loma Linda and speaking at the May 20th Wednesday night meeting.
- I neglected to mention one of our strongest supporters in the April *BOB Tales*.
- Illinois proton center is on schedule.
- Stan and Helen give something back, Part 2.
- Ken Venturi Proton Charity Golf Tournament May 18.
- Green tea, cat napping, and protecting your colon.
- How much does a brain cost?

Bob Marckini

MEMBERSHIP

We grew at a record pace last month and added 65 new members. Membership now stands at 3,933. At this pace, we are about a month away from 4,000.

MEMBER FEEDBACK ON REIMBURSEMENT

As you might guess, we received literally hundreds of comments on the survey and other matters this past month. The regular member feedback will resume in next month's BOB Tales. Here are samples of dozens of comments I received on the subject of reimbursement:

George Handel (Treasure Island, FL) said:

I am horrified to learn that insurers are beginning to back away from prostate cancer proton treatment coverage. I completed the LLUMC all proton program 13 years ago! I was 55 then, and am 68 now. No side effects, normal sexual function (for a 68 year old).

Refusal of coverage must be STOPPED! Please let me know if I may help in any way! I have completed the survey, and will do whatever else might be helpful.

Another member said:

At the time of my LLUMC treatment proton therapy wasn't covered by my insurer, and I had to pay out of my own pocket. This was without a doubt, money well spent ... If I had to do it again, I would fork over the money in a heartbeat.

THE REIMBURSEMENT ISSUE

As mentioned above, there are forces that are attempting to discontinue reimbursement for proton therapy for prostate cancer. There are many reasons for this movement: healthcare costs are spiraling out of control; bureaucrats in Washington are frantically trying to find ways to reduce medical costs; private insurers are trying to find ways to save money; and practitioners of technologies that compete with proton therapy are frightened they are losing ground to a superior technology.

None of this matters to a man who has been diagnosed with prostate cancer, and who wants to have his cancer eradicated and the quality of his life preserved.

I have been in touch with several of the proton "stakeholders" who would be affected by discontinuing reimbursement for prostate cancer treatment. They are working together to correct misrepresentations and misconceptions, and to communicate to the appropriate authorities the "real story" about proton therapy, its exceptional track record, and its extraordinary potential. Their intent is to set the record straight, and preserve Medicare and private insurer coverage for proton therapy.

We are a key part of that process. Information we can provide about our experience of proton therapy can provide critical support to their efforts.

SURVEY

On April 9, 2009, we sent the survey by e-mail to 2,913 BOB members who have computers and e-mail capability. The remainder of our almost 4,000 members either do not have e-mail, or their e-mail addresses no longer work. We also asked sponsors to print out hard copies of the survey, send them to their sponsorees, and ask them to mail the surveys to our data center in Englewood, Colorado.

As mentioned above, as of this writing, April 28, 2009, less than three weeks after the survey was sent out, we have heard from 1,520 members, representing 52% of our members with working e-mail and 39% of our total membership, and roughly 20% of the all men alive today, who have been treated with protons for prostate cancer ... a phenomenal response!

Ninety-five percent of those who responded said proton therapy was their first treatment for prostate cancer. Five percent were former surgery patients who were treated with protons after a cancer recurrence.

In retrospect, I could have worded some questions differently to elicit more definitive information. For example, where I asked the question, “Have you experienced any problems or changes...,” many respondents checked, “Yes,” and reported changes that were unrelated to their proton therapy, and they even mentioned that fact. They just seemed compelled to report this for some reason. Nevertheless, I think we have what we need for our purposes.

On April 22, 2009, we took a snapshot of the returns and prepared some charts and graphs. At that time we had about 1,450 returns.

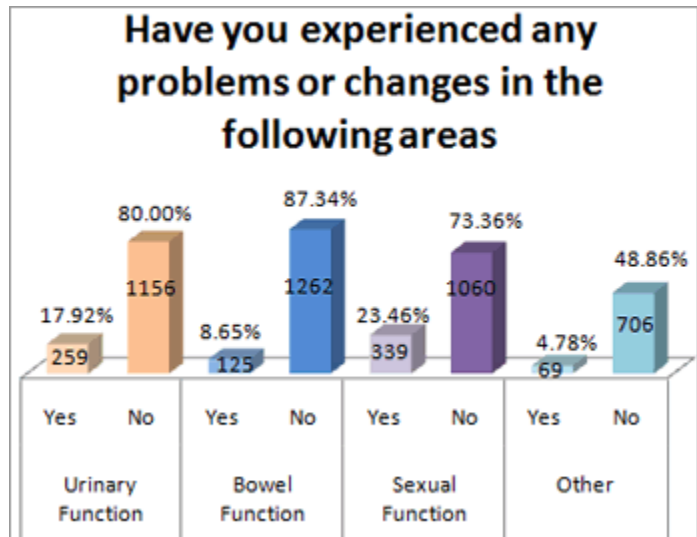
The graphs are presented here, along with some preliminary analysis. It will take weeks to go through the hundreds of comments in detail.

While most BOB members are “graduates” of Loma Linda, we have about 450 members who were treated at UFPTI, MGH, MD Anderson, and MPRI. They are represented in the survey results.

Urinary function. Eighty percent, or 1,156, said they did not see any change in urinary function. Eighteen percent (259) said they did experience a change. Here’s one place where I could have asked a better question.

Members reported both positive and negative changes. Some reported temporary increases in urinary urgency or burning during urination after treatment ended. Just about all of the urinary “problems” reported were temporary in nature.

On the plus side, most of the respondents who answered “Yes” to this question indicated the change was positive. They no longer have to get up at night, or they get up less frequently, or that their stream has improved. Some indicated that they no longer need to take Flomax or other drugs for urinary function, medications they had been taking prior to treatment.

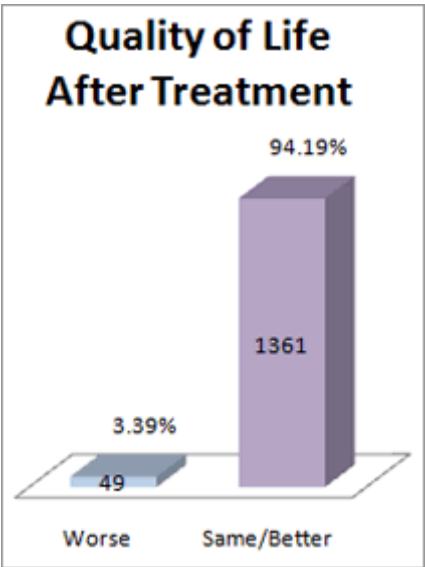


Two respondents who had surgery prior to proton therapy and another who had cryo following a cancer recurrence reported incontinence. Others reported temporary urgency that disappeared over time. Very few experience urinary urgency a year or two after treatment ended.

Bowel Function. Almost 9% indicted some change in bowel function after treatment. Most in this category reported some temporary rectal bleeding that resolved itself over time. A few reported some temporary bowel urgency or more frequent bowel movements for some number of months after treatment.

One individual who had cryotherapy for a cancer recurrence after proton therapy reported serious, grade 4 gastrointestinal complications.

Sexual Function. Seventy-three percent reported no change in sexual function. Twenty-three percent indicated changes had occurred. These changes ranged from slight to significant, including impotence. Many in the latter category were on hormonal therapy. Two noted that their impotence was caused by surgery prior to proton therapy.



Many of the 23% reported that erections are more difficult or are not as firm as before treatment.

A few reported that ejaculation was painful for a few weeks to a few months after treatment. And some reported less ejaculate or no ejaculate.

Paraphrasing what several members said, “Erections aren’t as firm as before treatment, but I’m also a few years older ... in my 70s, or 80s.”

Quality of Life After Treatment. As you can see from the bar chart, 94% reported that, following proton therapy, the quality of their lives was the same as, or better than before treatment. Just over 3% said the quality of their lives was worse.

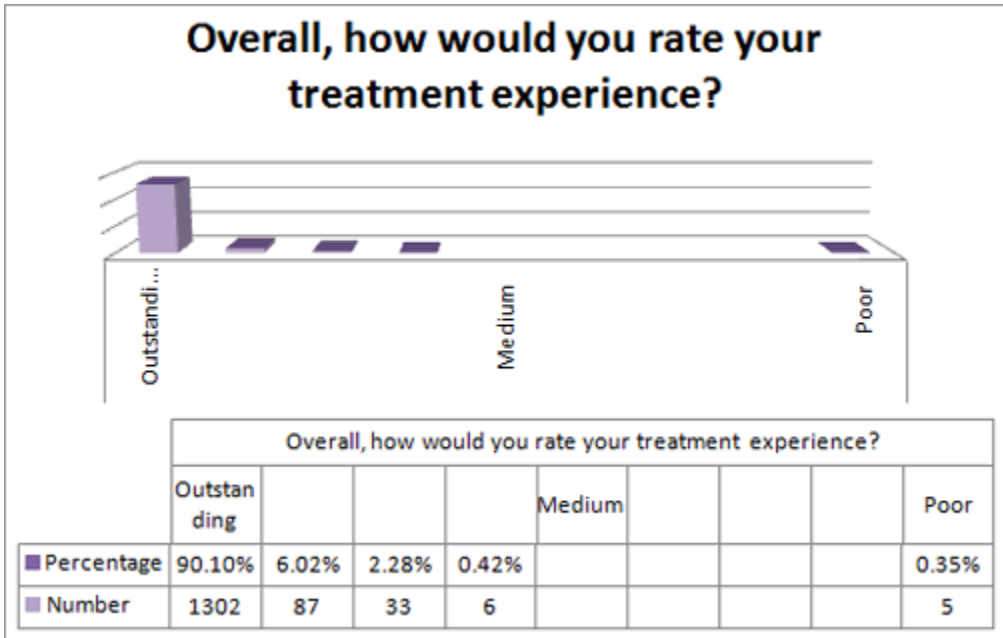
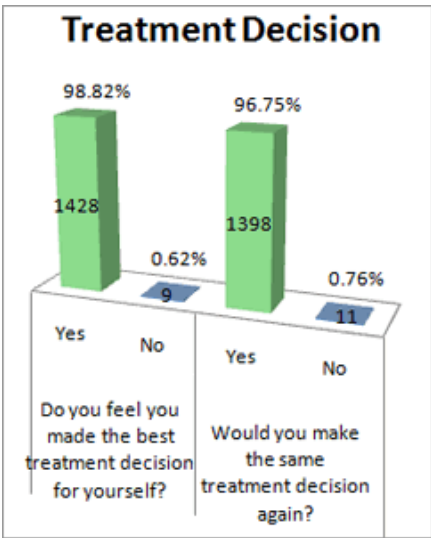
The following comment by one member sums it up for a large number

of those who responded:

“I never felt any side effects during or after treatment. I now can urinate like a teenager and our sex life is great.”

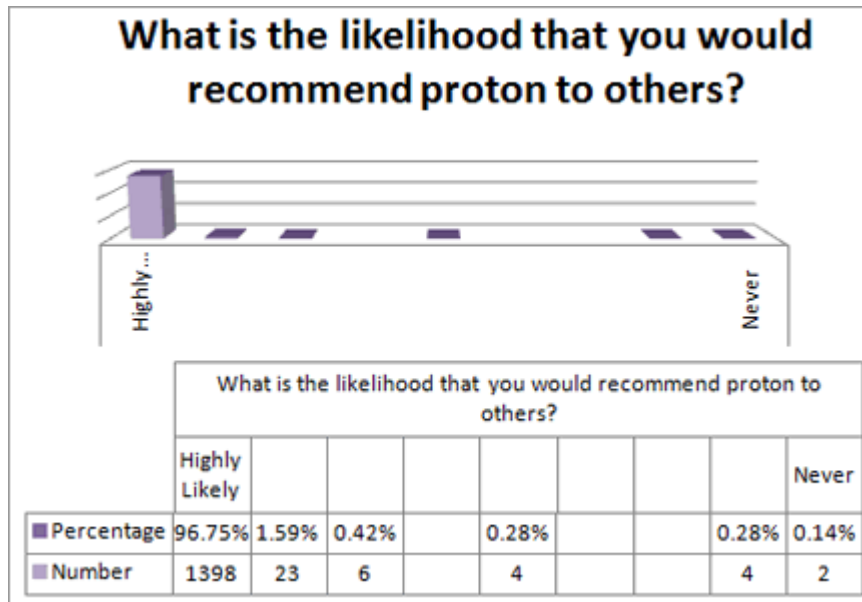
Treatment Decision. As the chart indicates, almost 99% of those who chose proton therapy felt they made the right treatment decision. Fewer than 1% felt they did not. Similarly, 97% said they would make the same decision again, while fewer than 1% said they would not.

To put this in perspective, an August 2008 *New York Times* article reported that a survey showed a fifth of all men who chose robotic surgery regretted their decision.

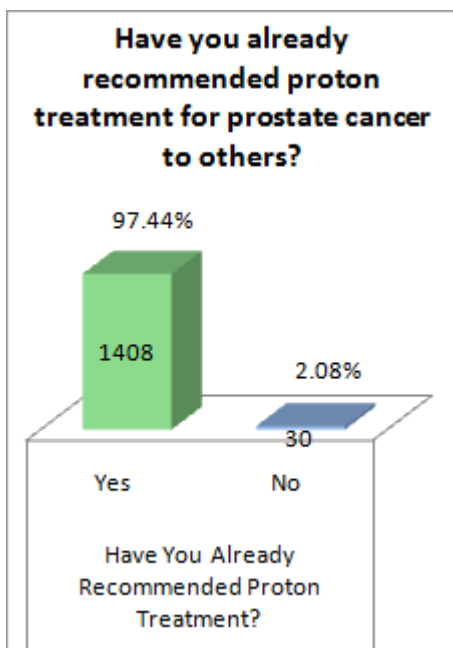


Rating Treatment Experience. About 96% rated their treatment experience in the outstanding range, while 0.3% said their treatment experience was poor.

Recommending Proton to Others. Once again, the overwhelming majority (98%) said it was highly likely they would recommend proton therapy to others. Less than 0.5% said they would not. And, 97% indicated they have already recommended proton therapy to relatives, friends, or acquaintances.



But ... Did It Work? After the results started coming in, I realized I forgot to ask an important question about whether or not your cancer was in remission. And, the fact that I forgot to ask that question says a lot. Most of us truly believe that our cancer has been cured and we have gotten on with our lives. But the question must be asked.



I struggled with the wording, because cancer is an insidious disease. How do we know we are cured? Cancer of any kind may recur years after treatment. And, as with any treatment, those who are only a few months or even a couple of years post-treatment are never absolutely sure. So, in my second (one-question) survey, I asked, “**As far as you know**, has your proton treatment eliminated your prostate cancer?”

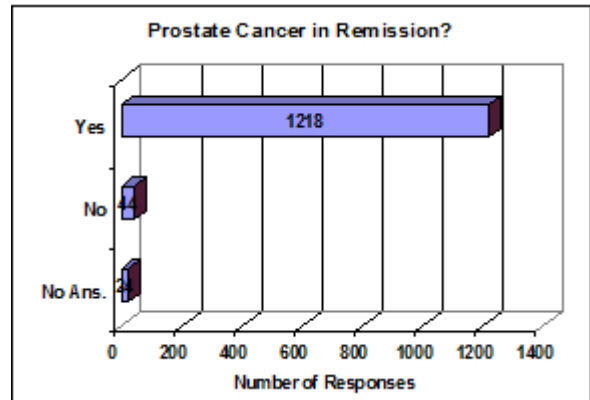
Although we did not provide a comment section for this question, I received dozens of emails from members with lots of interesting commentary. Paraphrasing the most common response, it was, “Yes, I’m cured. Thank God for proton therapy.” But there were many other comments.

One individual said, “I chose not to answer that question because it has only been two years since my treatment. My PSA is dropping nicely, but I will not know for sure until many years after treatment.”

Another said, “It’s been a year since my treatment ended. My PSA is dropping fast, so I answered, ‘Yes’”

And another said, “My PSA is falling, but has not yet reached its nadir, so I answered, 'No.'”

Even with this variability in perspective, the results are as follows: Out of 1,286 responses to date, 1,218, or 95% indicated they felt proton therapy has destroyed their prostate cancer; 44, or 3.4% indicated either it did not eliminate their cancer, they had a recurrence, or they really don't know yet, and 24 (1.8%) didn't provide an answer. Keep in mind, our membership consists of men who were treated from just a few months ago to 19 years ago.



Summary. This was by no means a scientific survey. It has many flaws. But it did sample a remarkable percentage of the prostate cancer proton population, and you cannot deny the fact that proton therapy eliminates prostate cancer *at least* as well as any of the alternatives, and for the overwhelming majority of us who were fortunate enough to have had this treatment, our quality of life has been preserved.

I am in regular contact with men who have chosen alternative treatment modalities. And while many have had excellent results, the quality of life stories I hear from them are far different from what this survey tells us about proton therapy.

Perhaps the greatest testament to the superiority of proton therapy is that former patients band together to promote this treatment to family, friends, acquaintances, and anyone else who will listen. You will not find this with surgery, seeds, or IMRT.

I have never been more proud of our group. Your rapid and thoughtful responses to this survey has been heartwarming. I am sure these results will be used in many ways to help make our case with those who are attempting to stop reimbursing for proton therapy.

See below for next steps.

SURVEY CRITICISM

I received the following critique from a new member:

The problem with this survey is that it is a biased sample. It is taken only from the group that has joined The Brotherhood of the Balloon. This is a pro-proton group. In the short time that I have been a member, I have not seen anything negative about protons (which is understandable). Since this group represents only about half of the people that have been treated with protons, one wonders what the other half would say, if they were surveyed. Any anti-proton people are likely to point out this bias.

This was my response:

I surveyed our membership because they are the only proton patients I have contact with. HIPAA laws prevent me from having access to any others. And, wouldn't you agree that having the ability to survey 50% of any group is rather extraordinary? Imagine trying to survey 50% of the men who have had surgery, EBRT, or seeds ... it would be impossible.

Our survey, in my opinion is *more* representative than any of those could possibly be. We even have in our group the very first patient treated with protons for prostate cancer at Loma Linda 19 years ago, along with every patient treated during the first 3 or 4 years when Loma Linda began treating.

Here's where I disagree with your premise: Almost everyone who joins the Brotherhood, joins before, during, or just after treatment is completed. At that time, they have no idea what their outcome will be. Today, we have almost 2,000 members who were treated more than 5 years ago, certainly enough time to assess the value of the treatment they received.

You chose proton therapy I assume because you believed it was best for you. I suspect you will become a strong advocate for proton therapy some day, as have most of our members.

I receive e-mail and calls every week from men who chose the alternatives, and their stories are quite different from those of our "proton brothers."

Do I hear negative things about proton therapy occasionally? Yes, but rarely. I choose to focus on the positive, as I believe that's in the best interest of our members.

Proton is not perfect, but it's the best there is in my humble opinion, and it's receiving a bum rap from the media and the practitioners of competing modalities who are worried that proton might impact their practices.

NEXT STEPS?

Sometime over the next few days I will be contacting our 543 members in Texas, New Mexico, Oklahoma, and Illinois. Blue Cross Blue Shield in these four states is managed by the holding company Health Care Services Corporation (HCSC), the company that has announced its intention to stop reimbursing. It's time to begin our letter writing campaign.

I will provide you with information about the policy change, some messaging points for your letters, names and addresses of the CEOs of each of the Blues as well as the Chairman of HCSC.

A second phase of letter writing will be broader in scope and should include politicians, employers, and others who can influence this decision.

In the third phase, I will call upon our entire membership and we will target an even broader audience.

Stay tuned, and keep your pencils sharp. We are going to win this battle!

TO TEST OR NOT TO TEST...

We have all read articles over the past few weeks about some experts' positions on prostate cancer screening. Some prominent physicians have taken the position that screening shouldn't be done at all; others feel men should not be tested after age 70; and some feel that screening should start at age 40.

My position on this has not changed. I believe in screening, and I believe the age for screening should be moved up from 50 to 40 for all men and to 30 for those at high risk. If you are diagnosed, you can then make the decision to treat or not, based on your age, the stage and aggressiveness of your cancer, your physician's advice, and your own due diligence. And, it's comforting to know that if you choose to be treated, you have the option of selecting a painless, non-invasive treatment that has been proven to cure cancer and leave you with a high quality of life after treatment.

Following is part of an email I received last month that helps put some of this in perspective:

What continues to frustrate me is the fact that I have had no fewer than 9 physicals in the past 11 years and my PSA was never tested until I met with a new doctor last month. I will be 60 next August. Thank God PSA was checked this time! My PSA was 140. I have since been biopsied, and my Gleason score is 7. Bone scan, MRI, CAT were good and it doesn't appear that cancer has spread.

'nuff said?

HOW YOUNG IS TOO YOUNG TO HAVE PROSTATE CANCER?

Continuing on the subject of screening... Just a reminder that our male family members are more at risk for prostate cancer because of our diagnosis. Many begin screening at age 40, or even sooner.

Last month I heard from a 37-year-old (young) man who was diagnosed with early stage prostate cancer. He was fortunate to have an alert doctor. Currently, the youngest member of our group is 38, and the oldest, 96.

A PHYSICIAN PROSTATE CANCER SURVIVOR SPEAKS OUT ON SCREENING

My good friend, **Dr. Terry Wepsic**, from Huntington Beach, CA is a brilliant pathologist/cancer researcher, and is such a strong advocate for proton therapy, he makes me look apathetic on the subject. Terry decided to respond to an April 1, 2009 article in the Los Angeles Times on the subject of prostate cancer screening. Here's what he said in his letter to the editor. He didn't mince words:

Article title: *"Prostate cancer screenings: a second opinion."* By H. Gilbert Welch, professor of medicine at the Dartmouth Institute of Health Policy and Clinical Practice and author of: *Should I Be Tested for Cancer? Maybe Not and Here's Why.*

Response: "A third opinion from a doctor who is a prostate cancer survivor." by H. Terry Wepsic, M.D., former Chief of Staff, Long Beach, CA, Veteran's Administration Medical Center; Professor Emeritus and Associate Dean, University of California, Irvine; senior cancer researcher, 1972-2008.

I am an academic pathologist, age 67, who has held various administrative positions with the Veteran's Administration Hospital System, concurrent with affiliated university appointments. I have published 75 articles related to my cancer research in tumor immunology in peer reviewed journals over the past 36 years, and have presented at scientific and research meetings throughout the world.

I was diagnosed with early stage prostate cancer in December, 2002. In the winter of 2003, my chosen treatment was Proton Beam Radiation Therapy at Loma Linda University Medical Center, Loma Linda, CA. My prostate cancer diagnosis was based on a rising PSA over several years, plus positive biopsies. At present, 6 years from treatment, I am cancer free. I have read with interest the various articles on the controversy about prostate cancer screening, including the article by Dr. H. Gilbert Welch on April 1, 2009, in the *Los Angeles Times*.

Many of Dr. Welch's comments need to be rebutted, and merit a comment.

1) Dr. Welch: *"The lifetime risk of prostate cancer death for American males is only about 3%."*

"The American Cancer Society estimates that during 2008, about 186,320 new cases of prostate cancer were diagnosed in the U.S. Prostate cancer is the second leading cause of cancer death in

American men, behind only lung cancer. The American Cancer Society estimated that 28,660 men in the U.S. will have died from prostate cancer in 2008. Prostate cancer accounts for about 10% of cancer-related deaths in men.” ([American Cancer Society](#))

In other words 15% of patients diagnosed with prostate cancer will die from their disease and not from other diseases.

2) Dr. Welch: *“The bulk of men who are treated won’t benefit from it.”*

The bulk of men treated for prostate cancer will be cured and potentially saved from developing metastatic cancer (cancer that spreads to other organs). They may indeed die from other diseases, but they won’t have to worry about dying from prostate cancer.

3) Dr. Welch: *“Treatment causes significant side effects in about 30% of those treated, most commonly a decline in sexual function, leaking urine and or rectal irritation.”*

The side effects that you refer to above would be results of surgical removal and treatment of the prostate or radioactive seed implantation (brachytherapy) or intensity modulated radiation therapy (IMRT). Most urologists suggest surgical options to patients, calling it the “gold standard.” These same urologists also insist that prostate cancer patients are “ideal candidates for this surgery,” and most do not have awareness of Proton Beam Radiation Therapy.

Your reference to “treatment” does not accurately represent all options, particularly Proton Beam Radiation Therapy, which has been very successfully used to treat prostate cancer for almost 20 years, without major side effects.

It is available throughout the United States. Men who are treated with this non-invasive therapy have minimal to no side effects. Most maintain sexual function, do not leak urine, and have minimal to no rectal side effects. Treatment takes 8-9 weeks and is not inexpensive, but is certainly effective. Proton treatment is covered by Medicare, and the vast majority of medical insurance providers.

After reviewing all treatment options, I chose proton therapy for my prostate cancer. Ninety percent of the radiation dose goes to the prostate, seminal vesicles and 1.2 cm beyond the capsular surface of the prostate. These latter two sites are common sites of recurrence and benefit from treatment. I and thousands of former proton therapy patients do not have decline in sexual function, do not leak urine, and do not have rectal irritation.

4) Dr. Welch: *“I believe there is probably a benefit to prostate cancer screening ... For every man who avoids a prostate cancer death, about 50 are treated needlessly.”*

Another approach is to say that 85-90% of patients treated with early stage prostate cancer are cured, and no metastatic disease develops. If their treatment has minimal to no side effects, your statement that they were “treated needlessly” is inappropriate. They are cured of prostate cancer and can now die from something else. Dying from prostate cancer should and can be avoided if at all possible.

I have unfortunately had friends who chose not to do routine PSA screening, which would have led to early diagnosis of prostate cancer. These same friends have instead presented with metastatic disease to lymph nodes, soft tissue and bones. They have significant bone pain and will die from the progressive spread of their tumor. I am sure that in retrospect, they wish they would have submitted to simple and routine PSA testing, monitoring their elevated PSA and having subsequent biopsies. Their choice could have been successful prostate cancer treatment instead of a death sentence.

More men will die sooner and more frequently if they follow Dr. Welch’s “do-not-test” recommendations.

What would Dr. Welch say to a person who follows his recommendation to not be tested, develops disseminated prostate cancer and dies as a result of that cancer?

5) Dr. Welch makes the point that the increase in prostate cancer survival is “*largely an artifact of over diagnosis—diagnosing a lot of men with prostate cancer who were never destined to die from the disease.*”

This statement must be challenged. Regardless of the treatment modality, Dr. Welch cannot possibly know that a patient who is cured of prostate cancer would not have developed metastatic disease that would kill him if left untreated. Indeed, the chances for metastatic spread are at a minimum of 10-15%. Any man among that percentage will wish he was tested and diagnosed early even if he has comorbidity from heart disease or another disease.

6) Dr. Welch concludes by making the statement, “*There is no imperative to be screened or not screened for prostate cancer.*”

I can guarantee that Dr. Welch would be eating his words if he were to meet my good friend who is dying from prostate cancer that could have been cured, thus avoiding metastatic spread of disease. This friend believed that he was physically fit, healthy, and invincible. He didn't like going to doctors and felt that so many tests were not necessary. It sounds like he might have read some of Dr. Welch's articles or books.

Conclusion:

How can we resolve the issue of testing or not testing all men for prostate cancer? My professional recommendations are as follows:

- 1) Diagnose all men with prostate cancer utilizing PSA and tissue biopsies.
- 2) Treat all prostate cancer patients. Consider utilizing a method that is therapeutically proven and has low side effects, such as Proton Beam Radiation Therapy. If a patient has underlying heart, lung, and other concomitant disease that may cause death in one to three years, consider hormone therapy.
- 3) Support research efforts and strategies to develop immunoprevention of prostate cancer or dietary modification to decrease prostate cancer incidence. Immunoprevention has already been shown in a mouse model to be successful in preventing prostate cancer.
- 4) When your PSA gets over 3.8 to 4.0 or increases more than 0.75 in one year, have prostate biopsies. The life you save may be your own.

Dr. Welch, that last comment applies even to you.

PORTLAND, OREGON BOB REUNION

A BOB Reunion is being held in Portland Oregon on May 28, 2009 at the Adventist Medical Center, 10123 SE Market. Registration is 4:30 PM. Dr J. Lynn Martell is the guest speaker.

Remember advanced registration and payment is necessary. Please RSVP no later than May 11, 2009. Meeting and dinner is \$15.00 per person, or \$25.00 per couple. Mail your check payable to AMC, PO Box 3426, Gresham, OR 97030.

Inquiries to **Franklin Gearhart**, 503-674-4951 or flgearhart@verizon.net.

I KNEW I'D LEAVE SOMEONE OUT!

Last month I acknowledged a bunch of wonderful people who help make our organization work. These included people who help with technical support, administrative support, website design and maintenance, insurance denials, equipment maintenance, fund raising efforts, patient advocacy, and sponsorship.

At the end of the segment, I said, "I'm sure I've left out some names ..." and I was right. Just after sending out the newsletter, I realized I forgot to mention **Connie Holland**, wife of **Ed Holland** in Simi Valley, CA. Connie is one of our cornerstones. She sponsors 28 men without computers and e-mail, and is a strong proton advocate. Connie is always there to help. My apologies for the omission.

Incidentally, Ed's PSA is now down to 0.2, seven years after treatment, and he says, "I never experienced any side effects."

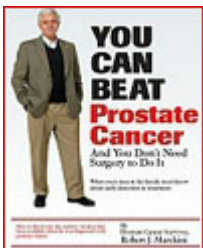
MY VISIT TO LOMA LINDA

The semi-annual Proton Advisory Council meeting is scheduled for mid May. Several of our members and I proudly serve on this board, helping to raise money for proton therapy research.

I will be flying to Loma Linda to participate in the Ken Venturi Proton Charity Golf Tournament on May 18th, and to attend the Council meeting on the 19th. **Dr. Martell** has invited me to speak at the Wednesday night meeting on the 20th. We will also have a book signing before the meeting. I hope to see lots of members there.

ILLINOIS PROTON CENTER IS ON SCHEDULE

Central DuPage Hospital in Warrenville, IL last month reported that their project is now fully funded, construction is proceeding on schedule, and they expect to complete the project in early 2011.



MY BOOK — *You Can Beat Prostate Cancer – And You Don't Need Surgery to do it*

There are currently 21,000 books on prostate cancer available on [Amazon](#). My book has been #2 on that list for two years. At [LuLu Press](#) where it is printed/published, it remains their #3 all-time best-seller.

Here is some reader feedback from last month:

Your book has become my "bible" on how to deal with prostate cancer.

I loved reading about your personal quest for the best treatment with the fewest side effects. Your detailed description of the actual step-by-step process of going through the treatments was the first I had read, and made me more determined to continue to encourage my husband in this treatment. We have spent 30 years together, and were counting on at least another 30. My husband is going to start your book this weekend and I know he will be inspired!

I recently found your book and wanted to let you know that I enjoyed reading your approach to life in general and prostate cancer specifically. Your book is full of helpful information I wish I had months ago.

Since being diagnosed I have tried to impress on my two grown sons the importance of being responsible for their own health. I am going to give your book to each of them and try to impress on them how useful it can be. Even after the fact I find your book helpful and sometimes inspiring.

At the request of members, I am happy to discount books in quantity to anyone who is interested in spreading the word on proton therapy. Just send me an e-mail RMarckini@aol.com.

JOURNEY OF HOPE

Dr. J. Lynn Martell's interview series on [Loma Linda Broadcasting TV Network](#) (LLBN-TV) airs seven times a week as follows: Sunday 4:30 pm Pacific (7:30 pm Eastern), Monday 12:30 pm Pacific (3:30 pm Eastern), Tuesday 10:00 pm Pacific (1:00 am Eastern), Wednesday 4:30 am Pacific (7:30 am Eastern), Thursday 6:00 am Pacific (9:00 am Eastern), Friday 2:00 pm and 8:30 pm Pacific (5:00 pm and 11:30 pm Eastern).



Journey of Hope consists of half-hour interviews and inspirational stories of people who have confronted and overcome personal medical challenges, people whose struggle and journey has led them through crises into an experience of hope, healing, and wholeness.

Following is the schedule for this month:

Airing the week of	Guest
4/26/2009	Albert F. Hummel San Diego, CA – CEO, Cobrek Pharmaceuticals, Cancer Survivor.
5/03/2009	Bill and Marilyn Hargrave Prescott, AZ – Retired Sound Technician, and Retired Teacher, Cancer Survivor.
5/10/2009	Catherine and Hannah Grinnan Redlands, CA – (Hannah) Infant heart transplant recipient.
5/17/2009	Gene H. Stull Redlands, CA – CEO, Air Comm Systems, Cancer Survivor.
5/24/2009	Miguel and Elizabeth Miranda, and Michelle Anne Vert (Miguel) Chino, CA–Kidney recipient; (Michelle) Riverside, CA–Kidney donor.

You can watch and listen to the shows on your computer by going to [Watch LLBN](#). Select either Watch It Now (High Bandwidth) or Low Bandwidth, depending on your Internet service provider. If you are not sure of our bandwidth, select Low Bandwidth. It should work.

GIVING SOMETHING BACK



Stan and Helen. Last month I began telling you about a fictitious couple, Stan and Helen Brown. They are not really fictitious; they are actually a montage of several couples within our group who have decided to give something back in various ways. I thought I'd tell their story over the next few months as a way of educating members on the many and diverse ways we can provide needed support to the institution that saved our lives and preserved the quality of our lives. Here's part 2 of their story:

As Stan and Helen continued to search for the right giving strategy they looked more closely into the *charitable remainder trust*, and wondered if it was the right vehicle for them. They have been shrewd investors, accumulating assets such as cash, highly appreciated

stock, and a few rental properties that have appreciated significantly over the years. They learned that there are two types of charitable remainder trusts; the *annuity trust*, and the *unitrust*.

As they considered a strategy to invest their cash and stocks, they learned that an annuity trust allows them the safety of a consistent income year after year by paying a fixed dollar amount annually. They decided to transfer \$150,000 cash to fund an *annuity trust* and elected to receive 6% (\$9,000) a year for life.

On the other hand, they felt that in the current economy, their rental properties had a good chance of appreciating in the future. They placed two of their rental properties, a duplex and a fourplex, in a unitrust. Since the income from a *unitrust* is based on the trust's value, they anticipated that the trust would serve as a hedge against inflation in periods of economic growth.

They also derived great tax benefits from creating and funding their trusts. They received a sizeable income tax charitable deduction, and protection from capital gains tax upon transferring highly appreciated assets. They were also taxed lower on the income produced from the trusts.

They also identified resources that provided much more information on tailoring a plan that fit their immediate and long-range goals, and supporting the research of the James M. Slater Proton Therapy and Research Center.

Next month we will follow Stan and Helen as they continue learning about and implementing their giving strategies.

Another Way to Give. More than 100,000 people are waiting for an organ transplant in the U.S., but there are only about 15,000 organ donors a year. There is no upper age limit for donating organs or tissue (cornea, skin). You can get a donor card at no cost from the government (organdonor.gov or 888-275-4772). Keep a copy in your wallet and another at home with important papers. Donating organs is not disfiguring, and it does not delay funeral arrangements. Nearly all major religions approve of such donations.



Bumper Stickers are still available. They are being sold by **Bob Hawley**. Send Bob Hawley \$6.00 (includes postage) and he'll mail one to you. All proceeds go to the Dr. James Slater Chair for proton therapy research. Bob's address is P.O. Box 45, Mt. Angel, OR 97362. Or email him at a502sfga@yahoo.com.

BOB T-Shirts are available in white or light gray. All profits go to proton therapy research.

The price of the T-shirt is \$20.00, plus \$4.80 for mailing by U. S. Postal Flat Rate Priority, for a total of \$24.80. [Download the order form](#) and send a check to: **Kris Brock-Jones**, 1442 Love Way, Auburn, CA 95603, or call Kris at 530-885-8574. If you buy up to 2 T-shirts, the shipping cost remains the same, \$4.80, for a total cost of \$44.80.



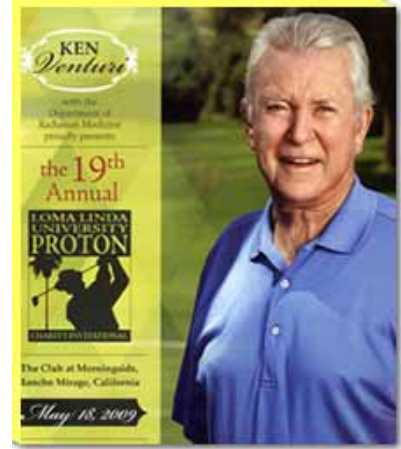
Annual Ken Venturi Proton Charity Golf Tournament. This year's tournament is scheduled for Monday, May 18 at Morningside Golf club in Rancho Mirage, CA. Golf professional and TV personality, **Ken Venturi** hosts the event along with his protégé, **John Cook**.

The day begins with a large breakfast, followed by a one-hour golf clinic led by Ken Venturi and John Cook, and then a shotgun scramble. Awards are presented at a luncheon afterward. The awards ceremony and luncheon is typically attended by **Dr. Jerry Slater**, **Dr. James Slater** and other Loma Linda dignitaries.

Several BOB members also attend this always exciting and memorable event. I wouldn't miss it. This will be my seventh time participating in this great event.

David Colwell is the contact person. You can reach him via e-mail at dcolwell@llu.edu or phone at 909-558-5010. Cost is \$500 per person, and space is limited.

Second Annual PGA (Proton Golf Alumni) Tournament. **Steve Weitzman** is organizing the second annual PGA (Proton Golfer's Association) Tournament, which is scheduled to take place at Lake Tahoe on June 8-11. There are activities for both golfers and non-golfers. The entry fee for golfers is \$295 per player, which includes a \$100 tax-deductible contribution to LLUMC proton therapy research. For more details, [download the informational PDF page](#).



HEALTH AND NUTRITION

A Drink for a Smaller Waist. Here's an easy way to turn a routine workout into a powerful waist-whittler: Drink green tea. That's right. Ditch the Gatorade and instead sip several mugs of the green stuff throughout the day. Research shows that the wonder duo of green tea and exercise may target belly fat better, so it shrinks more easily than with exercise alone. In a study, overweight adults who engaged in an exercise program for 12 weeks lost more belly fat if they also drank green tea daily. The green tea seemed to boost overall weight loss and triglyceride control in the study group, too. The magic amount of tea needed for the effect? Enough to get about 625 milligrams of catechins plus a little caffeine every day (roughly 7 cups daily).

Cat Napping. A 20-minute nap can improve your overall alertness, boost your mood, and increase productivity. William Anthony, co-author of *The Art of Napping at Work* (Larson Publications, 1999), says the post-nap boost can last for several hours. In addition, your heart may reap benefits from napping. In a six-year study of Greek adults, researchers found that men who took naps at least three times a week had a 37 percent lower risk of heart-related death.

Protect Your Colon. Cheeseburgers and ice cream. We love to eat 'em, even though they clog our arteries and pad our bellies. But here's one more good reason to cut back: Cancer of the small intestine. A large long-term study showed that high intakes of saturated fat—the kind found mainly in dairy and other animal-based foods—may bump up the risk for this rare but particularly dangerous form of cancer. Saturated fat may increase the risk for this cancer because of the bile acids your body uses to digest the fat. These acids can cause oxidative stress and subsequent cancer-causing damage to the DNA in the small intestine. And cancer of the small intestine may be extra hazardous because it could jack up the risk of other forms of cancer, including colon and rectal cancers.

ON THE LIGHTER SIDE

How Much Does a Brain Cost? In the hospital the relatives gathered in the waiting room, where a family member lay gravely ill. Finally, the doctor came in looking tired and somber.

“I'm afraid I'm the bearer of bad news,” he said as he surveyed the worried faces. “The only hope left for your loved one at this time is a brain transplant. It's an experimental procedure, very risky, but it is the only hope. Insurance will cover the procedure, but you will have to pay for the brain.”

The family members sat silent as they absorbed the news. After a time, someone asked, “How much will a brain cost?”

The doctor quickly responded, “\$5,000 for a male brain; \$200 for a female brain.”



The moment turned awkward. Some of the men actually had to “try” not to smile, avoiding eye contact with the women. A man unable to control his curiosity, finally blurted out the question everyone wanted to ask, “Why does the male brain cost so much more than a female brain?”

The doctor smiled at the childish innocence and explained to the entire group, “It’s just standard pricing procedure. We have to price the female brains a lot lower because they’ve been used.”

Quote of the Month:

“If your mind goes blank, don’t forget to turn off the sound.”

— Unknown

Final Thought.

If some people have their way, proton therapy for prostate cancer will no longer be reimbursed by Medicare or the private insurers. It will only be available to those who can pay out-of-pocket. The consequences of this are unimaginable.

The proton centers and other proton stakeholders are working hard to prevent this from happening. They need our support. Within the next few days I will be enlisting your help to stop this from happening. We are going to win this battle, but to do so, our response must be swift and strong. I have no doubt it will be just that.

Low PSAs to all,
Bob Marckini

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