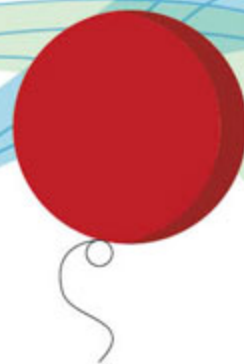


BOB tales

Brotherhood of the Balloon Member Newsletter | November 2020



“Your greatness is not what you have,
it’s what you give.” – Unknown

Dear Members (a note from Deb Hickey):

I think he asked me six times. Maybe seven. But my answer was always, “Let me think about it,” and I’d procrastinate for another year.

I was director of marketing for a search engine marketing company outside of Boston. I’d been there a little over 11 years. I liked the company; I enjoyed what I was doing; and I was comfortable in my job.

As the company had grown, however, the atmosphere was changing – from spontaneous, creative, and fun to monotonous and stressful. Still, I felt secure. And secure was good – because my husband Mark and I had just moved to the suburbs and were planning to adopt a baby.

A few months after we’d settled in, my boss informed me the company was moving from our cozy little office space close to our home, to Boston – the John Hancock Tower, to be exact. I remember cringing at the thought of driving on the Mass Pike every day. *Tolls ... traffic.* And driving *in* the city – one-way narrow streets, potholes ... not to mention Boston is the home of slalom driving and unused turn signals. Who’s going to pay for my car’s body work when I have my first near-death collision?

So, shortly after, when he asked me for the eighth time, I bit my lip and pondered the possibilities.

My father had been running his group, the “Brotherhood of the Balloon” for about 10 years. He worked hard. And he was passionate. He often talked excitedly about the people he engaged with – his friends at the Loma Linda University Cancer Center and many men who’d chosen the same treatment he did – proton therapy – for prostate cancer. He spoke longingly about his many trips out west and the events he attended. He spent many late nights on the phone with newly diagnosed men who lived across the country – sometimes across the world – but he never seemed to mind.

My parents' house was decorated with post-its when my father was writing his first book. They contained lots of exclamation points and underlines. It seemed he was always fervently writing a new one and plopping it in any empty space he could find (my poor mother). When he wasn't working on his book, he was writing a newsletter that looked more like a short book than a monthly wrap-up. He was *always* on his computer.

"What do you say, Deb?" It was as if he had radar. It was the morning after I'd spoken with my boss about the move to Boston. "You can help me with the website ... rework this membership database ... edit content and add some images ... maybe launch a social media campaign ... format this newsletter for me. Wouldn't it be great to work with your old man every day?"

The time was finally right. I left my job and dove headfirst into the world of proton therapy and this group called "The BOB." I made fast friends with the folks at Loma Linda – the first hospital-based proton treatment center and the people who encouraged the BOB's growth – and made arrangements to fly out to California to attend an Advisory Council meeting and tour the facility.

I remember a beautiful, sunny morning as I looked up at the huge cross, high on the tower over the main entrance to the hospital. It was just as my dad had described it. I immediately felt teary. This was the place that had saved my father's life and given him a new purpose.

As I entered the facility, I was impressed by the sparkling cleanliness of the space and the genuine warmth of the people who greeted me. Minutes later, I was in awe as I walked into a patient treatment room and blown away when I was led down three flights of stairs to the giant gantries, the proton particle accelerator and control room.

This place – these people – would soon feel like home. I had the honor of meeting Dr. James Slater – the pioneer of proton therapy and probably the most unpretentious person I've ever shaken hands with, and his son, Dr. Jerry Slater, who was proudly chairing the department of radiation medicine. I also met Dr. Lynn Martell. He was a living angel – the most sincere and spiritual person I'd ever met – and with the brightest smile. Lynn was the catalyst when it came time to supercharge this "ministry" of former patients advocating for proton therapy. Without Lynn, the BOB probably would not exist, and thousands and thousands of men – our members – may not have found their way to proton therapy.

In September, the James M. Slater, MD, Proton Treatment & Research Center at Loma Linda University Cancer Center celebrated its [30th anniversary](#). I couldn't be prouder to be a small part of their world – to be part of the growing proton therapy movement. Due to Dr. James Slater's vision and the people at Loma Linda, there are 37 operational proton centers in the U.S. and more than 85 around the world. More facilities are planned and under development and hundreds of thousands of cancer patients' lives will be saved and the quality of their lives spared because of Loma Linda.

As I look back nearly ten years ago, I feel like taking that chance with my dad was God stepping in to say, “Hey. I have something extraordinary planned for both of you.” And for that, I am so grateful. What an intoxicating thought as we move into November, the month of Thanksgiving.

This month, we update you on the long-awaited Radiation Oncology Alternative Payment Model released by the Centers for Medicare and Medicaid Services. This was the proposal that would establish a new bundled-payment model for radiation oncology practices. If enacted, it would cut reimbursement for proton therapy to a rate that doesn’t cover the cost of treatment. Because of this, months ago we asked our members to send emails, letters, and make phone calls protesting the proposed model. Unfortunately, the final rule isn’t what we expected or wanted.

On a brighter note, a new study shows the overall survival benefit of proton therapy is significant compared to photon-based therapy in patients with localized prostate cancer. Find out which two spices hold real potential for the treatment and prevention of prostate cancer. Learn how sleep disorders are linked to prostate cancer. Read about the different types of testing available for COVID-19. We also hope you’ll enjoy our “Giving Back” story this month – it’s about one of our members, a retired U.S. Naval Officer, who’s experienced two devastating life events – his prostate cancer diagnosis and living through the deadliest and most destructive wildfire in California’s history. Yet, he spends most of his time doing things for others.

We hope you enjoy this issue of *BOB Tales* and as always, we welcome and encourage your feedback. Please send an email to DHickey@protonbob.com.

Deb Hickey

Keep scrolling to read the entire November issue of *BOB Tales* ...



- New CMS Reimbursement Policy Threatens Proton Therapy
- Proton Therapy Shows “Significant Overall Survival Benefit” Compared with Photon-based Therapy
- Turmeric and Capsaicin May Help Fight Prostate Cancer
- COVID-19: Differences in Testing
- Sleep Disorders and Prostate Cancer



news report

New CMS Reimbursement Policy Threatens Proton Therapy

In September 2019, the Centers for Medicare and Medicaid Services (CMS) proposed a new payment model for radiation oncology services. The mandatory model for those on Medicare would result in beneficiaries receiving reimbursement for proton therapy at the same national base rate as all other radiation modalities (e.g. IMRT, brachytherapy). The proposed change would mean that Medicare would no longer cover proton therapy as it had in the past. Rather, it would cover the same amount for proton as it would for any other radiation treatment, reducing coverage levels significantly.

In October 2019, we asked you, our members, to contact your congressional leaders with emails, letters, and/or phone calls to urge them to reconsider the proposed model. Concurrently, the National Association for Proton Therapy (NAPT), the proton centers, technology partners, and advocacy groups outlined their objections and concerns to CMS and provided recommendations on how to ensure the new payment model wouldn't limit access to proton therapy for cancer patients. NAPT executive director, Jennifer Maggiore, also traveled to Washington, D.C. to lobby against the proposed model.

On Sept. 18, 2020, CMS released the much-anticipated Radiation Oncology Alternative Payment Model Final Rule (RO APM Model). Despite our efforts, the result is not good. We asked Jennifer to summarize the RO Model for our members and she provided the following information.

The RO APM Final Rule

The RO APM Model shifts payment for radiation oncology reimbursement from a fee-for-service model

news briefs

Breast Cancer Drug Set to Transform Treatment for Advanced Prostate Cancer

The conclusion of a major trial has found a drug used to treat breast and ovarian cancers can extend the lives of patients with advanced prostate cancer. Olaparib is the first cancer drug to target an inherited genetic fault and can be used successfully to treat prostate cancers with a weakness in the ability to repair damaged DNA.

Some recommend Olaparib be a new standard treatment offered to patients, as it proved to be more effective than modern hormone treatments at slowing down the growth and spread of prostate cancer in patients with advanced disease.

The FDA has already approved Olaparib to treat prostate cancer in the U.S.

[Learn more.](#)

(the most traditional healthcare payment model where providers are paid for each service) to a value-based bundled payment (covers all the care a patient receives during treatment for a specific illness, condition or medical event).

Participation is mandatory for 30 percent (12) of proton centers selected randomly by zip code. This means, at these centers proton therapy will be paid by Medicare at the same rate as other radiation treatment modalities, most of which are significantly less expensive. As you may surmise, this payment structure jeopardizes patient access to proton therapy by potentially limiting the development of new centers and placing existing proton centers in a financially fragile position.

CMS' Reasoning

According to CMS, the RO APM Model was created to “promote quality and financial accountability” for providers and suppliers of radiotherapy services.

With the final model design, CMS is seeking to test whether making prospective episode payments to hospital outpatient departments, freestanding radiation therapy centers, and physician group practices for radiation therapy episodes of care preserves or enhances the quality of care furnished to Medicare beneficiaries while reducing Medicare program spending through enhanced financial accountability for RO APM Model participants.

New Product May Help Facilitate PSMA PET/CT FDA Approval

When prostate cancer recurs, doctors conduct several tests to determine the location of the lesions in order to decide on the best treatment. One of the most promising and precise tests for detecting small cancerous lesions throughout the body is the Gallium-68 PSMA PET/CT scan. The test is being conducted in several locations, but it's not yet FDA approved. This means it's not covered by insurance and patients typically pay out-of-pocket.

Recently, a new drug application for a radiopharmaceutical cold kit for the preparation of the Ga-68-PSMA-11 injection was developed by Telix Pharmaceuticals in Australia. Tests are being conducted at several major academic centers and Telix is engaged with the FDA on this submission. Hopefully, this will lead to FDA approval of this important prostate cancer tool.

[Learn more.](#)

BOB Comment: We're not sure how this model creates quality. Rather, it seems it's a way for Medicare to save money. In fact, CMS estimates that with the modifications to the RO Model between the proposed and final rule, the expected savings are \$230 million.

The model was set to go into effect on Jan. 1, 2021. However, the timeline was untenable for cancer centers in the midst of managing essential care for vulnerable patients during the pandemic.

So, NAPT joined the American Society for Radiation Oncology (ASTRO) and other major stakeholders in urging CMS and Congress to delay the start date and make reforms to alleviate the reduction in reimbursement to our health systems caring for cancer patients.

Just last week, CMS announced they intend to delay implementing the new rule until July 2021. This gives NAPT and their partners time to understand the details and gives the proton community more time to advocate for regulations that ensure greater access to proton therapy.

We'll keep you updated as things progress.

Proton Therapy Shows 'Significant Overall Survival Benefit' Compared with Photon-based Therapy

Researchers recently examined overall survival following proton therapy compared with external beam radiation therapy (EBRT) and brachytherapy (BT) in patients with localized prostate cancer.

Roughly 280,000 men were included in the study. About 5,000 had proton therapy; almost 160,000 had photon-based therapy (such as IMRT), and roughly 114,000 had brachytherapy (radioactive seed implants). Median follow-up with patients in the study was 6.7 years.

Researchers reported that, "compared to proton therapy, men had worse overall survival after EBRT. And, "after propensity score matching, the overall survival benefit of proton beam therapy remained significant compared to EBRT." The overall survival benefit was most prominent in men aged 65 and younger according to the study.

Researchers Collaborate on Groundbreaking Facility to Transform Proton Therapy

A team of UK scientists, biologists, physicists, and other specialists recently unveiled designs for a pioneering radiobiology facility and a laser-hybrid accelerator for radiobiological applications (LhARA).

The team will examine how radiation from a proton beam interacts with biological matter when it's used to kill cancer cells by using high-power lasers.

The facility will also test new machines to deliver faster and more effective radiotherapy to patients.

[Learn more.](#)

First Patients Treated with Proton Therapy in Belgium

The Particle Therapy Interuniversity Centre Leuven in Belgium has started treating patients – the first patients to receive proton beam therapy in the European country.

[Learn more.](#)

The study conclusion: “In this national data set, PBT (proton beam therapy) was associated with a significant OS (overall survival) benefit compared to EBRT, and with outcomes similar to BT. These results remain to be validated by ongoing prospective trials.”

[Learn more.](#)

BOB Comment: Additionally, we feel the expected benefits related to quality-of-life after proton therapy make the treatment decision easier for the patient.



flashback

We’ve been producing BOB Tales newsletters monthly for 20 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 re-run articles from past newsletters. This one is from April 2006.

Turmeric and Capsaicin May Help Fight Prostate Cancer

Compounds in Turmeric and Certain Vegetables May be Effective Against Prostate Cancer (*NewsRx.com*):

Researchers have found that the curry spice turmeric holds real potential for the treatment and prevention of prostate cancer, particularly when combined with certain vegetables. The scientists tested turmeric, also known as curcumin, along with phenethyl isothiocyanate (PEITC), a naturally occurring substance particularly abundant in a group of vegetables that includes watercress, cabbage, winter cress, broccoli, Brussels sprouts, kale, cauliflower, kohlrabi, and turnips.

Red Hot Chili Peppers for Prostate Cancer? (*HealthDay News*) Capsaicin, the component that gives jalapeno peppers their heat, may also kill prostate cancer cells, a new



study suggests. Initial experiments in cancer cells and mice show that capsaicin causes prostate cancer cells to undergo a kind of suicide (called, “apoptosis”). Researchers speculate that, in the future, pills containing capsaicin might be used as therapy to prevent prostate cancer’s return. According to their report, capsaicin caused almost 80 percent of prostate cancer cells in the mice to die. In addition, prostate cancer tumors treated with capsaicin were about one-fifth the size of tumors in untreated mice. “Capsaicin inhibits the growth of human prostate cancer cell in petri dishes and mice,” said lead researcher Dr. H. Phillip Koeffler, director of hematology and oncology at Cedars-Sinai Medical Center and a professor of medicine at the University of California, Los Angeles. Based on the findings, Koeffler believes the next step is a trial to see if it works in patients with prostate cancer. The report appears in the March 15 issue of *Cancer Research*.

Capsaicin probably has several effects, Koeffler said. Most noticeable is its effect in blocking NF-kappa Beta, a molecular mechanism that promotes cancer cell growth. In addition, capsaicin also was effective against leukemia, and might be effective in slowing or preventing the growth of other cancers as well, he added. But it’s still too early to reach for the chili sauce, Koeffler said. “I am not recommending that people increase their consumption of peppers,” he said. “Our calculation is that you would have to eat 10 habanero peppers three times a week, which would be equivalent to the amount of capsaicin we gave to the mice.”

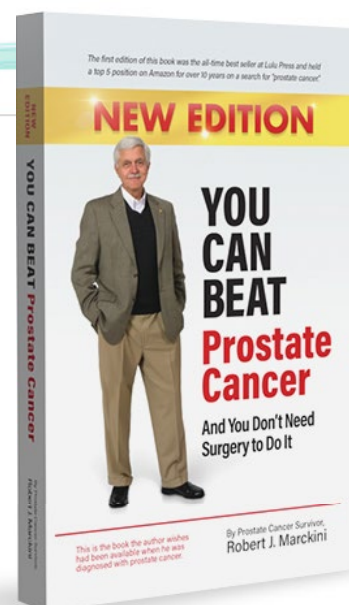
BOB Comment (Nov. 2020): More recent articles and studies have supported some of the claims made above on the benefits of [turmeric](#) and [capsaicin](#) for slowing the progression of prostate cancer.



the book

You Can Beat Prostate Cancer: And You Don’t Need Surgery to Do It – Second Edition

As of this writing, the new edition of Bob’s book is still in the No. 1 position on a search for “prostate cancer” on Amazon. All 38 reviews are 5-star and readers have told us via emails and phone calls that the book has changed their lives, and certainly has influenced their treatment decisions.



Several prominent physicians and business professionals have endorsed the book. Their comments are at the beginning of this new edition. Following is an endorsement by **Carl J. Rossi MD, Medical Director, California Protons:**

As is true of many adult and pediatric cancers, there are (fortunately!) many options when it comes to treating prostate cancer, and in my clinical experience, I routinely find that the most difficult decision patients face is which one to choose. Beginning with the publication of his first edition of “You Can Beat Prostate Cancer,” and even more so with his update, Bob Marckini provides a readable, factual guide for patients and their loved ones who are faced with this daunting but curable diagnosis, written in a style that is blessedly free of the jargon and acronyms that so often dominates medical literature. It’s an excellent resource, which I recommend unequivocally.

Your Thoughts?

Reviews on Amazon help newly diagnosed men and their family members access Bob’s book. We also *love* reading them. So, if you’ve read the new edition and found it valuable in any way, please [post a review](#) and rate the book from one to five stars.

Reminders!

The book provides a step-by-step guide for taking control of a prostate cancer diagnosis and treatment. It also provides an explanation of the latest in proton therapy and diagnostic technology and explains the pros and cons of all major treatment options – all in laymen’s language.

We’re happy to discount books in quantity (min. 20) to anyone interested in spreading the word on proton therapy. Just send an email to DHickey@protonbob.com. Proceeds from book sales are used to help fund our efforts and to support proton therapy research.

Please note: The Kindle version is free to Kindle Unlimited members or can be purchased for \$9.99 for non-members. The paperback price is \$22.45

Buy *You Can Beat Prostate Cancer* second edition on [Amazon](#) or [Lulu Press](#)





COVID-19: Differences in Testing

What types of diagnostic tests are available?

There are two types of [COVID-19 diagnostic tests](#) – molecular and antigen – and one type of antibody test.

Molecular (PCR) Test: The molecular test detects genetic material from the virus using a lab technique called polymerase chain reaction (PCR). Fluid from a nasal or throat swab is collected and analyzed in a lab. Results can be as short as a few minutes (on-site lab) or up to a week (remote lab). Generally, this test is highly accurate, but can't determine if you were infected with the coronavirus in the past.

Antigen Test: This is a rapid diagnostic test and is performed on a nasal or throat swab. It detects specific proteins on the surface of the virus. Results are typically reported within one hour. Although negative tests may have to be confirmed with a molecular test, positive tests are generally quite accurate, though not as accurate as a PCR test.

Antibody Test: This test, also called a serology test, is *not* used to identify an active infection. It's used to determine if you've been infected by coronavirus in the past. The test is performed on a blood sample from a finger stick or blood draw. Results can be obtained from same day up to three days. A second antibody test is sometimes needed to confirm a positive result.

What's the value of an asymptomatic person getting tested for 1) active disease or 2) antibodies?

This question was asked of Dr. Keith Roach, associate professor of clinical medicine at Weill Medical College of Cornell University and associate attending physician at New York Presbyterian Hospital. Dr. Roach is also board certified in internal medicine. Dr. Roach also has a deep interest in disease prevention and geriatric health care. His answer was published in his syndicated newspaper column on Sept. 19, 2020:

There's really no reason to be checking for the virus unless you have a compelling reason to get a medical procedure or travel or could otherwise potentially expose others. In that case, a positive test would allow you to take stricter precautions.

Positive antibodies are necessary if you are enrolling in a study on the value of convalescent serum. Otherwise, it is mostly to satisfy curiosity about whether you were infected in the past or not. It remains unclear whether antibodies are needed for immunity; whether they confer immunity or not; and how long-lasting any immunity might be. Until these are known, getting antibody testing remains not very helpful.

Sleep Disorders and Prostate Cancer



Some studies have shown that men with sleep disorders, such as insomnia, nightmares, sleepwalking, circadian rhythm disorders, and sleep apnea, are at higher risk of being diagnosed with prostate cancer.

In a recent [Taiwanese study](#), researchers analyzed health records of more than 80,000 men. Half of the men had been diagnosed with a sleep disorder between 2000 and 2010.

The average age of the subjects in the study was 48. In patients 65 and older, those with a sleep disorder had a “1.35-fold increased risk of prostate cancer” compared to those who slept soundly. The overall incidence of prostate cancer for all ages was 51 percent greater in those who had a sleep disorder compared with those who did not.

Though this study is useful, it doesn’t illustrate the direct cause of the prostate cancer diagnosis in these men. It’s unlikely that the sleep disorder itself is causing cancer, but it might contribute in some way.

The researchers adjusted their findings for age, other diseases, medications, and occupation types, but differences in smoking and alcohol consumption weren’t measured. It’s important to consider that men with these habits are at a higher risk for disease and may also have other unhealthful habits that increase cancer risk.

Despite these limitations, this is a large study showing a distinctly higher rate of prostate cancer for men diagnosed with sleep disorders. This could be useful information for identifying men who should consider PSA testing for early detection of prostate cancer.

[Learn more.](#)



events

Active Surveillance & Beyond: Free Webinars

The [Answer Cancer Foundation](#) and [Us Too International](#) are hosting a series of webinars called *Active Surveillance & Beyond*. The series of educational presentations, which includes four webinars, is aimed at men on or considering active surveillance (AS) for low- and intermediate-risk prostate cancer and will provide decision-making information and personal interactions.

Recorded Webinars

- Dr. Peter Carroll, one of the pioneers of the AS approach, kicked off the series on July 30. [Register here](#) to watch a recording of his presentation, “The Past, Present, and Future of Active Surveillance.”
- Dr. Brian Helfand, Division Chief of Urology, NorthShore University HealthSystem, Glenview, IL, spoke about genomic and genetic testing for AS decision-making in the second webinar in this series. [Register here](#) to watch a recording of his presentation.

Upcoming Webinars

- **November 30 – Dr. Antonio Westphalen**, Chief of Abdominal Imaging Section, University of Washington, will speak about the value of mpMRI in monitoring men on AS. [Register to attend.](#)
- **December 30 – Dr. Jonathan Epstein**, Chairman of Urological Pathology, The Johns Hopkins Medical Institutions, will speak about critical issues of grading prostate cancer for patients considering AS. [Register to attend.](#)

Contact Joe@ancan.org for information.



making a difference by giving back

From Ashes to Alms

BOB member Alfred “Fred” Spruell is a former U.S. Naval Officer. He served more than 31 years in the Navy, commanding three destroyers, and a large shore command. The Navy sent him for further education at the Navy Postgraduate School in Monterey, where he received an MS in Computer Science, and subsequently served at NATO in Belgium as Fleet Technical Director in Hawaii on the staff of the commander, U. S. Pacific Fleet, and finally, as Commander of the Naval Data Automation Center in San Francisco.

The Diagnosis

Fred was diagnosed with an enlarged prostate in 1988, at the age of 58, and experienced frequent bouts of prostatitis and other urinary difficulties. These issues lasted for 16 years. He’d had several biopsies over the years, but all were negative until 2004 when he was diagnosed with prostate cancer. “Lucky” for Fred, he was an Adventist and had heard about proton therapy at Loma Linda University Health in 1992. “I decided back then, if I were ever diagnosed with prostate cancer, I’d go to Loma Linda for proton treatment,” Fred told us.

Fred's Proton 'Vacation'

Fred was treated at LLUCC in 2004 at age 68. During that time he played golf “every day of my treatment and never had one moment of difficulty.” He and his wife thoroughly enjoyed their “proton vacation.” Since then, Fred has been extremely active with a “wonderfully vibrant life.” Sadly, his wife passed in 2013. Fred remarried in 2015.

The Deadly 'Camp Fire'

On Nov. 8, 2018, Fred and his wife Gwen were awakened by a phone call from their daughter-in-law at 8 am. She asked if they were evacuating. “Why?” Fred asked, alarmed. She said there was a [massive wildfire](#) in the area.

“We quickly dressed; threw our three dogs in the car; and were gone by 8:32 wearing the clothes on our backs and bringing nothing else,” Fred said. “As I looked in the rearview mirror, I saw embers raining down around our house.”

The “Camp Fire” named after Camp Creek Road, its place of origin, was the deadliest and most destructive wildfire in California history and the most expensive natural disaster in the world in terms of insured losses. It caused at least 85 civilian fatalities. It covered an area of 153,336 acres and destroyed 18,804 structures, including Fred's house and many others in his hometown of Paradise.

'Love Paradise' and Protons

Shortly after Fred was treated with proton therapy, he'd made a commitment to “give back” to the institution – Loma Linda University Cancer Center – that saved his life and preserved the quality of his life. And he's been doing just that ... almost monthly for more than 15 years. “I'm thankful,” Fred said. “I also appreciate all the work the BOB does, including the *BOB Tales* newsletter, which is a tremendous tool.” Fred forwards the newsletter regularly to several urologists and radiation oncologists.

Fred helps the proton movement in other ways, too. He's presented to several community groups on the benefits of proton therapy for prostate cancer. “I was a Director for the Coronary Health Improvement Program (CHIP) in Paradise from 2002 until 2014. After my treatment ended, I presented a slide show to over 800 graduates of the program during that time frame,” Fred said. “A number of the male graduates of CHIP subsequently had proton treatment.” Fred also presented to local cancer support groups as well as Rotary and several other community groups. He told us about 15 men have had proton therapy at LLUCC as a result of his presentations. “Proton therapy is, without any doubt, the absolute best treatment for prostate cancer, in my opinion,” Fred said.

Fred, now 84, is charitable in other ways, too. In addition to monetary giving to “a few places I feel strongly connected to” Fred has begun “rebuilding” his community after the devastating wildfire. He’s deeply involved in many projects, including “The Sheds Project,” which, with the help of other volunteers, has built and distributed more than 200 storage sheds to families who are rebuilding their homes and have no sufficient place to store their belongings. He’s also heading up the “Love Paradise (California)” project, which seeks out local families in need and provides “willing hands to help them in any way.”



*Capt. Fred
Spruell and
Gwen*

“God is good,” said Fred. He and Gwen now live in Chico, CA, just eight miles from Paradise. Since their community church in Paradise burned to the ground, they’re spending a lot of time helping to rebuild it. “Our members are intent on re-branding our church to serve this hurting community better in the future,” said Fred.

BOB Comment: We think Fred is going above and beyond in his charitable giving. We’re proud to know him.

The Robert J. Marckini Chair

What’s a “Chair?” Chair is the term used to describe an endowment that provides a steady stream of income to fund the work of research scientists. LLUCC doesn’t receive sufficient revenue from patient care to fund research. Life-saving research is dependent upon the generosity of individuals. With funded chairs, the organization is able to attract and retain some of the best researchers. In addition, scientists are able to dedicate all of their time to research. Without endowment earnings, they could spend a third of their time trying to raise money through grants. A minimum of \$2.5 million is needed to fund a chair to support one researcher.

In 2013, Bob Marckini was honored by the board of directors at Loma Linda University Health. Through a generous gift from BOB member and good friend of Bob’s, Chuck Kubicki, they established an endowed chair in Bob’s name for his contributions in promoting proton therapy and his support of proton therapy research.

Since then, BOB members have regularly contributed to the chair, often in honor of Bob Marckini, care givers at LLUCC, or family members. Thanks to you – our members – the Marckini Chair is funded at more than \$3 million and continues to support important research at LLUCC.

Give to Proton Therapy Research

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



odds & ends

Estate Planning Hints

BOB Member Ron Hendricks is Director, US 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. Here are some excerpts from a segment called ...

New Ways to Save

New Tax Laws - Give yourself a present in the New Year by lowering your taxes now. Because tax savings often include a charitable gift, you can also end the year by helping the causes important to you. Below are some ideas to help you save taxes and provide for those important to you: Each year, thousands, perhaps millions, of people pay too much in taxes, never knowing they did not need to pay them. Don’t be one of those people.

Recent tax law changes make it especially important that you know what deductions and strategies are available for you. The end of the year is the perfect time to learn all the ways you can save taxes.

Why Pay Too Much in Taxes? In December 2019, Congress passed a law that has special significance for those of us over age 70. No one, including the IRS, wants you to pay taxes you don’t have to pay.

IRA Rollover - Last year Congress changed IRA laws with the SECURE Act. Before the Act, taxpayers aged 70½ or older had to take a minimum distribution from their IRA. Now the age is 72. You can direct some or all of it to charity *and not pay taxes on the distribution.*

You worked hard for what you have. Don't give it away in taxes without knowing all your possibilities for saving it. If you plan to give any cash to charity, consider transferring stock instead and you will save capital gains taxes.

A Way to Replace - Until last year, you could pass your IRA to your children and they could stretch out the payments to them over their lifetimes. By stretching the distributions, they could receive, perhaps, decades of tax savings. Now, however, with the SECURE Act, children who inherit IRAs must take all distributions within 10 years. For many seniors this is a concern because the shorter time period means potentially more taxes.

If you miss the old "stretch" provision for passing your IRA to your children, consider forming a charitable remainder unitrust that gives you many of the same benefits.

Here's how. The transfer to the trust is tax-free. Your children have the benefit of receiving distributions and paying taxes on it based on the plan you select, not what the SECURE Act dictates.

Many seniors are looking for a way to pass their IRA to their children without paying too much in taxes. Leaving your IRA to your unitrust is especially attractive if you have children who are not good money managers.

BOB Comment: It's always wise to discuss these things with your tax accountant or financial adviser.

Why the Electoral College?

This is a good topic for this election year. This question was asked of Marilyn vos Savant in her syndicated column on Sunday, Oct. 4, 2020. Here was her answer:

We are the United States of America and our states – starting with the original 13 colonies – are separate entities. It is understandably unacceptable to states with smaller populations to have their affairs decided by other states simply because more people live there. Suppose there were a United Countries of Earth. Would we like the idea of China (population 1.439 billion) and India (1.38 billion) running the show? (The U.S. has 331 million people). Or, would we want a leveling factor?

Strange But True Facts

- In 2014, a missing woman on a vacation in Iceland was found when it was discovered that she was in the search party [looking for herself](#).
- If you sneeze while traveling at 60 mph your eyes are closed for an average of 50 feet.
- Alligators will give manatees the right-of-way if they're swimming near each other.
- [Magpies](#) are considered one of the most intelligent animals in the world, and the only non-mammal species able to recognize itself in a mirror test.
- Baked beans are actually not baked, but stewed.
- The most popular item at Walmart is bananas. They sell more bananas than any other item they have in stock.
- Sunsets on [Mars](#) are blue.
- The abbreviation, "lbs" comes from the Latin word "libra" which means pound.
- The small indents in the bottom of frozen pizzas are there to prevent air bubbles forming inside the dough.
- The term "footage" comes from films being measured in feet, when being edited in the early days of film making.

[Read more strange but true facts.](#)



on the lighter side

Last Month's Brain Teaser

You measure my life in hours, and I serve you by expiring. I'm quick when I'm thin and slow when I'm fat. The wind is my enemy. Who or what am I?

Answer: A candle

Most Interesting Answer: Whipped Cream

Most Meaningful Answer: I light one every day and pray for those who need the grace of God – *a candle*.

Winner: Last month's winner is BOB member Philip Reed of Orlando, FL. Philip was treated with proton therapy for his prostate cancer at the University of Florida Health Proton Therapy Institute in 2011. He told us his experience was "short and sweet."

With a rapidly rising PSA, Philip wasn't surprised when he was diagnosed. And though his urologist was an expert in robotic surgery, he recommended IMRT. "Strangely enough," Philip said, "his practice had such a facility in its building."

Still, Philip felt compelled to research all treatment options before making a decision. During his research, he encountered a friend who'd received proton therapy at UFHPTI and spoke highly of his experience. So, Philip contacted them and within a couple of days received a packet of information, which included a copy of Bob Marckini's book, *You Can Beat Prostate Cancer*.

"I found Bob's arguments persuasive," Philip said. "So, I visited UFPTI for an evaluation." Philip learned he was a candidate for the shortened hypofractionation treatment protocol, which would allow him to complete treatment in 28 days rather than the standard 39 to 42.

"I was assured the treatment would be at least as effective as the extended treatment," Philip said. "And I felt comforted that my decision to undergo proton therapy was supported by my family doctor who had interned at Loma Linda University Hospital 20 years before, just as proton therapy was being implemented there."

"My treatment experience was wonderful if such a description can be applied to cancer treatment," Philip said. "The staff and facility were geared toward making the patient experience as pleasant as possible and they did just that."

Philip said it was during his time at UFHPTI that he learned about the BOB and joined immediately. "I've been an advocate for proton therapy ever since."

New Brain Teaser

By adding only one line, make the following equation work: $5 + 5 + 5 = 550$

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

Children and Grandparents

A little girl was diligently pounding away on her grandfather's computer. She told him she was writing a story.

What's it about?" he asked.

"I don't know," she replied. "I can't read."

When my grandson asked me how old I was, I teasingly replied, "I'm not sure."

"Look in your underwear, Grandpa," he advised. "Mine says I'm 4 to 6."

A second grader came home from school and said to her grandmother, "Grandma, guess what? We learned how to make babies today."

The grandmother, more than a little surprised, tried to keep her cool. "That's interesting," she said, warily. "How do you make babies?"

"It's easy," replied the girl. "You just change 'y' to 'i' and add 'es'."

"Give me a sentence about a public servant," instructed the teacher during a lesson. One young boy wrote: "The fireman came down the ladder pregnant."

The teacher took the lad aside to correct him. "Don't you know what pregnant means?" she asked.

"Sure," said the boy confidently. "It means carrying a child."

[Read more.](#)

Quote of the Month:

"If I knew I was going to live this long, I'd have taken better care of myself." – Mickey Mantel



I Am Thankful

...for the wife who says, "it's hot dogs tonight," because she's home with me and not out with someone else.

...for the husband who's on the sofa being a couch potato because he's home with me and not out at the bars.

...for the teenager who's complaining about doing dishes because it means she's at home, not on the streets.

...for the taxes I pay because it means I'm employed.

...for the mess to clean after a party because it means I've been surrounded by friends.

...for the clothes that fit a little too snug because it means I have enough to eat.

...for my shadow that watches me work because it means I'm out in the sunshine.

...for a lawn that needs mowing, windows that need cleaning, and gutters that need fixing, because it means I have a home.

...for all the complaining I hear about the government because it means we have freedom of speech.

...for the parking spot I find at the far end of the parking lot, because it means I'm capable of walking and I've been blessed with transportation.

...for my huge heating bill because it means I'm warm.

...for the lady behind me in church who sings off key because it means I can hear.

...for the pile of laundry and ironing because it means I have clothes to wear.

...for weariness and aching muscles at the end of the day because it means I've been capable of working hard.

...for the alarm that goes off in the early morning hours because it means I'm alive.

And finally, I'm thankful for too many emails because it means I have friends who are thinking of me.

Live well; laugh often; and love with all your heart!

Low PSAs to all, and Happy Thanksgiving!

Bob Marckini and Deb Hickey

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