Dear Members:

The opening quotation reminds me of a story I’ve heard over and over from men who have contacted us following their diagnosis: “My urologist tells me I have prostate cancer and I need to have surgery right away.” Last month a gentleman in his mid 70s said that, almost verbatim. I reminded him that prostate surgery is quite invasive; side effects can be severe; he’d have to wear a catheter for one or two weeks; and there can be complications from infection and anesthesia. And one thing your urologist probably didn’t tell you: The mortality rate from prostate surgery for men over 70 is 1%. After talking with some of the former patients on our reference list and reading articles and studies, he has decided to have proton therapy.

Deb and I hear similar stories from members every week. Friends, neighbors, and acquaintances are diagnosed and are pressured to have surgery. Once our members share their experience, most choose proton therapy. Telling our story and promoting proton therapy is one of the most important things we do.

If you would like to educate your friends, relatives and acquaintances about proton therapy for prostate cancer, we have a PowerPoint presentation, a “What is Proton Therapy?” hand-out, patient reference lists, and a large number of articles and studies that show why the proton option is the best option. If you would like copies of any of these documents, please send an e-mail to Deb Hickey at DHickey@protonbob.com. Also, don’t forget to direct people to our website, blog and Facebook profile.

There’s a lot happening in the world of prostate cancer diagnosis and treatment in general, and in the proton world in particular. In fact, things are happening at an accelerating pace. New proton centers are springing up all over the country and the world. Proton research is uncovering new ways to use the proton particle to treat cancers and other diseases in ways never thought possible, and at the same time, preserving the quality of the patient’s life.

In this month’s BOB Tales we will explore some of these issues and more.

Bob Marckini
Special: Mythbuster Series

The 10 Myths about Proton Therapy

*By Bob Marckini*

**Myth #3**
Proton therapy is no better than advanced forms of conventional photon (X-ray) radiation treatment, such as IMRT, IGRT, CyberKnife, TomoTherapy or RapidArc. And, there may be more rectal damage with proton.

**The Physics**
Let’s start out with the physics of radiation therapy. Proton radiation and conventional photon (X-ray) radiation destroy cancer the exact same way: by stripping electrons orbiting around the nucleus of atoms that are part of the molecules that make up the tissues in the body. This causes damage to the genetic material, or DNA of cancer cells ultimately causing their death or eliminating their ability to proliferate. Without healthy DNA the cancer cells can no longer function properly or repair themselves, leading to apoptosis—or programmed cell—death. So radiation—proton or photon—programs cancer cells to die. If you deliver enough radiation to the tumor, all the cancer cells will die.
Radiation to Healthy Tissue

All scientists, radiation oncologists, and urologists agree that the only safe dose of radiation to healthy tissue is a zero dose. They would also agree that the difference between protons and photons (X-rays), which are used in IMRT and other forms of external beam radiation therapy, is clear cut: X-rays radiate everything in their path on their way to the tumor and also on their way out of the body. X-rays don’t stop doing damage until they run out of energy.

Protons, on the other hand, can be controlled in such a way that they release minimal energy on their way to a tumor and can be brought to a stop at the tumor site, thus releasing virtually no radiation beyond the tumor, and preserving healthy tissue outside of the target area. So, with photons (X-rays), such as in IMRT treatment, not only is the tumor damaged, so is much of the healthy tissue surrounding the tumor. With protons, almost all of the energy is deposited right at the tumor site. So with proton, healthy tissue is mostly spared.

A Choice: Destroy the House or the Whole Neighborhood

In my book, I compare photon radiation (X-rays, IMRT) to military “carpet bombs,” which destroy whole neighborhoods, versus proton, which is like a computer guided “smart bomb” that just destroys the target, leaving the neighborhood intact.

Now consider where the prostate is located in the male anatomy, and what’s in the “neighborhood.” The prostate is deep inside the lower torso. The urethra passes through it; the rectum is right next to it; the bladder is just above it, and the penis and testicles are also in the same “neighborhood.” Which would you prefer to attack cancer in the prostate, a “smart bomb” or a “carpet bomb?”

According to the Prostate Cancer Communication Newsletter, *PAACT Vol. 23 Number 1*, IMRT delivers three to five times more radiation to healthy tissue than proton.

The image on the right shows the difference between proton therapy on the left, and IMRT on the right. As you can see, with IMRT the entire lower torso is radiated, and, brighter colors around the prostate target show high levels of radiation outside the target.

Higher Doses Better Outcomes—Maybe

Because protons spare surrounding healthy tissue, the dose can be increased without doing collateral damage. With IMRT, it’s a balancing act, because in order to deliver higher doses of radiation to the tumor, you are also delivering higher radiation doses to healthy tissue. This increases the likelihood of side effects and secondary cancers later in life. We will be discussing this subject in more detail when we write about Myth #8.

The bar chart on the following page shows the difference in genitourinary (GU) and gastrointestinal (GI) toxicity for conformal external beam radiation therapy (CRT), IMRT, and proton. Note that while the best form of X-ray therapy is comparable to proton with regard to GU toxicity, it shows six times the GI toxicity (6% vs. 1%).
Patient Reported Results Show Proton’s Superiority

Our group, the Brotherhood of the Balloon, represents more than half the men alive today who have been treated with protons for prostate cancer. Two separate surveys of our membership have shown the superiority of proton therapy. When we discuss Myth #7 we will cover these surveys in some detail.

What About Cure Rates?

Numerous studies at several proton treatment centers have shown outstanding results. For low and intermediate risk patients, the disease-free survival rate with proton is in the range of 97 – 99% at five years and 93 – 94% at ten years. Patients with advanced disease had lower rates, but still comparable to, or better than, those of other modalities. More information on this will follow when we discuss Myth #7 in our April BOB Tales.

Why Not Randomized Clinical Trials (RCTs) Comparing Proton to IMRT?

Some insurers have denied coverage for proton therapy for prostate cancer because there have never been randomized clinical trials comparing the proton therapy to IMRT, which is cheaper. Remember, we disproved this myth last month by pointing out that initial cost may be higher, but long term costs for proton are likely comparable or lower. And even initial treatment costs will be comparable when the shorter treatment protocols are adopted sometime in the future.

But those who call for RCTs today are ignoring some important points including:

1. There are ethical issues involved in the patient selection process. Half the group will be intentionally given higher doses of radiation to healthy tissue. Physicians who understand the physics of proton therapy have difficulty participating in such a study.

2. An RCT program has been funded, but physicians/researchers are having a difficult time recruiting men to participate. Once the differences between proton and IMRT are explained to
them, and they learn they may be randomly assigned to the treatment option that will deposit
greater amounts of radiation to healthy tissue, they refuse to participate.

3. It will take five to ten years to fully understand disease free survival and morbidity (side effects)
from the trial. By that time the lower-cost proton protocol will be standard practice and the cost
debate will disappear.

One last point: There have never been randomized clinical trials comparing any prostate cancer treatment
modalities. So, no one can say for sure how surgery compares with external beam radiation, or how seeds
compare with IMRT, or how open surgery compares to da Vinci laparoscopic robotic surgery. And, if you really
want to complicate things, bring in RapidArc, CyberKnife, TomoTherapy, HIFU, and other modalities. So why
single out proton therapy?

Why Spend $200 Million if IMRT is Just as Good?

When I was treated in 2000, there was only one proton center operating in the U.S., Loma Linda University
Medical Center. Today there are ten proton centers in the U.S. with 12 more under construction and nine more
in the planning stage. Soon there will be 31 proton centers in the U.S. with many more around the world.

Would hospitals and investors be willing to spend close to $200 million to build a proton center if proton was
no better than IMRT?

Summary

The bottom line is this: During the past 22 years, thousands of prostate cancer patients have been treated with
protons and numerous studies have been published showing high cure rates and minimal side effects. The laws
of physics show, unequivocally, that proton is superior to IMRT and all other forms of photon (X-ray) radiation
because significantly less radiation is deposited on healthy tissue. The likelihood of secondary cancers with
proton is essentially zero.

All the data, all the patient testimonials, and all the surveys show that proton therapy cures cancer at least as
well as any of the alternatives; it’s painless and non-invasive; and it leaves the patient with a higher quality of
life than any of the other options. In our 2009 survey of BOB members, 97% of the respondents reported the
quality of their lives after treatment was the same as or better than before treatment.

And finally, there are groups with names like, FloridaBOBs, ProtonPals, Brotherhood of the Balloon and others
consisting of men who were treated with proton therapy for prostate cancer. The thousands of men in these
groups are grateful for their treatment; and they spend their time promoting proton therapy in their
communities. Where else can you find a prostate cancer treatment modality that has a fan club? You won’t find
a bunch of radical prostatectomy patients banding together to promote the benefits of surgery, or a group of
IMRT guys or brachytherapy patients encouraging their friends and family to go the route they have chosen.
There can only be one reason for this. Proton therapy is far superior, and those of us who have been fortunate
enough to have received proton therapy know this, and we want to tell the world about it.

Myth #3 ... BUSTED
Another Surgery Story

One of our members related to us a story about a friend of his who was diagnosed with prostate cancer. “I did my best to convince him that proton was the way to go,” he told us, “but he chose surgery instead. He had complications from the surgery, lots of follow-up problems and side effects, and a long and painful recovery. A while later, his cancer returned and he had to have salvage treatment.

One thing we’ve learned is that local doctors often influence patients to choose surgery by saying things like, “The only way you can be sure you’re cured is to have that thing taken out of your body.” Or, “You should choose surgery because, if it fails, you can always have radiation later, but if you do radiation first, you cannot do surgery if it fails.” This is not true.

We will be dealing with those myths in future newsletters. But one important point should be made here. Besides being painless and non-invasive, radiotherapy has the distinct advantage of destroying cancer in the margins. Surgery does not do this. Men often think that if there is cancer in the margins, the surgeon will surely see it and remove it. This is not so. Most of the time, the cancer is microscopic and not visible to the naked eye. Even with early stage, low-risk disease there can be microscopic cancer in the margins around the prostate. Proton therapy targets not only the prostate, capsule, and seminal vesicles; it also treats a margin around this target volume.

This same fellow told us that he also failed to convince his brother-in-law, who in his 70s elected to have surgery. He, too, had a recurrence and had to go back for salvage radiation. Wouldn’t it have been a whole lot easier to have proton first and skip the surgery part? One statistic we are sure he was not aware of is this: When younger men have surgery there’s a one in 200 chance he will die from surgery complications. When men over 70 choose surgery, that risk doubles.

Happily, this member told us that he has been successful convincing other friends to choose proton, and they seem to be doing just fine.

More on PSA Testing

Dr. Charles “Snuffy” Myers once again has taken on the United States Preventive Service Task Force (USPSTF) and their recommendation to stop PSA testing. He noted that the task force board consists of a number of family practice doctors, but no urologic, radiotherapy, or surgical specialists.

He cited the case of one of his new patients, who for years had experienced urological problems, but his primary care physician refused to measure his PSA. When it was finally measured, it was 28. A biopsy showed he had prostate cancer with a Gleason score of $4 + 3 = 7$. If this man had been monitored for PSA sooner, he would likely have been diagnosed when his PSA was much lower and his disease less advanced.
Once again, the problem is not the PSA test; it’s what’s being done with the results of the test. Are some men being over treated? Absolutely. So deal with that. Eliminating the test would mean that men would not discover they have prostate cancer until symptoms presented themselves. This would result in more advanced cancers and thousands of untimely and painful deaths.

Pat Greany’s Letter to AARP

BOB member, Pat Greany, Ph.D., a biologist, university professor, and very savvy prostate cancer survivor, sent a letter to the AARP, an organization that is supporting the USPSTF’s recommendation to stop PSA testing. In Pat’s letter he touches on some important new technology being developed to more precisely diagnose prostate cancer and also determine if a diagnosed cancer is indolent or aggressive. Following is an excerpt from the letter.

Dear AARP,

I am writing to express my strong misgivings about the recent article by Chris Woolston in the AARP Bulletin entitled “To Test or Not to Test,” re: the advisability of using the PSA to screen for prostate cancer. As the author indicates, the US Preventive Services Task Force recommendation, endorsed by the President of the American Cancer Society, Dr. Otis Brawley, is to not screen because of the possibility of this leading to unnecessary treatment, and possible detrimental side effects.

To discontinue screening is foolish and it will lead to many men unnecessarily remaining undiagnosed until they’re symptomatic and late-stage, with few options remaining for successful treatment. As pointed out by authorities quoted in the article, prostate cancer screening using the PSA blood test frequently leads to early detection. What is not adequately presented is that an elevated PSA may lead to treatment, but this decision can and should be made based upon a number of indicators being taken into account along with other considerations, such as the patient’s overall health and life expectancy.

An elevated PSA alone is not an automatic “ticket to treatment,” as suggested in the article. The author doesn’t even mention use of the digital rectal exam (DRE), a primary screening method already in use prior to the development of the PSA that is almost always used along with the PSA before biopsies are performed. And he should have drawn attention to development of newly FDA-approved non-invasive methods that are more cancer-specific than the PSA, including the PCA3 urine test and the Prostate Health Index (PHI) blood test. The PHI is a much better indicator of assured cancer than the PSA and it reduced unnecessary biopsies by 31% in clinical trials performed by Dr. William Catalona of Northwestern University. Both of these can be performed prior to going forward with a needle biopsy.

Mr. Woolston states, “Unfortunately, there’s no way to know for sure if any particular cancer is harmless or dangerous while it’s still in the prostate . . .” Fortunately, Genomic Health, Inc. has developed a biopsy-based molecular assay to help patients with localized prostate cancer and
their doctors decide between immediate therapeutic interventions and active surveillance. The test is expected to be commercially available in the first half of 2013. Clearly, the USPSTF and the ACS should be advocates for development of better diagnostic methods, rather than to recommend against screening altogether.

The other aspect of this article that is so troublesome is that it emphasizes the harm due to overtreatment, but doesn’t adequately point out that prostate cancer treatments vary in their efficacy and risk of serious side effects. It targets prostatectomy as being prone to causing erectile dysfunction (ED) and incontinence, which is often true, but other methods, such as proton beam therapy, can be used with a greatly reduced likelihood of ED and incontinence and even greater efficacy in achieving long-term disease-free status thereafter.

The USPSTF Feels the Same About Mammograms

“I’m Not a Statistic; I’m a Person.”

(Letter to the Editor of the Washington Post, Friday, November 23, 4:46 PM)
Sent to us by BOB Member, Floyd Jordan, Hot Springs Village, AR:

Imagine my surprise as I read the November 22nd front-page article about a new study disputing the efficacy of routine mammogram imaging. Just one day earlier, my breast surgeon called to inform me that the two biopsies he had performed two days earlier showed cancer. The biopsies were based on my routine mammogram.

I have diligently scheduled annual mammograms for the past 15 years on the orders of my nurse practitioner. This time she suggested a 3-D mammogram, and I agreed. After receiving information that something in my right breast needed further study, I returned for another mammogram and an ultrasound. After looking at the images, my breast surgeon was pretty certain that one of two masses was a tumor.

The good news, if you can call it that, is that the second small mass was a tumor, too, rather than cancer in a lymph node, which requires much more intensive treatment. So I am having more imaging done, and afterward I will have lumpectomies and treatment.

I don’t think I could be more grateful than I am to have been diagnosed early, which means that the length and quality of my life should be optimal. Routine screening probably saved my life, even though the study cited in the article casts doubts on the value of the procedure. Studies are about statistics. I’m not a statistic; I’m a person, a wife, a mother, and a grandmother.

―Pamela Kincheloe

Our comment: The same can be said about prostate cancer screening. “We are not statistics; we are people; fathers, husbands, brothers, and grandfathers.” PSA testing saves lives.
BOB Fund Project—Making Progress!

We’ve made some good progress with our project to match the $340,000 estate gift from Judge William Auslen. We have raised about $316,000 toward that goal. With an additional $24,000, we will secure the matching gift.

Review of Project

The BOB Fund was started a few years ago with a generous contribution from BOB member, Chuck Kubicki. The intention was to grow the fund so that it could be converted to an endowed chair where interest from the principal could fund a research project. The minimum level for this is $1.5 million.

By the middle of this year, the BOB Fund had grown to about $700,000 and members of the Advisory Council (all former proton patients) set a goal to reach the $1.5 million by year end in order to honor Dr. James Slater as he moves into his new role by presenting him with a $1.5 million check to “activate” the endowed chair.

About that time we learned that BOB member, Judge Auslen’s estate left $340,000 with the stipulation that it could go to the BOB Chair Fund if it was matched dollar for dollar by other contributions.

To date, we have raised $316,000 toward that initial goal. Once we raise an additional $24,000, we will have raised $340,000 which will be doubled by the Auslen Challenge gift. Our total will then be $1,380,000 ($700,000 + $340,000 + $340,000), just $120,000 short of the $1.5 million goal to activate the endowed chair. Since our founding, 2,314 members have made gifts; many do this regularly. This year, 766 of our members have participated in this fund drive. Thank you to all who have participated thus far.

We are coming down to the wire. We are confident our members will come through and we will push this project over the top.

The BOB Criticized for Fund Raising

One of our members criticized us because he was offended by our fund raising efforts in the BOB Tales newsletter. As a result, he dropped his membership in the BOB.

We are sorry to see any member leave, but we make no apologies about the fact that part of what we do is to give back and support proton research.
Our Mission

We have always been clear about our three-part mission: 1) To provide information, communications, and support to members who are planning treatment, in treatment, or post-treatment; 2) To promote proton therapy for prostate cancer; and 3) To give something back. This is clearly stated on our website, and on the BOB registration form.

Every time we come across someone who has been damaged by one of the alternative prostate cancer treatment therapies, we are reminded of the gift that Bob received 12 years ago at Loma Linda. Every week we hear from men who chose surgery, seeds, or conventional radiation, and they are regretting their decision. They tell us they wish they had known about proton therapy.

LLUMC Wednesday Night Meeting

By Bob Marckini

As I write this, I’m sitting in the airport terminal at LAX waiting for a flight back home to Boston. For the past several days, I’ve been at LLUMC for Advisory Council meetings and other meetings. Last night I attended the Wednesday night meeting at LLUMC. As usual, the first part of the meeting consisted of both graduates and visiting alumni telling their stories. All the graduates raved about their extraordinary treatment experience, bragging about the fact that they had a wonderful “radiation vacation” and were experiencing no side effects. Visiting alumni from as far away as Germany reported that their PSAs were holding at nadir, the quality of their lives continued to be superb, and for them, prostate cancer is a thing of the past.

After the graduates and alumni were introduced, Dr. Avery Pratt, one of the new graduates, and his wife, Carolyn, presented a $5,000 check to LLUMC for proton research. The photo shows, left to right, Paul Arceneaux, Carolyn and Avery Pratt, myself, and Aaron Laudenslager. Paul and Aaron represent the Dept. of Philanthropy and accepted the check on behalf of the Dept. of Radiation Medicine.

Dr. Martell had invited me to speak at the meeting, which I did. Afterward, I asked if there were any questions. There were several. One young man sitting in the back of the hall raised his hand and spoke about his life after surgery. He told the group he is impotent, incontinent, and has severe rectal complications. I don’t think he even had a question and I’m not even sure why he was at the meeting—maybe it was to learn about what he missed. But his story was in sharp contrast to the testimonies we heard earlier in the evening. My heart went out to him. In some respects, this young man’s comments further helped others in the room better understand the gift they have been given.

When I observe something like this, I’m reminded that the gift we received didn’t just happen accidentally. Proton therapy is available today thanks to the tireless efforts of Dr. James Slater. Against almost insurmountable odds, Dr. Slater pursued his dream, conquered every obstacle, knocked down every barrier, built a team, found the money, and created the world’s first hospital-based proton treatment center. He didn’t do it alone. He had help. And he also had people who were willing to support his dream by helping to fund the equipment, materials, and people resources necessary to make this miracle happen.
When I was treated in 2000 there was only one proton center in the U.S. Today there are ten, with twelve under construction, and nine more in the planning stage. All this, 22 years after Dr. Slater’s design became a reality.

At our Advisory Council meeting, Dr. James Slater, Dr. Jerry Slater, Dr. David Bush, and Dr. Andrew Wroe gave us an overview of radiation medicine research in the areas of:

- **Basic Science Research**: Research is underway to develop imaging technology to identify microscopic areas of the brain to more precisely target pain transmitters in the effort to control chronic pain in returning war veterans.

- **Translational Research**: Research continues to translate basic science research into patient treatment applications. Areas of emphasis in translational research include functional radiosurgery, dosage monitoring, treatment planning, patient immobilization, and beam delivery optimization.

- **Clinical Trials**: For treating lung cancer, liver cancer, breast cancer, prostate cancer hypofractionation, tumors of the auditory nerve, esophageal cancer, pancreatic cancer, liver metastasis and lung metastasis.

Both Drs. Slater told us that the healing power potential of the proton particle is unlimited. “We have just scratched the surface,” they said. Government funding of proton research is drying up, and they are relying more and more on individual contributions to advance their research programs.

Dr. Jerry Slater thanked the Council and the BOB for past gifts that have helped to fund research. He reminded us that while clinical treatment generates revenue, when a researcher leaves the clinic to perform research it generates no revenue and must be funded from outside sources.

Without outside support, such as what the BOB provides, funding for research would stop and research programs would grind to a halt. We can never let that happen.

### Helping Proton Research Through Your Estate Plan

**Judge William Auslen** set an excellent example for us to follow. He supported proton research every year with a gift, and when he passed, he left a gift from his estate plan. Each year, Bob and Pauline make a gift, and have remembered LLUMC proton research in their estate plan. We encourage others to do the same, even if you weren’t treated at Loma Linda. Remember, it was the pioneering work led by Dr. James Slater at Loma Linda that made your treatment possible.

Bob had lunch recently with a BOB member who was not treated at LLUMC. Each year he makes a generous gift for proton research at Loma Linda. He told Bob that proton treatment saved his life—maybe in more ways than one. Sometime after his proton treatment, he learned he had a serious aneurysm that needed to be repaired surgically. He knows that had he undergone a radical prostatectomy for his prostate cancer, with his undiagnosed aneurysm, he could have been part of the one-half to one percent who die from complications following surgery.
A BOB Member’s Comment

BOB member, **Paul Gustafson, Ph.D.**, recently submitted a testimonial for our website. Below is an excerpt from his story.

> One of the blessings of prostate cancer is that it made me face my mortality. I also became willing to take more time with folks facing a challenge—especially a health challenge. I tell all the guys who call me to ask about my experience that there is no time of day that I will not talk to anyone about proton therapy. In that same trend of thinking, I’ve committed to making regular contributions to proton research at LLUMC. None of the contributions will get my name on a building, but it can be a positive contribution, regardless of the amount. Each time I send a contribution in, I make it in honor of someone who made a positive impact on me during my prostate cancer experience, which is still going on. I realized that others had made contributions before my arrival so that I could be blessed, so it’s my turn to pay it forward.

Here’s How You Can Contribute:

**By Check:** Send a check made out to “LLUMC Proton” to Loma Linda University Medical Center, Office of Philanthropy, P.O. Box 2000, Loma Linda, CA 92354.

**Online:** [Click here to donate online](#). In the “Designations” area on the left, please specify that your gift should be designated to the BOB Endowed Fund for Proton Therapy Research—Auslen Challenge.

**By Phone:** Call Jessica Rorick at 909-558-3555.

---

Spotlight on Members

**General Member Feedback**

**Edgar Miller** (London, England) on how he’s feeling post-treatment:

> Since my proton treatment in 2010, all is well. My PSA is at 0.13 and all plumbing is working perfectly. I’m still playing polo at age 70!

**Scott Wilcox** (Morro Bay, California) tells us about a recent prostate cancer support group meeting that he attended:

> I recently went to another prostate cancer support group meeting. On my way in, I met a young couple I hadn’t seen before. I asked the man if he had been recently diagnosed and he told me yes. He then told me he had gone to several treatment facilities already and would be visiting LLUMC the next day. I told him he needed to hear what I had to say about proton therapy.

> There were 11 men at the meeting who had surgery. I was the only one who had proton therapy. My new friend asked very pointed questions of the other attendees: Are you incontinent? Are you
impotent? Of the 11 men who had surgery, all were impotent to some degree, at least 6 were incontinent, and get this—4 had their cancer return and had undergone radiation.

I was the only attendee with absolutely no side effects. I explained to the group—and my new friend in particular—the cure rates, treatment process, side effects, etc., of proton therapy, and all listened quietly.

As my friend took down my contact info, I told him to call me after he meets with LLUMC. He said he would. I then asked him if he had Bob’s book. He did, but had not read it yet. I told him to please read the book before the meeting with LLUMC and he said he would.

It’s interesting how God continues to use me to reach others. My new friend agreed that God had probably put me there tonight for him to meet.

---

**Featured Member**

**Prostate Cancer—Just a Bump in the Road to Mert**

Compared to a head-on car crash, a defective parachute, a plane crash, and serving in Vietnam, prostate cancer was just a “bump in the road” to Mert Townsend.

Mert was born in Omaha Nebraska, and was salutatorian and president of his senior class in high school, where he lettered in football and basketball. And that was just the beginning.

He graduated from Iowa State University with a BS in Mechanical Engineering. While there, he became interested in the military through his participation in ROTC where he was selected for two military honor societies, Pershing Rifles and Scabbard and Blade. During summer camp at Fort Sill, Oklahoma he was selected as the top graduate in his unit. Upon graduation and commissioning as a Second Lieutenant, Mert was designated a Distinguished Military Graduate and offered a commission in the Regular Army. But he declined the Army’s offer and accepted a job with Proctor and Gamble in Dallas, Texas. However, the Army had other plans and a year later they called Mert to serve his obligation as a Reserve Officer at Fort Sill where he accepted a regular Army commission. He received parachute training and assignment to the 82nd Airborne Division at Fort Bragg, North Carolina, and that was the beginning of a distinguished 23-year military career.

Mert earned Masters Degrees in mechanical and aerospace engineering at USC where one of his classmates was Norman Schwarzkopf, a man who later earned the distinction of being a prostate cancer survivor … among other things. The race to the moon was on, and while at USC, Mert was able to observe the construction and testing of all the Apollo program components.

In 1967 Mert went to Vietnam and spent two years as an advisor to the Vietnamese Army and served with the Riverine Artillery of the 9th Infantry Division. During that time he lost several friends in combat. While there he earned the Legion of Merit, the Bronze Star, the Air Medal, and the Soldier’s Medal for saving a Vietnamese marine’s life in the Mekong River.

Later, after serving in the Pentagon as a Colonel in the late 1970s, Mert retired from military service and restarted his career in industry initially as a Program Manager at Aerojet-General; next as Director of Energetic
Products for Tactical Systems Company; then as General Manager for a Chamberlain Manufacturing plant in Waterloo Iowa where his team designed and produced a variety of missile warheads, including the “Scud-busting” warhead for the Patriot Missile System. Later he became Vice President for Business Development, Group Vice President, Executive Vice President and finally CEO for this $400 million company.

Somewhere in the middle of all this, Mert managed to acquire a commercial pilot’s license with instrument and flight instructor ratings, and has logged 2,500 hours of flying time.

Now in retirement, Mert and his wife divide their time between homes in Tucson, Arizona and Little Rock, Arkansas. Just to keep busy, Mert spends time working with his community association, traveling, playing golf, and making golf clubs.

When he was diagnosed with prostate cancer in June of 2002, with a PSA of 5.7, Gleason Score of 7, and T1c stage, he approached the problem just like any other challenge in life. He gathered data, researched the alternatives, spoke with former patients and chose proton treatment because the decision was a “no brainer.”

Mert served on the LLUMC Proton Treatment Center International Advisory Council for a couple of years and he regularly gives back to support proton therapy research.

When Mert gave his “graduation speech” in 2002, he had this to say: “After jumping out of a plane in the middle of the night and surviving a tangled parachute, then surviving a head-on car crash, an airplane crash, and almost 2 years of dodging bullets and mortars in Vietnam, this prostate cancer thing is just another bump in the road.”

In 2004, Mert and his wife were celebrating his 70th birthday by touring Scotland and golf courses for the summer. During this time, they found a lovely home in a small village on the Firth of Moray in the Highlands. He said, “I liked the people and area so much that I suffered a ‘Senior Moment’ and bought a house. “I have never regretted the decision and spend about six months a year there,” he said. In 2007, Mert and his wife, Helen celebrated their 50th wedding anniversary by flying their sons, their wives and grandchildren to Scotland for a party with Scottish friends. Mert and family are very thankful for the life they have lived since his proton therapy ten years ago.

---

**BOB Member Celebrates Movember (Backwards)**

BOB member, **Paul Siano**, celebrated “Movember” last month, raising awareness about men’s health issues, by shaving off his moustache. Paul has been “stache-less” for most of his life, however two years ago November, he grew his first moustache to celebrate Movember 2010. He then shaved it off the following month. Again in 2011, Paul grew another moustache to celebrate Movember, but since his wife loved the look, he decided to keep it for the entire year.

For Movember this year, Paul changed his appearance again by shaving his moustache. “The first time I grew a moustache, I counted the number of times people commented—twenty five,” Paul told us. “I used these opportunities to talk about prostate cancer and proton therapy. I was a Gleason 9 and had a huge prostate—now eight and a half years later, my last PSA was the lowest ever at .32 and I’ve had no side effects. No wonder I’m so enthusiastic about this stuff!”
A Request to Members

Did you win a proton insurance appeal with the help of a lawyer? If so, please send the name, address, and phone number of your lawyer to Deb Hickey at DHickey@protonbob.com so that he/she may be able to help prospective proton patients who are fighting insurance denials. Thank you.

Events

Recent: LLUMC Comes to You/BOB Reunion, New Mexico

A special Loma Linda Comes to You reception and former patient and BOB reunion was held at the Albuquerque Central Seventh-day Adventist Church this past October. Attendees included people from Kentucky, Colorado, California, New Mexico and Texas. Dr. Jerry Slater (pictured far left) gave a report on some of the clinical trials underway at the proton center.

Upcoming: First Annual National Proton Conference

February 11 – 14, 2013: The National Association for Proton Therapy (NAPT) is holding its first annual conference, co-sponsored by the Proton Therapy Consortium. The National Proton Conference: Improving Cancer Outcomes with Proton Therapy (npc2013.com) will take place at the Washington Marriott Metro Center in Washington, D.C this February.

This dynamic event will bring together prominent proton community clinicians, reimbursement and business expertise, and facility operators to share best practices. Attendees will also learn more about an exciting new particle therapy project being developed on the campus of the Walter Reed National Military Medical Center in Bethesda, Maryland. Panelists will include key federal stakeholders from the U.S. Army, DOD, DOE, NCI, and the VA.

NPC2013 will cover strategies for funding and operating a proton center, its state-of-the-science technology, and feature 11 panel sessions. A more in-depth overview of the program can be found at NPC2013.com as well as registration and hotel reservation information. Click here to register now.
April 30th – May 2nd, 2013: A Loma Linda Comes to You meeting and BOB reunion will be held in Redlands, CA. More information will follow.

Health & Nutrition

How Do Doctors Stay Healthy During Cold & Flu Season?

Here’s what some doctors suggest:

Get enough sleep: “Sleep deprivation can significantly weaken immune function, and that can make you more susceptible to infection. Going to bed at a reasonable hour ensures that you’ll enter cold and flu season with your immune system in top form.” Paul Lyons, M.D. (UC Riverside)

Clean up your act: “I wash my hands before and after seeing every patient, whether it’s cold season or not. But during flu season I also regularly wipe down spots in my office where germs can accumulate, like door handles or computer keyboards. And I get a flu shot.” Margaret Polaneczky, M.D. (Weill Medical College, NY)

Keep your hands to yourself: “No matter how often you wash your hands, warding off illness when you’re a doctor is hard. During cold season I try not to shake a lot of hands. When I pass people in the hallways of the hospital and they extend their hands, I give them a fist bump instead.” Raul Seballos, M.D. (Cleveland Clinic)

Continue to exercise during the winter: “A lot of people slack on outdoor exercise when the temperature drops, but I keep working out throughout the season. However I don’t get up so early to exercise that I’m cutting into sleep—that can be counterproductive, since sleep is important to immune function too.” Gary Rogg, M.D. (Montefiore Medical Center, NY)

The Book

#1 at Lulu Press

We learned this month that Bob’s book is now the #1 all-time best-seller at Lulu Press where it’s published/printed. Lulu is one of the largest print-on-demand publishing companies in the world. They currently publish books by 1.1 million authors and they add 20,000 new books each month. Our book has been among their top three for the past five years, and last month we became their #1 all-time best-seller. The book is also the #4 top seller out of more than 22,000 books on prostate cancer on Amazon. All this is great news because it means that people are discovering proton therapy for prostate cancer through Bob’s book.
One of the reasons for the book’s popularity is the reader reviews that are regularly posted by our members. Reader reviews give a book credibility and they prompt people to download or purchase the book and read it. The result is more and more men choosing proton therapy for their prostate cancer. Thank you to all who have taken the time to post reviews on Amazon and Lulu.com. You are making a difference.

Here are excerpts from new reader reviews posted on Amazon during the past month.

🌟🌟🌟🌟🌟

Straightforward information from one who's been there, November 26, 2012 by Bald Cookie

> Mr. Marckini and I share some experiences—we are prostate cancer survivors who wanted the least invasive and most effective treatment for our disease. We both researched treatments, and the disease itself. I don’t believe it to be any surprise that we arrived at the same conclusion for our treatment choice. Choosing a treatment option for prostate cancer is not that different from any other life decision. Find out the facts, weigh the options, make the choice, and don’t look back. Bob’s book will help you do that.

🌟🌟🌟🌟🌟

HIGHLY RECOMMEND, November 23, 2012, by Kathleen Trandahl

> This is a MUST READ book if you or a loved one is diagnosed with prostate cancer. Mr. Marckini gives an honest, straightforward account of the options available and why proton therapy is THE BEST treatment option, not only for killing the cancer, but for preserving quality of life after treatment. It is a great resource for answering questions before, during and after treatment. GREAT BOOK!

🌟🌟🌟🌟🌟

Proton Therapy for Prostate Cancer, November 14, 2012, by D.M. Loftis

> This book is a wealth of knowledge about prostate cancer and the different types of treatments available. The knowledge I received from this book and other research enabled me to make an informed decision. … I highly recommend this book, and even more importantly, I RECOMMEND PROTON THERAPY. Men, remember your treatment is for you to decide and NOT your doctor.

🌟🌟🌟🌟🌟

My Journey to Proton Therapy, November 12, 2012, by John Martino

> This book provided the necessary information to make an informed decision about my treatment…. It is written in an easy-to-understand language and led me to choose proton therapy at the University of Florida Proton Therapy Center. I could not be happier with my choice! I have had no side effects and my PSA is stable at 0.5…. I’ve recommended this book to friends, three of whom have chosen proton therapy, all with similar results. Thanks so much, Bob.
I completed proton therapy in June of 2011. I am able to enjoy all of the same body functions now, as if I had no treatments at all. I suffered NO SYMPTOMS or SIDE EFFECTS, whereas if I had chosen any of the other options, like some of my friends have, I could be wearing diapers, my sex life would be nil, and I may have rectal damage. ... Bob’s book will help anyone with the difficult choice of what to do for prostate cancer. I highly recommend getting a copy.

I rate this book with 5 stars and would give it more if I could. It is very informative and deals with a serious problem in a way that holds your hand and brings you through the proton process in a simple, straight-talk way. It is a “can’t put down” read. I went through the proton treatment and everything in the book was as it was. I was treated one year ago and feel fine. ... Anyone who is researching this subject should get this book. Doctors won’t tell you about proton—this gives you the answers. Thanks, Bob Marckini!

Please help us to spread the word and educate others about proton therapy. If you found Bob’s book to be helpful in making your proton treatment decision, please post a review on Amazon. Once you are logged into your Amazon account, just click here and click the “Create your own review” button. NOTE: Reviews can be just a few sentences—it only takes a few minutes. And, don’t forget to rate the book from 1 to 5 stars!

Available in Amazon’s Kindle format, Barnes & Noble’s NOOK Book, and Apple iBook format

Buy the Kindle version now for $9.99.
Buy the NOOK Book version now for $9.99.
Buy the book from the iTunes store for $9.99 for your iPhone, iPad, or iPod Touch in iBook format.
Last Month’s Brain Teaser

You’re in a room with two doors. There’s a guard at each door. One door is the exit, but behind the other door is something that will kill you. You’re told that one guard always tells the truth and the other guard always lies. You don’t know which guard is which. You are allowed to ask one question to either of the guards to determine which door is the exit. What question should you ask?

**Answer:** Ask either guard what door the other guard would say is the exit, then choose the opposite door. If you ask the guard who always tells the truth, he knows the other guard would lie, so he’ll point you to the door leading to death. If you ask the guard who always lies, he knows the other guard would truthfully show you the exit, so he’ll lie and point you to the door leading to death.

**Winner:** BOB member, **Bill Connon**, of Canton, Connecticut was first to write in with the correct answer. We hope you enjoy your signed book, Bill!

NEW Brain Teaser

There is only one time in your life when you’re twice as old as your child. When is that?

The first person to send an e-mail to **DHickey@protonbob.com** with the correct answer will receive a signed copy of Bob’s book.

Washtub Jerry

While Bob was in Loma Linda and walking through the reception area on Tuesday, November 13th, he could hear a piano playing an old favorite, “Moonlight Bay” and it was accompanied by a deep base. The sound was terrific, so he searched out the source. When he got there, Bob knew right away—the guy standing on top of the washtub had to be a proton patient. Sure enough he was, and he was accompanying **Jean Kelln**, an excellent pianist.

It turns out, **Washtub Jerry** is a professional washtub player, and has been doing so for more than 40 years. He has recorded several CDs. Bob now has two of them, and the music is truly outstanding. What amazed Bob was how Jerry nailed the notes with such a highly unsophisticated musical instrument. Bob even tested him by asking him to play a middle-C. He hit it perfectly.

Bob went on his way and the duo continued entertaining everyone in the reception area. Clearly those proton guys are having far too much fun in treatment.
Heart Rescue

Would you know how to operate an Automated External Defibrillator (AED) in an emergency?

We have all walked by the Red Cross sign in airports and other public places indicating where the AED heart machine is located. Do you know what is in them and how to use it? Try this video and see what you think. If you make the wrong choice—the man dies. Choose wisely. You may save a life.

We watched this video and were impressed with the simplicity of the machine. But the time to learn how to use it is not during an emergency. So click here (http://www.heartrescuenow.com) and learn how to operate an AED.

Jazz Up Your Bumper

Spread the word about protons with a BOB bumper sticker. Just send $6.00 to Bob Hawley: P.O. Box 45, Mt. Angel, OR 97362 and he’ll mail you one. Or, e-mail Bob at a502sfga@yahoo.com.

All proceeds go to the Dr. James Slater Chair for proton therapy research.

On the Lighter Side

Subject: Golf

- When I die, bury me on the golf course, so my husband will visit. —Author Unknown
- I’ve spent most of my life golfing. The rest I’ve just wasted. —Author Unknown
- It took me seventeen years to get three thousand hits in baseball. I did it in one afternoon on the golf course. —Hank Aaron
- Golf is a game in which you yell “fore,” shoot six, and write down five. —Paul Harvey
- The only time my prayers are never answered is on the golf course. —Billy Graham
- Reverse every natural instinct and do the opposite of what you are inclined to do, and you will probably come very close to having a perfect golf swing. —Ben Hogan
- Don’t play too much golf. Two rounds a day are plenty. —Harry Vardon
- If I hit it left, it’s a hook. If I hit it right, it’s a slice. If I hit it straight, it’s a miracle. —Author Unknown
- The difference in golf and government is that in golf you can’t improve your lie. —George Deukmejian
- Golf is a game invented by the same people who think music comes out of bagpipes. —Author Unknown
Giving Thanks

By Bob Marckini

Every day is a gift with a child, no matter what problems you have. —Carol Ann Duffy

This is the season for giving thanks. There is so much for our family to be thankful for we don’t have enough pages in this newsletter to list them. But one thing stands out.

In March of 2011, our family received one of the greatest gifts of all. My daughter Deb and her husband Mark adopted a baby. It was their first child and our first grandchild. To say Gemma Pauline Hickey has changed our lives would be an understatement. She radiates life and love and she takes no prisoners.

Last month, all the Marckinis and Hickeys got together for Thanksgiving. The house was full of people. And 20-month-old Gemma worked the room like a pro. She gave everyone equal attention, sat on everyone’s lap, and made everyone feel special.

She calls me “Papa” and she lights up when she hears my voice on the phone. Deb tells me Gemma carries a copy of my book around the house (and sometimes outside) pointing to the photo on the cover shouting, “Papa, Papa, Papa!” How great is that?

We are so thankful that Gemma’s birthmother, a single young woman with another child, decided to carry the baby to term and then allow her to be adopted by a loving couple. The thought of a world without Gemma Pauline Hickey is unimaginable. She is the light of our lives.

Thank You to All Our Support People

We would also like to take the opportunity to thank all those who help us with our “ministry” as some call it. Mentioning people by name carries some risk because you always leave someone out and later regret it.
A special thanks to the following people: Deb’s husband, **Mark Hickey** for website, Facebook, and other design support as well as ongoing technical support; **Becky Campbell** who helps with newsletter coding, uploading, distribution, special projects including the blog, calling campaign, and troubleshooting technical problems; **Steve Cohan** for his ongoing technical advice, **Jeannie Chase** who tirelessly volunteers her time to help men with their insurance appeals, resulting in victory most of the time; **Ted Fuller** and **Michelle Carden** who help with printing and mailing of newsletter hard copies; our 72 sponsors—especially **Jim Tuggey** and **Connie Holland** who support so many of our Internet-challenged members by printing and mailing them newsletters; the 350 volunteers who are on our 27 patient reference lists helping others learn about proton therapy by sharing their personal experiences; the 120 volunteer callers who are helping us stay connected by contacting every one of our members by phone. Again, we call out **Connie Holland** who makes more calls than all volunteers combined and takes copious notes on each; **Pat Greany** who abstracts technical articles for the **BOB Tales** and regularly contributes other valuable articles; **Bob Hawley** who administers the bumper sticker program and serves as our pseudo-grammarians; **Bill Vancil** who runs the BOB store; the dozens Loma Linda folks who support us in so many ways, especially our good friend, **Dr. J. Lynn Martell**; the doctors, nurses, referral office, insurance office, administrative staff, International Patient Services and all the other caregivers at LLUMC and caregivers and administrative folks at the other proton centers who take care of us when we are so frightened and vulnerable; our service providers who distribute our newsletters (Constant Contact), Internet service provider (Network Solutions), programmer (**Lonnie Watson**), computer guru (**Bill Schuler**), and the dozens of others who help us in so many ways.

And I must thank my wife, **Pauline**, for tolerating my total and unreasonable immersion in this process, and for her love and support all these years. And, finally, I thank my daughter, **Deb Hickey**. Wow, what a difference she’s made. Deb now does her job and half of mine. If you want to know about the impact she’s had on the BOB, talk with some of the hundreds of recently diagnosed men she’s communicated with over the past year, check out the improvements on our website (**www.protonbob.com**), and our new Facebook profile (**www.facebook.com/protonbob**). And compare this newsletter to those from three or more years ago. What a joy it has been working with my daughter these past three years, and what a difference she’s made.

Without the selfless support of all these folks, we could not do what we do. And the results show that we are making a difference. Our members are well informed ambassadors for proton therapy; our group is responsible for introducing more than 1,000 men each year to proton therapy; we have helped turn around assaults on proton as well as attempts to stop reimbursing for proton treatment. And we have raised about $9 million for proton therapy research. I’m proud of our group and thankful for our members and all who support our efforts.

We would like to wish you all a Merry Christmas, a Happy Hanukkah, and a holiday season filled with peace and joy, and we hope the coming year will be overflowing with all the good things in life.

And, of course the best Christmas gift … Low PSAs to all!

Bob Marckini and Deb Hickey

**NO MEDICAL ADVICE:** Material appearing here represents opinions offered by non-medically-trained laypersons. Comments shown here should NEVER be interpreted as specific medical advice and must be used only as background information when consulting with a qualified medical professional.