

BOB tales

Brotherhood of the Balloon Member Newsletter | November 2019



“To be 70 years young is sometimes far more cheerful and hopeful than to be 40 years old.”

— Oliver Wendell Holmes

Dear Members (a note from Bob Marckini):

An old friend I'd lost contact with called last month. He told me he'd had a mild stroke and heart attack and was scheduled for quadruple bypass surgery. He admitted to being 40 pounds overweight and rather sedentary. When I asked about his diet, he said, "I've cut back on red meat and animal fats to only three or four times a week." "How were your eating habits before that?" I asked. "I ate red meat three or four times a day," he said.

I was shocked by his diet and lifestyle choices. Also, it's generally known that red meat isn't good for you. Furthermore, older men who consume too much red meat put themselves at risk for a wide range of serious health complications including cancer, diabetes, heart disease, and even Alzheimer's. A recent study published in the journal *Aging* says that if you eat a lot of red meat, your body's biological age could be much higher than your actual age.

My friend is a highly intelligent guy, recently retired, with a beautiful family and two young grandchildren. He has lots of reasons to live many more years. We spent some time talking and I hope I influenced some further changes in his diet and lifestyle.

This month's opening quotation, about living a long, healthy and happy life, is from Oliver Wendell Holmes. He was one of the greatest judges in American history, a brilliant writer, and a leading figure in Boston's intellectual and literary circles. He was also the oldest justice in Supreme Court history. He lived a long, productive life before passing away at age 94.

For many of us who were treated at LLUCC, we can recall our friend Dr. Lynn Martell – former director of patient services – preaching to us at the Wednesday night meetings. He'd often say, "We've helped you deal with your prostate cancer – now what are you going to do about maintaining and improving your overall health when you get home? What good is being free of prostate cancer if the lifestyle you're going back to is promoting obesity, high blood pressure and cardiovascular disease?"

“He’s right,” I remember thinking. And I vowed to pay attention to these things when I returned home, and I have. Deb and I spend a great deal of time reviewing literature and several health publications extracting information for our newsletters that, we believe, greatly benefits our members. A major focus of the *BOB Tales* has always been to promote health and wellness with special attention on diet, exercise and overall lifestyle. We believe these things play a major role in preventing diseases of all kinds, including a prostate cancer recurrence. We feel that the Health section is, perhaps, the most important part of the *BOB Tales* and we encourage members to spend some time there each month.

In [last month’s issue](#), we reported on a proposed change in Medicare reimbursement for proton therapy, one that if implemented would have devastating consequences. In simplest terms, the new model would bundle proton therapy reimbursement with conventional radiation therapies and reimburse all of them at essentially the same rate. Not only would proton centers throughout the U.S. be faced with serious financial difficulties, the accessibility of life-saving proton therapy for all patients, including pediatric patients, would be seriously jeopardized.

We asked members to help by contacting their representatives in Congress requesting that they protect proton cancer patients and challenge Medicare’s proposed reimbursement change. Many responded and shared with us their letters, and we need many more of you to get involved. Please read this month’s newsletter for the specifics on how you can help, including a new, simple and straightforward method for submitting your comments to Congress. We need you to act urgently. *I believe we have the power to stop this.*

We have another jam-packed newsletter this month with new information about preventing infections from prostate biopsies, an update on private insurance coverage for proton therapy, new prostate cancer drugs, and a report on what we believe is the best exercise for maintaining and improving your health.

As always, we welcome your input and suggestions. Just send an email to [Deb Hickey](#).

Bob Marckini

P.S. One interesting footnote on Oliver Wendell Holmes: He had a special love for Mattapoisett, MA, the town in which I live. He used to come here to relax by the ocean at his summer home on Angelica Ave. – my street! Our town honored this great man a few years ago by naming three local cross streets after him: Oliver St., Wendell St. and Holmes St.



- Preventing Infection from Prostate Biopsies
- Will Health Insurers Really Change Their Ways?
- New Drug to Detect Prostate Cancer in Its Earliest Stages
- Members Respond in a Big Way to Proposed Medicare Change
- The Best Exercise?
- The Risks of Eating Small Amounts of Red Meat
- The Surprising Way Friends Affect Your Health
- Prostate the Size of a Grapefruit?



news report

Preventing Infection from Prostate Biopsies

Unfortunately, [up to five percent](#) of patients who undergo transrectal biopsies experience infections, including dangerous sepsis, with up to three percent or more requiring hospitalization. The reason is that the standard antibiotic given to patients prior to biopsy is Ciprofloxacin (Cipro). While Cipro is generally an excellent medication in a class of drugs called quinolone antibiotics, used to prevent and treat bacterial infections, a small percentage of patients have bacteria in their intestines that are quinolone resistant. This means Cipro may not prevent an infection.

A simple and inexpensive culture and sensitivity (C&S) test involves taking a swab of the rectal area and analyzing it for quinolone resistance. If the bacteria in your gut is quinolone resistant, your doctor can prescribe an alternative antibiotic, such as Doxycycline or Bactrim.

Sadly, this simple, low-cost C&S test isn't routinely performed at most institutions, though it's gaining in popularity and use.

Another way of preventing, or at least minimizing, biopsy-caused infections is to combine Cipro with another antibiotic, Ceftriaxone, and add needle washing with isopropyl alcohol. One [study](#) showed this approach reduced the incidence of biopsy-caused sepsis from 3.8 percent to zero.

Another alternative is to have the biopsy done through the perineum (space between scrotum and anus), as this prevents infection from fecal matter getting into the bloodstream. While not commonly done, this technique has been used over the years with much success in controlling infection. Northwell Health published an article in 2018 on a newly developed 15-minute, transperineal biopsy that can be performed in an outpatient setting under local anesthesia, using standard rectal ultrasound.



News Briefs

Eating Before This Time May Reduce Risk of Developing Prostate Cancer

A recent study, published in the *International Journal of Cancer*, found that people who eat dinner before 9 p.m. or wait at least two hours before sleep have an approximate 20 percent lower risk of developing prostate cancer compared to people who eat after 10 p.m. or those who eat and go to bed shortly thereafter. The research identified the same risk reduction for breast cancer.

Breast and prostate cancers are also among those most strongly associated with night-shift work, circadian disruption and alteration of biological rhythms.

Further research is needed to understand the reasons behind these findings, but findings indicate that the timing of sleep affects our capacity to metabolize food.

[Learn more.](#)

Will Health Insurers Really Change Their Ways?

As we continue to learn about efforts to challenge proton therapy insurance denials by groups such as the Proton Therapy Law Coalition, mentioned in [previous BOB Tales](#), the fundamental question is: Will insurers get the message and change their ways? A recent [Law.com article](#) suggests that even when a jury awards a large punitive damages figure against a health insurer, the carrier still may not get the message.

In November 2018, an Oklahoma jury returned a \$25.5 million verdict against Aetna for improperly denying coverage for proton beam therapy, a treatment the company considered experimental. In the largest verdict for bad faith in U.S. history, the jury found that Aetna “recklessly disregarded its duty to deal fairly and act in good faith” and awarded punitive damages. During deliberations, the jury specifically discussed “sending a message” to Aetna and “making a statement” so Aetna would reevaluate how they handle appeals and requests for coverage.

Many large insurance companies, if the state allows them to, carry their own liability insurance for situations like the Aetna litigation. About 20 states don’t allow insurers to carry such liability coverage, but some insurers turn to products sold by offshore insurers that are beyond the reach of state regulators. In other words, many health insurers aren’t directly paying for the punitive damages awarded against them. This undermines the importance and impact of large jury verdicts on effectuating changed insurer practices.

The Reality

What this means is that even the big verdicts, like the ones you hear about in the media, still may not compel corporations to change their ways when they’ve done something egregiously wrong. That’s why groups like the Proton Therapy Law Coalition

New Research Strongly Supports Proton Therapy in Treating Pediatric Cancer

The use of proton therapy in treating pediatric cancer has recently been supported by two studies led by Christine Hill-Kayser, MD, at the Perelman School of Medicine at the University of Pennsylvania. Researchers found that proton therapy not only improves outcomes in children with brain cancer but can decrease the risk of brainstem damage in children with tumors of the central nervous system.

[Learn more.](#)

Proton Therapy Coming to Kansas City

Provision Healthcare recently announced the expansion of the Provision CARES Cancer Network with plans to develop the Provision CARES Cancer Center and Proton Therapy Center in Kansas City, KS. This will be the fourth Provision CARES center in the U.S. This facility will treat approximately 1,000 patients annually.

[Learn more.](#)

were formed. This team of law firms, proton centers and advocacy groups are working diligently to change this reality. The coalition believes that forcing more and more insurers to spend money on litigation in states all over the country will make it harder and more expensive for them to continue denying proton treatment based on pre-determined outcomes and internally-developed practices that place profits over lives.

What Else Can Be Done?

Although large bad faith judgments have a purpose in forcing change, there are other avenues that may have a wider reach on insurers' pocketbooks, such as examining insurer practices in the employee benefit marketplace. EviCore, a third-party benefits management company contracts with big name insurance companies to approve or deny benefits for them. In the last couple of years, eviCore has disappointed cancer patients by denying myriad prior authorization requests and claims for proton therapy. The best way to pressure companies like eviCore, and by extension major insurers like Blue Cross Blue Shield (who now use eviCore), is to challenge the broad, systemic practices that are being used to wrongfully deny health benefits in the employer coverage marketplace.

Because this marketplace is so large and insurance companies compete heavily for employer clients to provide them with their health insurance products, there's more opportunity for legal challenges to make a broad and deep impact on coverage decisions.

ERISA

The most compelling legal vehicle to change the attitudes of insurers on a system-wide basis is an ERISA class action lawsuit. ERISA, which stands for Employee Retirement Income Security Act, has been on the books for 45 years and constitutes the exclusive legal scheme governing employee benefits (health insurance, 401(k), pension, disability insurance, life insurance, etc.).

The University of Kansas Cancer Center also announced plans to install a \$50 million-plus proton therapy machine.

[Learn more.](#)

Scientists Measure Precise Proton Radius to Help Resolve Decade-old Puzzle

Researchers have made a precise measurement of the size of the proton – a crucial step towards solving a mystery that's preoccupied scientists for the past decade. A recent study found a new measurement for the size of the proton at 0.833 femtometers, which is just under one trillionth of a millimeter.

To put this in perspective, your fingernails are slow growing. In fact, they typically grow at the rate of about 3 millimeters a month or about 1/10th of an inch a month. The proton particle diameter is less than one trillionth of a millimeter. So, your fingernail grows a length equivalent to the diameter of a proton particle in about 0.0000014 seconds. That's *much* less than the blink of an eye!

[Learn more.](#)

More so than large jury awards in state court, ERISA provides a mechanism by which to require insurance companies to both reform their plans and to reprocess past wrongfully denied claims. The ability to force insurance companies to look back at all the claims they wrongfully denied and make sure they change their practices in the future is the kind of legal outcome that large bad faith judgments just don't capture. The fight against insurers can't be won with one single strike. Success can only be achieved with a meticulous, collaborative and widespread offensive in federal courts around the nation.

If you have insurance coverage through your employer and are struggling to obtain coverage for proton therapy, or you have in the recent past, it may make sense to get a law firm specializing in ERISA involved.

New Drug to Detect Prostate Cancer in Its Earliest Stages

A team at the Mayo Clinic, led by Dr. Mukesh Pandey, has developed a radioactive tracer used with molecular imaging to identify the early biochemical changes linked to prostate cancer. Researchers are testing the radioactive tracer in the clinic, with the goal of detecting and treating the disease sooner.

A radio chemical element known as Gallium-68 (Ga-68) is used to create the radioactive tracer. The drug illuminates biological changes linked to the disease on a molecular imaging test.

"... While x-rays, CT scans and MRIs provide an anatomical picture of the body, molecular images take a deeper dive into the biological and chemical processes taking place," said Dr. Pandey.

The new radioactive tracer is not limited to screening for prostate cancer. "Going forward, we'll also use Ga-68 to screen for neuroendocrine cancer and other cancers with similar biological characteristics," he said.

[Learn more.](#)



spotlight on members

Members Respond in a Big Way to Proposed Medicare Change

In [last month's issue](#) of *BOB Tales*, we informed readers about the Center for Medicare and Medicaid Services' (CMS) proposed new payment model for radiation oncology services. As we noted in our October newsletter and follow-up email, this mandatory rule would

result in Medicare beneficiaries receiving reimbursement for proton therapy at the same national base rate as all other radiation modalities (including IMRT and brachytherapy). This means, Medicare would no longer cover proton therapy as it has in the past. Rather, it would cover the same amount for proton as it does for any other radiation treatment, *reducing coverage levels by roughly 50 percent*. This would cause monumental problems throughout the proton community in the U.S.

We requested that you contact your congressional leaders by email, snail mail and/or by phone, asking them to pressure CMS to reconsider this new coverage model. Over the next couple of weeks, responses from members poured in. Many of you forwarded to us copies of your letters and emails, thanked us for our efforts, and promised to do all you can to fight this proposed payment model. We're not surprised by your response, and we're very thankful to you, our members, for your time and effort to fight this potentially devastating change in coverage. Below are *snippets* from some of the many emails we received in response to our request. We suggest you grab yourself a snack and settle in ...

To my state congresswoman: Any diagnosis of cancer is a life changer – even prostate cancer, one of the slowest growing and treatable of cancers is a scary thing. I was diagnosed in April 2019 ... After meeting with several urologists, reading countless articles and books, and discussing my condition with many other men who'd undergone various treatments, I decided on proton therapy. I'm now halfway through treatment at California Protons and my prognosis is excellent. Medicare and my supplemental insurance are picking up the cost.

... While prostate cancer, if caught early, is highly treatable, there are common, life changing side effects from most treatments. These include permanent incontinence and sexual dysfunction. For many men, the thought of wearing a diaper and the inability to have sex for the rest of their lives is more frightening than the treatment itself – it certainly was for me.

... The powers that be in the Medicare administration are considering reducing the amount paid for proton treatment to the level currently being reimbursed for photon (X-ray) treatment. If approved, this will devastate the proton community and deprive the American public of the best possible treatment option (and the one with potentially the lowest lifetime cost) as many centers may close and hospitals may need to cut back. High tech costs big bucks.

What would have happened during the development of technologies like the MRI and CT scan if Medicare had taken the position that, "we'll only pay what a traditional X-ray would cost?"

I included the following in my letter to my state congresswoman: Medicare is contemplating a drastic change affecting the world's best cancer treatment. Proton beam therapy must not be grouped in with other, traditional radiation therapies. This radiation method splits an atom and fine tunes its precise target. It's far more accurate, resulting in minimum, if any, damage to adjacent tissue. This technology was developed here in the USA (Loma Linda University Cancer Center). If grouped with other radiation treatments for reimbursement, the reduced compensation will kill this most promising industry and bankrupt those brave pioneers who are leading the world in effective and side effect-sparing cancer treatment on people in need, especially children. Please do what you can to correct this tragedy that could happen at the Center for Medicare and Medicaid Services. I'm a cancer survivor as a result of proton therapy and would be pleased to discuss with you and/or your staff the potential tragic outcome of this proposed change.

FYI: This grateful proton patient, University of Florida Health Proton Therapy Institute class of 2010, is sending letters to my senators and congressmen in South Carolina. Here are some personal remarks from my letter:

I can't help but think of the 20 men in our local support group who've had proton therapy treatment at the University of Florida Proton Therapy Institute. I was one of the first in this group and advised them to consider proton. And we're all doing fine and grateful for our proton treatment.

I also can't help but think of two fine friends who underwent surgery to remove their prostates a few years ago at Johns Hopkins, supposedly the best in the business. Now they they're both having salvage treatment.

I was treated with proton beam radiation at Loma Linda University Cancer Center in 2010 ... My treatment was painless; I had no side effects; my PSA remains low; and I'm cancer free and feeling great. My father had prostate cancer for 20 years and eventually died from complications. My older brother's prostate was surgically removed, and he's had complications for years. I feel very fortunate to have been treated with proton beam radiation and because of it, I live life to the fullest.

I sent out my three letters! By the way, 10 years ago I was treated at the UF Proton Center in Jacksonville. I found it because of you. And I'm running the Boston marathon for my second time in April 2020!

I am a prostate cancer survivor. Ten years ago, I was diagnosed. Six months later, I had the extremely fortunate “coincidence” of being led (divinely, I believe) to proton therapy and I am cured ... A comment made to me by an oncologist while I was undergoing proton therapy at Mass General Hospital stuck with me: He told me that the use of proton therapy to treat childhood optic nerve cancer saves the child’s brain and IQ because there’s no collateral damage to the brain as a result of the controllability of the particle ... Proton centers and equipment are expensive to build and operate, but irreplaceable in terms of medical benefit.

In 2003, I was diagnosed with prostate cancer. I elected to have a radical prostatectomy. That surgery resulted in incontinence and erectile dysfunction. In March 2006, I experienced a recurrence. My doctor recommended IMRT, although he said it could cause fatigue, blood in the urine and rectum, incontinence, and diarrhea.

Instead of following his recommendation, I researched and learned about proton therapy that was delivered at Loma Linda Cancer Center in California. On Memorial Day in 2006, I began my treatment. I had none of the side effects my doctor associated with IMRT, and 13 ½ years later, at age 84, my PSA is low and my health is good.

In my opinion, proton therapy is far superior to surgery or conventional X-ray (IMRT) radiation, especially in its ability to treat cancer without damaging other tissues. I had been advised in 2003 that traditional radiation would cause such scarring of tissues in the vicinity of the treatment that it would be difficult to find a surgeon who would perform surgery thereafter in that vicinity. That may have been true for IMRT, but it’s not true for proton therapy. Since my treatment, I’ve had double hernia surgery and small intestine surgery for removal of a benign lipoma, and there is no evidence of any scarring from proton radiation.

In my letters, I urged my state leaders to consider how this proposed change in Medicare coverage could affect not only us guys over 65, but anyone who may need proton therapy in the future. If proton centers close their doors, and hospitals cut back, that means proton therapy won’t be as accessible to anyone – including children, where it’s been proven to be far superior to other treatments.

If you haven’t contacted your state congressional leaders, please take a few minutes to do so today. **The Alliance for Proton Therapy Access has made this process easier by including a simple [form on their home page](#).** Just fill out the “Message Body” field with your personal note, plug in your address, and click “Submit Message.” Your message will go directly to your state Senator(s) and Congressmen.



flashback

We've been producing BOB Tales newsletters monthly for nearly 19 years. During this time there have been articles that many new members haven't seen, and some older members may have forgotten. So, we periodically rerun articles from past newsletters. This one from July 2005 is titled:

Vigorous Physical Activity Could Slow Progression of Prostate Cancer



One of our members from Germany called our attention to an article referencing a 14-year study published in the *Journal of the American Medical Association* and the *Archives of Internal Medicine* (Vol. 165, no. 9, May 9, 2005). The study showed that men 65 years or older who exercised vigorously, were at lower risk of advanced prostate cancer. The article concluded that although the mechanisms aren't yet understood, these findings suggest that regular vigorous activity

could slow the progression of prostate cancer and might be recommended to reduce mortality from prostate cancer, particularly given the many other documented benefits of exercise.



health

It's Time for Your Flu Shot

According to the Center for Disease Control and Prevention (CDC), young children and adults over 65 are particularly at risk for serious consequences from the flu. The CDC also tells us that the best way to protect yourself and family from the flu is to get a flu shot, which is recommended for everyone ages six months and older.

A new flu vaccine is produced each year because strains of the flu virus are constantly changing. Flu activity typically peaks in January or February. The best time to get your flu shot is early fall according to the CDC. Seniors 65 and older should get the high-dose version of the flu shot, which seems to be in short supply in the U.S. at this writing. Some doctors encourage seniors to have the regular dose flu shot, since the high dose version may not be available for several weeks. You may want to check with your doctor on this.

Flu Shot Trivia: Did you know it takes the U.S. government about six months lead time and 900,000 chicken eggs *per day* to create a seasonal flu vaccine?

[Learn more.](#)

The Best Exercise?

We've long promoted exercise as one of the most important things you can do for your health. Countless articles and studies have shown that exercise can help strengthen your immune system, prevent diseases – including cancers of all types and autoimmune diseases (such as rheumatoid arthritis, inflammatory bowel disease, multiple sclerosis, diabetes). Regular exercise can also help improve sleep, protect you from heart disease and stroke, reduce obesity and high blood pressure, manage stress and back pain and even improve your mood.

So, what's the best exercise you can do? WebMD interviewed some fitness experts on this subject and received a variety of answers, which included walking, interval training, squats, lunges, push-ups and other forms of exercise. But we disagree. We think we may have found something better.

Almost seven years ago, Bob Marckini tore the menisci in both knees – likely from running/jogging over the previous 35 years. He met with a friend who's an orthopedic surgeon and was given two options: 1) surgery, or 2) let it heal on its own, knowing that it would take weeks – maybe months – and his running days would likely be over. Knowing how Bob feels about surgery, you can guess the choice he made.



When Bob asked his orthopedic surgeon friend what exercise he recommended to replace running, without hesitation, he said, “swimming.” Why? “Because it removes impact stress from your body, builds muscle strength, endurance and cardiovascular fitness and provides an all-over body workout as nearly all your muscles are used during swimming.”

So, Bob joined the YMCA and started swimming – just a couple of laps at first, but he rapidly added speed and time. Within a few weeks, he was swimming a mile (36 laps) three times a week. “It takes close to an hour,” Bob says, “but I feel *great* when I finish.” Bob figures that since he started swimming – almost seven years ago – he has swum more than 1,000 miles!

Another doctor friend, who knows Bob's a swimmer, recently sent him a copy of the July 2019 *Harvard Health Letter* with a featured article titled, [“Dive into a swimming regimen.”](#) The article points out that swimming has countless benefits including aerobic activity (for

heart, lungs, cardiovascular health and blood pressure) and strengthening muscles. “It’s a total-body workout,” according to Leigh de Chaves, a physical therapy and clinical supervisor of rehabilitation services at Harvard-affiliated Brigham and Women’s Hospital. In addition, de Chaves notes that swimming helps to relieve joint pain, increases flexibility and helps reduce stress, anxiety and depression.

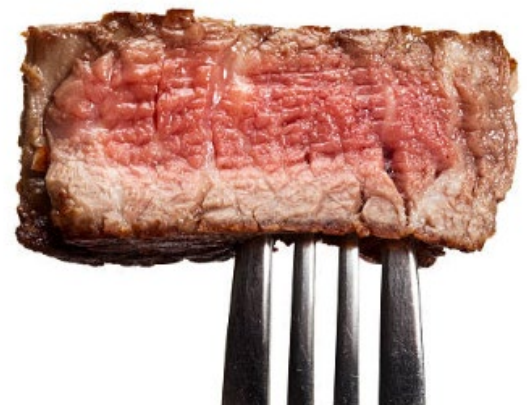
The article points out that swimming may not be right for everyone. You should consider swimming, however, if you’re generally healthy and your doctor says it’s okay. But start slowly; gradually increase your time each week and set goals to increase your speed and time.

So, what’s the best overall exercise? We think it’s swimming.

The Risks of Eating Small Amounts of Red Meat

A recent study by Loma Linda University Health suggests that eating red and processed meats – *even in small amounts* – may increase the risk of death from all causes, especially cardiovascular disease. According to the lead author, this research fills the gap left by previous studies that looked at relatively higher levels of meat consumption.

Researchers wanted to take a closer look at the association of low intakes of red and processed meat with all-cause, cardiovascular diseases, and cancer mortality compared to those who didn’t eat any meat.



The study, “Red and Processed Meat and Mortality in a Low Meat Intake Population” is part of the Adventist Health Study-2 (AHS-2), a prospective cohort study of approximately 96,000 Seventh-day Adventist men and women in the U.S. and Canada.

In previous [BOB Tales](#) we’ve mentioned that Loma Linda, CA, a town with one of the highest concentrations of Seventh-day Adventists, is one of [five places in the world](#) where people tend to stay healthy and live longer than most in other parts of the country.

Researchers evaluated the deaths of more than 7,900 individuals over an 11-year period, and diets were assessed. Of those individuals who consumed meat, 90 percent of them only ate about two ounces or less of red meat per day. Nearly 2,600 of the reported deaths were due to cardiovascular disease, and over 1,800 were cancer deaths. Processed meat — modified to improve flavor through curing, smoking, or salting — wasn’t significantly associated with risk of mortality, but this could be due to a very small proportion of the population who consume this type of meat. However, the total intake of red and processed meat was associated with relatively higher risks of total and cardiovascular disease deaths.

[Learn more.](#)

The Surprising Way Friends Affect Your Health

When you picture your golden years, which people do you imagine growing old with? According to Dan Buettner, *National Geographic* Fellow and best-selling author of [The Blue Zones Solution](#), meaningful, long-term friendships can do more than fend off loneliness – your best friends may help you live longer. Interestingly, Mr. Buettner is also the founder of the [Blue Zones](#) mentioned in the previous abstract. The five places in the world where people live remarkably long lives are:

- Ikaria, Greece
- Barbagia region of Sardinia
- Nicoya Peninsula, Costa Rica
- Loma Linda, California - Seventh-day Adventists
- Okinawa, Japan

So, what do these people do other than lay off the red meat? They apparently all understand the importance of finding and keeping a close-knit group of friends or “tribes.” The Blue Zone of Okinawa, Japan, for example, become members of small groups called “moais” as young children. Each moai consists of five people who often stay together and support each other for life. Even if the members of the moai change over time, they depend on that group for emotional and even financial support during tough times.

Moai tribes also tend to share healthful habits. [Research has shown](#) that spending time with a healthful group of friends and family members – those who eat well, exercise, and don’t smoke – is more likely to make you drop bad habits, or never start them in the first place.

The moai custom is one reason why longevity experts believe that Okinawans have one-fifth the rate of heart disease compared to Americans. They also have drastically lower rates of breast cancer, prostate cancer and dementia.



As we’ve mentioned, Loma Linda, CA is home to one of the highest concentrations of Seventh-day Adventists. Adventists typically adhere to a plant-based, sustainable approach to diet, along with exercise and stress-reduction. They also gather for Friday evening worship to welcome the Sabbath, and on the Saturday

Sabbath, they are often involved in group activities such as nature walks, family-oriented activities, charitable work and fellowship activities with family and friends. These all seem to contribute to Adventist’s longevity.

Learn how to [build your tribe](#), regardless of where you live.



making a difference by giving back

Year-end Giving

It's nearing the end of the year, a time when many of us make gifts to our favorite charities. There are so many worthwhile causes, it's hard to choose which ones to support. For Deb and Bob, it's easy. Loma Linda University Health (LLUH) saved Bob's life and preserved the quality of his life. LLUH pioneered proton therapy 30 years ago at great financial risk, and at a time when protons were only being generated and used in physics laboratories. Today, thanks to their efforts, proton therapy is a proven technology and is growing exponentially with 32 proton centers in the U.S. and 50 more around the world.

Further justification for our financial support is the fact that LLUH is an extraordinary institution treating thousands of patients annually with leading edge medical technology in just about every medical specialty. Their [Vision 2020](#) program is a critically important fundraising campaign that supports just about every facet of their mission.

LLUH has 17,000 employees including 1,000 healthcare providers. They treat 1.5 million outpatients per year, train 4,500 students annually, along with 760 residents and fellows. Vision 2020 supports these efforts along with the new hospital under construction, including the Children's Hospital, pediatric clinics and neonatal clinic. Many of these clinics are off campus in rented space. These functions have been scattered because of rapid growth. Vision 2020 is helping to consolidate these functions under one roof. More space is needed for their world-renowned heart institute and cancer center. Their infusion center needs to be expanded and needs to be near intensive care because so many of the patients treated there are so seriously ill.

On the academic side, the needs are just as great. Loma Linda University (LLU) can house only 400 of their 4500 students in campus residence halls. Because of expanding enrollment, significant upgrades are needed for these facilities, for the undersized university schools and for university libraries.

LLU makes every effort to stabilize tuition rates, maintaining tuition levels at their premier institution in the lower third of rates for private schools. Endowed chairs and scholarship funds allow them to continue to do this. Expanding research space, recruiting and training researchers and funding research projects are also programs supported by Vision 2020.

Donors have been extremely generous in supporting these efforts since the Vision 2020 program was kicked off in 2014. LLUH is hoping to meet or exceed its \$366 million Vision 2020 fund raising goal by the end of this year. You can help!

A few years ago, we determined that 40 percent of our members had made gifts to LLUH, including members who were treated at other proton centers. Gifts from BOB members to LLUH now total about \$13 million, with \$3 million of that directed to the *Robert J. Marckini Endowed Chair for Proton Research*.

At our request, each month the folks at Loma Linda send us a list of BOB members who've made gifts during the previous month. We don't know the amounts, but we know who is making gifts and we feel strongly about contacting these generous people to thank them personally. They all tell us they read and enjoy our newsletter and look forward to it every month.

One last point of interest: LLUH deploys more medical missionaries and healthcare professionals around the world than any other teaching hospital or academic health center in the world. That says a lot about who they are and all the good they do. It's one more reason why Deb and Bob support them and why we hope you will as well.

As you plan your year-end giving please consider making a gift to Vision 2020 or to the *Robert J. Marckini Chair for Proton Therapy Research*. Thank you!

How to Give to Proton Therapy Research

- [Donate online.](#)
- Write a check to LLUCC Proton (Put "Marckini Chair" on the memo line) and mail it to LLUH, Office of Philanthropy, P.O. Box 2000, Loma Linda, CA 92354.
- Call Regina Joseph at 909-558-5010.

How to Give to Vision 2020

- [Donate online.](#)
- Write a check to LLUH Vision 2020 and mail it to LLUH, Office of Philanthropy, P.O. Box 2000, Loma Linda, CA 92354.
- Call 909-651-2020.

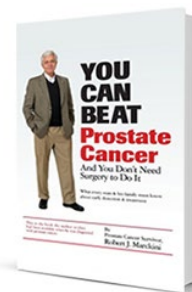


the book

Reader Feedback

Here's an email we received last month:

I passed Bob's book along to a friend of mine who was recently diagnosed with prostate cancer. He was so confused and frustrated with the many treatment options; he was losing sleep over it. I can't tell you how good it felt to be able to help him. I assured him he'd have his answer after reading this book, and I was right. Although he might he told me he'd find a way to be treated with protons. I don't think I could have helped him without Bob's book. What an incredible resource. Thank you, Bob. – BOB Member, Aiken, SC



Recent Amazon Review

We read and appreciate every Amazon review. Here is a great one from July 21. Thank you, Albert, for a helpful and thorough review!



Read this book before you decide on prostate cancer treatment! If you're diagnosed with prostate cancer, the "good news" is that you may have several options for treatment, and surgery is often not required. Take the time to find a highly recommended doctor who will go over all the treatment options. That's what Bob's book is all about. One treatment that too many are not aware of is proton therapy, a very precise form of radiation. I read this book when I was going through prostate cancer, and it helped save me from the possible side effects of unnecessary surgery. While it may not be appropriate for every case, after having proton therapy, I'm five years cancer-free. I highly recommend you read this if you're diagnosed with prostate cancer, before deciding a course of treatment.

[Click here to write a review of Bob's book.](#)

Buy Bob's book online, in bulk, or in Spanish:

Online: [Paperback](#): \$19.00 • [Kindle](#): \$7.99 • [NOOK Book](#): \$9.99 • [Apple iBook](#): \$9.99

In Bulk: [Contact us](#) for a bulk purchase discount price list.

In Spanish: Buy the [print](#) version or in [eBook](#) format.



odds & ends

World's Largest Prostate

We're told that a "normal" prostate is about the size of a walnut—a little over an inch in diameter, weighing about 25 grams (or 0.055 lbs). Dr. Keith Roach, in his syndicated newspaper column, recently wrote that four percent of men have prostates over 100 grams (roughly ¼ pound). We have one member who told us his prostate was 180 grams (almost ½ pound).

But hold on—there are larger prostates. According to the Guinness Book of World Records, the largest prostate gland removed from a human was 2,410 grams; That's the size of a grapefruit and it weighs more than five pounds!

Keyless Car Entry Not Secure

Researchers from General German Auto Club, the world's largest automobile club, tried an experiment and managed to start and drive away in models with keyless entry from 24 different brands. "The radio connection between keys and car can easily be extended over several hundred meters, regardless of whether the original key is, for example at home or in the pocket of the owner," read the study. Thieves need nothing more than a \$17 amplification device and a small loop antenna to steal key information and then your car.

Half the cars sold in the U.S. have keyless entry as a standard feature. Those that are vulnerable, according to the study include: Audi A3, A4, A6, Honda HR-v, Hyundai Santa Fe, Kia Optima, Lexus RX 450h, Range Rover Evoque, Mazda CX-5, Mini Cooper Clubman, Mitsubishi Outlander, Nissan Leaf, Toyota RAV4 and Volkswagen Golf.

How can you prevent this from happening? Purchase a small [Faraday bag](#) for about \$7.00 and keep your key there.

[Learn more.](#)

Where Has All the Water Gone?

Severe droughts in California have caused residents to be more aware of their "water footprint," which is the amount of fresh water used in the household, plus the amount used for the goods and services consumed every day.

Most people think the major contributors to water usage are such things as washing clothes and dishes, cooking, and bathing. But the biggest contributor to our water footprint is our diet.

Most households in the U.S. use about 98 gallons of water a day according to a U.S. Geological Survey. Another 44 gallons a day are used for the industrial goods we buy – paper, cotton, clothes, etc. However, it takes more than 1,000 gallons of water to produce the food and drink one person consumes each day. Here are some examples:

- One cup of orange juice requires 53 gallons of water.
- One hamburger requires 660 gallons, mostly for producing beef (irrigation of grains, grasses in feed, plus water for drinking and processing).
- One slice of bread = 11 gallons, mostly for producing wheat.
- A pound of chicken or pork requires 468 and 576 gallons, respectively.
- One egg: 53 gallons of water
- One gallon of milk: 880 gallons

[Learn more.](#)

Estate Planning Hints

BOB Member Ron Hendricks is Director, U.S. Foundation for Trinity Western University. He regularly copies us on his “News from Ron” mailings, which are helpful hints on estate planning to the readers of his newsletters. We have found Ron’s suggestions to be timely and beneficial. With his permission we periodically share some of his wisdom with our membership. This segment is called ...

Distribution

You or someone you love may be required to take a required minimum distribution (RMD) from their individual retirement account (IRA) this year. The penalty for *not* doing so is now 50 percent! Any distribution from your IRA to you is taxed at your income tax rate.

If you don’t need all the income that you’re required to take, you’re allowed to direct part or all of it to your favorite church and charities without paying any tax at all. The method for doing so is as follows: Simply contact your IRA administrator and ask them to send the funds directly to your charities. This is called an “IRA Rollover.”

The IRS has simplified the process to the following; you must be 70 ½ or older and you may direct up to \$100,000 per year divided among as many charities as you like.

IRA rollover gifts may be made to public charities. In most cases, IRA rollover gifts will be a transfer from a regular to a public charity for the general purposes of that charity. However, it is permissible to make a transfer to a field of interest fund or for a qualified charitable purpose. For example, a transfer from an IRA owner age 71 to a college or university for a particular scholarship fund is permitted. Similarly, a transfer to a relief organization for a specific disaster relief fund is also acceptable.



on the lighter side

Last Month’s Brain Teaser

What one word can be added to the ends of the following words to form new words: a, for, in, on, out, to, up?

Answer: ward

Winner: Paula Shiveley of South Jordan, UT is our October brain teaser winner! Paula may be our first-ever BOB spouse to win the brain teaser contest as well. Congratulations, Paula!

Paula’s husband, Bob, was treated for his prostate cancer with proton therapy at LLUCC in 2003. Today, at age 87, she tells us he’s doing very well. “His proton treatment was a very

good experience for both of us,” she said. “It was also a fluke that he sought treatment at LLUCC.” Bob was diagnosed in late 2002, and it was a big shock, according to Paula. After doing a bit of research, they were still confused by the many treatment options available. They had a friend who had just undergone brachytherapy. He convinced Bob it was the way to go. So, Bob sent his medical records to his friend’s doctor and was accepted for treatment shortly thereafter.



Bob and Paula Shiveley

At the time, Paula and Bob were in their motorhome heading back to Utah from Temecula, CA. At the last minute, they decided to “stop by and check out the program at Loma Linda University Cancer Center to get another view on treatment.” They were both familiar with the facility because they’d both been raised in Southern California. “We knew of their reputation,” Paula said. “And then all it took was one tour through the facility and we were convinced that proton therapy was the best option for Bob.” So, they canceled Bob’s appointment for brachytherapy.

Bob has since convinced their next-door neighbor to have proton therapy. “We explain the advantages of proton therapy to everybody and anybody who will listen,” Paula said. “By the way, this neighbor confiscated our only copy of *You Can Beat Prostate Cancer*, so I’m glad we’ll be getting another one.”

“We love reading your BOB newsletter,” Paula said. “We forward it to our six sons/sons-in-law and their spouses each month. Just wait until they read that their “aged” mother has won the prize! Now I’ll will know which ones read the newsletter and which ones hit the delete button!”

New Brain Teaser

Gaze at this sentence for just about sixty seconds and then explain what makes it quite different from the average sentence.

Send your answer to DHickey@protonbob.com for a chance to win a signed copy of Bob Marckini’s book, *You Can Beat Prostate Cancer*.

One Tough Golfer

A man and his wife walked into a dentist's office. The man said to the dentist, "Doctor, I'm in one heck of a hurry! I have two buddies sitting in my car waiting for us to play golf. So, forget about the anesthetic and just pull the tooth and be done with it. I don't have time to wait for the anesthetic to work!"

The dentist thought, *Wow! This sure is a strong man, asking me to pull his tooth without using anything to kill the pain.* So, the dentist asked, "Which tooth is it, sir?"

The man turned to his wife and said, "Open your mouth, honey, and show the doctor which tooth hurts."

The Perfect Husband

Several men are in the locker room of a golf club. A cell phone on a bench rings and a man engages the hands-free speaker function and begins to talk. Everyone else in the room stops to listen.

Man: "Hello?"

Woman: "Honey, it's me. Are you at the club?"

Man: "Yes."

Woman: "I'm at the mall now and found this beautiful leather coat. It's only \$2,000. Is it okay if I buy it?"

Man: "Sure – go ahead if you like it that much."

Woman: "I also stopped by the Mercedes dealership and saw the new 2019 models. I saw one I really liked."

Man: "How much?"

Woman: "\$92,000"

Man: "Okay, but for that price I want it with all the options."

Woman: "Great! Oh, and one more thing – the house we wanted last year is back on the market. They're asking \$1.4 million"

Man: "Well, then go ahead and give them an offer, but just offer \$1.35 million."

Woman: "Okay. I'll see you later. I love you."

Man: "Bye! I love you, too."

The man hangs up. The other men in the locker room are looking at him in astonishment. Then he asks: "Anyone know whose phone this is?"

Putting Things Off

“I’m taking care of my procrastination issues. Just you wait and see.” – Humor section of a psychology magazine

No Internet?

“What did our parents do when they were bored with no Internet? I asked my 18 brothers and sisters and they didn’t know either.” – Unknown

Quote of the Month:

“Always go to other people’s funerals; otherwise they won’t go to yours.” – Yogi Berra-isms



final thought

Angels at the Post Office (True Story)

Our 14-year-old dog, Abbey, died last month. The day after she died, my 4-year-old daughter, Meredith, was crying and talking about how much she missed Abbey. She asked if we could write a letter to God so that when Abbey got to heaven, God would recognize her. I told her that I thought we could, so she dictated these words:

Dear God,

Will you please take care of my dog? She died yesterday and is with you in heaven. I miss her very much. I am happy that you let me have her as my dog even though she got sick.

I hope you will play with her. She likes to play with balls and to swim. I am sending a picture of her so when you see her You will know that she is my dog. I really miss her.

Love, Meredith

We put the letter in an envelope with a picture of Abbey and Meredith and addressed it to God/heaven. We put our return address on it. That afternoon we dropped it into the letter box at the post office. A few days later, Meredith asked if God had gotten the letter yet. I told her that I thought He had.

Yesterday, there was a package wrapped in gold paper on our front porch addressed, “To Meredith,” in an unfamiliar hand. Inside was a book by Mr. Rogers called, “When a Pet Dies,” taped to the inside front cover was the letter we’d written to God in its opened envelope. On the opposite page was the picture of Abbey and Meredith and this note:

Dear Meredith,

Abbey arrived safely in heaven. Having the picture was a big help; I recognized her right away. Abbey isn’t sick anymore; Her spirit is here with me just like it stays in your heart. Abbey loved being your dog. Since we don’t need our bodies in heaven, I don’t have any pockets to keep your picture in, so I’m sending it back to you in this book.

Thank you for the beautiful letter and thank your mother for helping you write and send it to me. What a wonderful mother you have. I send my blessings every day and remember that I love you very much. By the way, I’m easy to find – I’m wherever there is love.

Love, God

This is a true story, verified by snopes.com.

Low PSAs to all,

Bob Marckini and Deb Hickey