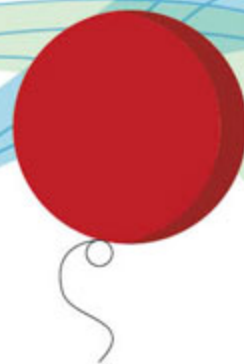


# BOB tales

Brotherhood of the Balloon Member Newsletter | November 2021



“O Lord that lends me life, lend me  
a heart replete with thankfulness.”

— William Shakespeare

**Dear Members** (a note from Deb Hickey):

The feedback we received following last month's issue was overwhelming – *and really touching*. For those of you who [missed it](#), I asked our members how they feel about our opening memos, the length of our newsletters, and the overall content.

I've included some of my favorite messages in the body of this month's newsletter. Thank you to all of you who wrote in – you really make our efforts worthwhile!

And – the good news for me is that we don't feel the need to make any big changes, though we will continue to *try* to shorten the newsletter by a couple of pages. But please note I've been attempting to do that for more than 11 years and have failed miserably. And clearly, it didn't work this month either ... in fact, it's longer than usual. So, I'll shoot for December.

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Here's some pretty amazing news: Loma Linda is celebrating a few significant milestones. September 2021 marked *30 years* since their first patient was treated with proton therapy. This patient was treated for an ocular melanoma during the start-up of the fixed beam room, which was the first treatment room to open. Pretty spectacular to think that was three decades ago!

The very first *prostate cancer* proton patient was treated at Loma Linda on Oct. 8, 1991, so there's another important date worth noting. He was treated with a combination of protons and photons as were most of the early prostate cancer patients. The first patient to be treated with *all* protons was the late Phil Livdahl. He was in treatment exactly 30 years ago and he completed his treatment in December 1991. Phil was the chief physicist from Fermilab, a U.S. Department of Energy national laboratory specializing in high-energy particle physics. He worked on the first proton accelerator design and was one of our first members. Phil and Bob became good friends, chatting on the phone several times a year before Phil's passing.

We interviewed Phil back in 2010, asking him if he could recall any serious obstacles during the design and constructions stages.

“There was a whole array of obstacles ranging from funding, to scheduling, to technical issues, to people problems,” Phil said. “For example, the entire team from the Fermilab had other assignments and were allowed to work on the project only about 20 percent of their time, but Dr. Jim Slater set the pace by working seven days a week. He never considered any obstacle a showstopper. He always knew there was a solution, and he was usually the one to figure it out.”

When I’m reminded of Dr. Jim Slater and his heroic efforts to build the first hospital-based proton center, I get goose bumps. *What a feat!* I’m so proud to have known Dr. Slater personally. I remember the first time I met him. My father took me to his office; I shook his hand and thanked him for saving my father’s life. He actually got teary when I said that, and so did I.

I’m also reminded that Loma Linda pioneered the proton movement and they’re the reason I’m here writing this opening memo. There are now 40 U.S. proton centers because of their extraordinary efforts with many more under construction. And there are tens of thousands of cancer survivors who have benefited!

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November is the month of Thanksgiving. Despite some of the awful things going on in this world, most of us have much to be thankful for – family, friends, health, faith, a roof over our heads, food on the table, and a wonderful country in which to live. Thanksgiving is a wonderful time to acknowledge all we have. And in celebration of 30 years since the first proton therapy patient was treated at Loma Linda, what better time to say “thank you” to the institution that started it all by making a gift to support proton therapy research, or better yet, an unrestricted gift that can be used where its most needed.

No matter how small the gift, I assure you, it will be appreciated, and it will make a difference. With your help, current and future proton therapy research will improve the treatment for others. There is essentially no part of the body that the proton beam can’t reach. And with proper funding, proton research will allow proton therapy to treat and cure more and more cancers in adults and children.

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As usual, we have another jam-packed newsletter this month. The FDA just authorized the use of an artificial intelligence (AI) -based software platform to help pathologists evaluate prostate cancer images on biopsy slides. This is significant, considering the many mistakes that can occur in the human interpretation of prostate biopsy slides. There are new results from a clinical trial showing a shorter course of radiotherapy is well tolerated for treating

men with prostate cancer. There's also new data confirming the first standalone, noninvasive liquid biopsy urine test for prostate cancer can detect and risk-classify prostate cancer at the molecular level with predictive accuracy of over 90 percent, based on a single urine sample. And it'll be commercially available soon!

This month we also include a tragic story about an international award-winning photographer and guest *USA Today* columnist who never had his PSA checked and whose doctors overlooked his chronic pain for years. He was diagnosed with Stage IV prostate cancer with metastasis to his legs, hips, pelvis, spine, sternum, arms, and skull. And to make things worse, a COVID surge complicated his treatment. Make sure to read Step No. 2 from Bob's book in the book section this month – it's about taking control of your prostate health. You'll read three more examples of PSA negligence and the consequences associated with each.

And there's much more! We hope *you* enjoy the *BOB Tales*. And as always, we welcome and encourage your feedback. Please send an email to [DHickey@protonbob.com](mailto:DHickey@protonbob.com).

Deb Hickey



- FDA Authorizes AI-Based Software for Prostate Cancer Detection
- Shorter Courses of Radiotherapy Well Tolerated Long-term
- Groundbreaking Data on Liquid Biopsy Test
- An Important Lesson for All of Us
- Slimmer Waists and Friendly Fats
- Study Finds 'Sweet Spot' of Sleep Prevents Alzheimer's



## news report

# FDA Authorizes AI-Based Software for Prostate Cancer Detection

In Bob Marckini's new book, he points out the weaknesses in the human interpretation of prostate biopsy slides. He writes,

Your Gleason score is probably the most important factor in staging your cancer. It will have a major impact on whether or not you're a candidate for active surveillance, as well as which treatment option might work best for you. Your Gleason score will also be a major influence on the need for any adjunct treatments, such as androgen deprivation (hormonal) therapy.

Bob further points out that your Gleason score is determined by a pathologist who is looking for one of five different cell patterns, ranging from normal, well-differentiated cells to significantly fused, amorphous cell patterns." This process is extremely subjective. Often two pathologists will report different Gleason scores when evaluating the same patient's slides. This is one reason why Bob feels so strongly about getting a second opinion at one of the leading pathology centers before making a decision on treatment.

An [article](#) in *Urology Times* reports that the FDA has authorized the use of Paige Prostate, an artificial intelligence- (AI) based software platform to help pathologists evaluate prostate cancer images on biopsy slides. This is a significant advancement as it can potentially take the human (subjective) element out of the picture.

## news briefs

### eNose Device Shows Promise in Detecting Cancer

Researchers have found promising diagnostic performance of the electric nose instrument, "eNose," in detecting prostate cancer in urinary samples. In fact, the tool was found to have sensitivity of 85 percent and specificity of 79 percent.

"The diagnosis of prostate cancer is currently still a great challenge. Prostate biopsy has a detection rate of 30 percent to 35 percent at the first biopsy. For this reason, the study of alternative diagnostic methods is essential," said lead investigator Gian Luigi Taverna, MD.

[Learn more.](#)

Current research involves using the Paige Prostate platform as a supplement to human pathologist evaluation, resulting in better accuracy in staging prostate cancer. This research is in the early stages. Improvement in AI-assisted pathology analysis is a virtual certainty. Who knows, perhaps AI will be used someday exclusively to read biopsy slides.

This new direction applies not only to prostate cancer detection and staging, but to many other cancers as well.

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## Shorter Courses of Radiotherapy Well Tolerated Long-term

Results from the [CHHiP clinical trial](#) show a shorter course of radiotherapy, administered through fewer, higher intensity doses, is as well tolerated over five years as longer treatment courses for treating men with prostate cancer.

### CHHiP: Conventional or Hypofractionated High-dose Intensity Modulated Radiotherapy for Prostate Cancer

The results confirm patients can undergo a shorter treatment protocol without experiencing increased side effects. This suggests that all men with localized prostate cancer – cancer that has not spread to other parts of the body – should be offered this type of radiotherapy treatment. It could also soon become the new standard-of-care. Most important to patients, a shorter treatment protocol means fewer trips to hospital without negatively affecting quality of life.

### Mayo Clinic Jacksonville to Offer Proton Therapy and Be First in Country to Offer Carbon Ion Therapy

The Mayo Clinic in Jacksonville, FL will join the Mayo Clinic Rochester and Phoenix campuses in offering proton therapy to its patients beginning in 2025.

The facility will also be the first in the country to offer carbon ion therapy to patients.

Carbon ion therapy is similar to proton therapy in that it can destroy cancer cells without damaging surrounding healthy tissue.

[Learn more.](#)

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### First Proton Therapy Center Planned for South Jersey

Penn Medicine and Virtua Health have partnered to create South Jersey's first proton therapy center next to Virtua Voorhees Hospital. The facility will open in fall 2022.

[Learn more.](#)

## Just How Short is ‘Shorter?’

Trial participants were treated in 20 sessions over four weeks rather than 37 over seven and a half weeks. They were followed for five years after treatment including annual check-ups and answering several quality-of-life questionnaires. More than 2,000 participants confirmed their shorter treatment protocol did not increase risk of bowel, urinary, or sexual side effects.

[Learn more.](#)

## And Even Better – Proton Therapy

Cancer patients receiving proton therapy rather than conventional photon/X-ray radiation are at a significantly lower risk of experiencing side effects while cure rates are essentially identical between the two treatment methods. As we all know, with proton therapy less radiation is deposited on healthy, normal tissues, which is why it’s a safer option, causing fewer side effects. So we can expect, shorter treatment protocols with proton therapy could produce better results than shorter courses of conventional radiotherapy.

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# Groundbreaking Data on Liquid Biopsy Test

Back in [December](#), the first standalone, non-invasive liquid biopsy urine test for prostate cancer received Breakthrough Device Designation by the FDA.



**What is FDA Breakthrough Device Designation?** Products and/or devices qualify for this program when they “provide for more effective treatment or diagnosis of life-threatening or irreversibly debilitating diseases or conditions.” The program helps to speed up the development and/or assessment of these products while preserving the integrity of the FDA approvals process.

The miR Scientific [Sentinel™ Prostate Test](#) accurately detects, classifies and monitors prostate cancer at the molecular level with high sensitivity and specificity. Using molecules derived from urine, scientists can classify patients into four possible groups: no molecular evidence of prostate cancer; low-risk; intermediate-risk; or high-risk prostate cancer.

According to developers, the specificity and sensitivity of this test could reduce mortality rates and decrease the number of hospitalizations, physician visits, and shorten recovery time.

## New Data Confirms Initial Findings

A new study confirms the Sentinel® Prostate Cancer Test can detect and risk-classify prostate cancer at the molecular level with predictive accuracy of over 90 percent, based on a single urine sample.

When comparing results of the Sentinel Test to systematic core needle biopsy, the study demonstrated a 93 percent concordance between the two screening methods and detection regarding the classification of clinically significant cancer. This sets a new bar for detecting and classifying prostate cancer. The data also demonstrate the strong negative predictive value of the Sentinel Test with results showing the test correctly identified 96 percent of men as having non-clinically significant cancer.

The miR Sentinel Prostate Cancer Test is expected to be commercially available in the U.S. and Puerto Rico by the end of this year.

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## An Important Lesson for All of Us

We've written about this issue before, but the subject bears repeating. And it's something that needs to be shared with family, friends and acquaintances.

*USA Today* ran an [article](#) last month written by Jack Kurtz, an international award-winning photographer and guest *USA Today* columnist. The title of his article:

**I hate cancer. I hate the pain, the meds. I hate the incremental death**

Kurtz was diagnosed with advanced, metastatic prostate cancer in September 2019 and has been chronicling his journey ever since. In the article, he talks about how and why he was diagnosed: He was experiencing pain that wouldn't go away despite over-the-counter pain meds, multiple visits to the doctor and even an emergency room visit. X-rays didn't show anything remarkable, so he was prescribed more pain meds. His family doctor finally did a blood draw and ran several tests, including PSA. His doctor called and said, she'd "never seen a PSA this high."

Further testing including a CT scan revealed advanced, Stage IV, prostate cancer with metastasis to his legs, hips, pelvis, spine, sternum, arms, and skull. He was told his cancer was terminal.

Next came numerous treatments including androgen deprivation therapy (ADT), radiation therapy, chemotherapy and other treatments . . . all attempts to slow disease progression. Some drugs seemed to work for a while, and others didn't. He even underwent surgery to insert titanium rods to strengthen bones weakened by his various treatments. Eventually all the treatments began to fail. The chilling descriptions of the pain he experienced are too graphic to discuss here.

Fortunately, he had the support of his strong and loving wife, Cathy. He said his disease was harder on her than it was on him. He stated that:

People talk about "cancer warriors" and "heroes." I am not one of those. I am a crewman in the coal bunker of the Titanic shoveling coal while the ship sinks. Cathy is the "cancer warrior" in our house.

At the publication of this article, Jack Kurtz's days are numbered and he is facing hospice. He was also scheduled for a surgical procedure that doctors said would relieve much of his pain and improve the quality of his remaining life. But there was another setback: The hospital notified him that, because of the surge in COVID cases, they were swamped with new patients and had to suspend all elective surgeries.

This is a tragic story, and the patient is an incredibly brave man, both in the way he is dealing with this disease and in sharing the story of his journey with the world.

What can we learn from this tragic story? If you back up to the beginning of the article, you'll note that his prostate cancer was diagnosed in a *very late stage*. Apparently, neither he, nor his doctor were requesting routine PSA blood tests. And, when advanced cancer caused significant pain, prompting a series of investigative tests, his PSA was found to be off the charts.

Sadly, even today, we know that many primary care physicians are not doing routine PSA screening on men over 50. Most men are not sufficiently knowledgeable to even think about asking their doctors to run the test. So, we encourage you to talk with male family members, friends and acquaintances about the simple and inexpensive PSA blood test. While it's not an absolute marker for prostate cancer, it can be an early warning signal that something may be amiss. It can tell you that, perhaps, closer attention should be paid, in order to rule out a diagnosis that could change your life forever.

Last month we began a series of articles on chapter 18 of Bob's book: *Ten Steps for Taking Control of The Detection and Treatment of Your Prostate Cancer*. Step No. 1 *Choose Your*



*Doctors Wisely*, starts by pointing out the critical importance of choosing the right primary care physician, “your first line of defense.” This first step is the most important step of all as the above story suggests.

Later in this newsletter we discuss Step No. 2 from Bob’s book, in taking control of your prostate health. Here you will see three more examples of PSA negligence and the unfortunate consequences.

Hopefully, this story is a wake-up call and a reminder to all that we all should choose our primary care physicians wisely; and, that men should be having routine, annual prostate cancer screenings beginning at age 50, or younger if at higher risk for prostate cancer.



## flashback

*We’ve been producing BOB Tales newsletters monthly for more than 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. The following is from August 2006.*

# Slimmer Waists and Friendly Fats

## Who has the slimmest waist – meat-eaters, fish-eaters, vegetarians, or vegans?

According to a new study, vegans do. Vegans are vegetarians who not only forego eating meat, fish, or fowl but also all foods derived from animals. However, the reason vegans tend to be slimmer may lie in what they *do* eat: fiber. Lots of it. And that’s a habit you can easily duplicate. Fiber makes you feel full longer, and it seems to inhibit fat absorption. Broccoli pizza on whole-wheat crust, anyone?

For more recent information on this subject, click [here](#).

## Friendly Fats

Avocados, nuts, olives, and seeds – even if you have high cholesterol, don’t give these up. In case you haven’t quite gotten the whole fat thing down yet, unsaturated fats are your friends when it comes to lowering bad LDL cholesterol and raising good HDL cholesterol. So if your salad looks a little dull tonight, make your stomach and your arteries happy: Toss in some walnuts, sunflower seeds, or avocado and use a dressing made with olive oil.



## spotlight on members

# Overwhelming Feedback

The feedback we received following [last month's issue](#) was truly overwhelming. After asking our members how they feel about our opening memos, the length of our newsletters, and the overall content, we were flooded with messages. Below are some of our favorites.

*Please continue with the long opening memos! This shows the fantastic, fragile, and faith-filled side of what the BOB was created to do. There is so much hype and bravado in the media these days, and the monthly BOB newsletter is truly a breath of fresh air in our social media-congested reading.*

*I remember when your dad came to see me in Loma Linda while I was being treated with protons in March of 2005, and then again, the next month when my wife was being treated for something else. All turned out well, but we still remember the great compassion of this busy man named Bob who took the time to see that all was well.*

*There are so many people who enter the world of cancer who NEED a caring human and helpful anchor to grasp for stability. Your newsletter accomplishes that. Thank you so much for all you do and keep doing it. It's been 16 years since my proton treatment and I'm doing well. My PSA remains low and my urologist is now getting the BOB newsletter!*

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*I think your newsletters are perfect.*

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*Keep doing what you're doing! I look forward to reading the latest BOB Tales when I see your name in my email inbox. I particularly love the opening memo, whether written by you or your father. Both of you have an amazing capacity to tell a heartfelt story, whether from personal experience or relaying information about someone else. I also enjoy reading new information about treatment or diagnosis of prostate and other cancers. I'm always surprised that new breakthroughs are happening all the time. You're doing such important work by getting this information out.*

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*My favorite part of the newsletters are the personal messages you and your dad share with us. They add the personal touch to what can sometimes be rather*

*factual, sterile information. The newsletters are rather long, and I don't always get through all the articles, but you provide us so much valuable information that it would be a shame to leave some of it out – we can decide what is most helpful for us individually.*

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*I like all the info in BOB letter. I send it to my group of old-time friends with the warning that there's lots of info, but they can skim to read what they're interested in. Generally, I get no complaints. Thanks again for your excellent newsletter. You're helping those with prostate, breast, and other cancers make better decisions. Keep up the good work.*

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*You do a GREAT JOB with the newsletter and after I've read it, I often forward it to friends who are dealing with prostate decisions. I'm also a lifetime cheerleader for Loma Linda! In answer to your question, I vote for a shorter newsletter. Perhaps the same number of articles but more summarized with links to get more information if desired. Some topics by their nature get pretty technical.*



making a difference by giving back

## It's That Time of Year Again

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 sometimes hard to choose which ones to support, but for Bob and Deb, 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 40 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.

With help from our members, LLUH's [Vision 2020](#) campaign raised \$476 million last year – over \$411 million was designated for Vision 2020 priorities, with an additional \$65 million raised for other organizational projects. Your gifts made it possible to transform the future of healthcare in LLUH's community and around the world. We, along with our friends at LLUH, couldn't be more thankful.

But wait – it doesn't end there. LLUH is still committed to creating a healthier future for everyone. Your continued support is critical to help them teach more students, heal more patients, and make more discoveries. You can directly support healthcare, education, research, community engagement, COVID-19 efforts, the proton therapy center, or make an unrestricted gift so they can use it where they feel it's needed most.

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 LLUH 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.

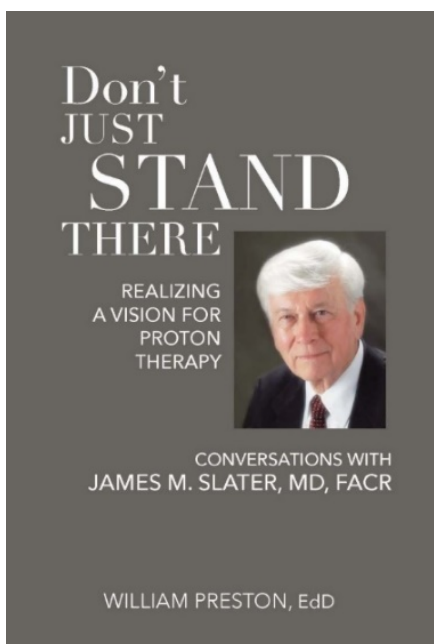
One last point of interest: LLUH deploys more medical missionaries and healthcare professionals around the world than any other teaching hospital or academic health center in the world. That says a lot about who they are and all the good they do. It's one more reason why Deb and Bob support them and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

As you plan your year-end giving, please consider making a gift to the *Robert J. Marckini Chair for Proton Therapy Research* at LLUH, or make an unrestricted gift. Thank you!

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## Giving Options

- [Donate to proton research 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.
- Make an unrestricted gift (put "unrestricted" on memo line) so LLUH can use it where it's needed most.
- Call Regina Joseph at 909-558-5010 to donate over the phone.



## Still Available!

In an effort to boost funding for basic and clinical proton therapy research on prostate cancer, pancreatic cancer, liver cancer, breast cancer, and more, we asked our members to donate \$100 (or more) to Loma Linda University Cancer Center. In return, they'd receive an advance copy of Dr. William Preston's book, *Don't Just Stand There – Realizing a Vision for Proton Therapy: Conversations with James M. Slater, MD, FACR*. The response so far has been phenomenal. Thank you to all who've requested a copy.

If you'd like a pre-published copy of "Don't Just Stand There," please send a check for \$100 or more, payable to "Loma Linda University Proton Cancer Research" and mail it to:

Loma Linda University Health • Office of Philanthropy  
PO Box 2000 • Loma Linda, CA 92354

\*Please notify Deb Hickey at [DHickey@protonbob.com](mailto:DHickey@protonbob.com) that you've sent in your check and your book will be mailed immediately.

This book, which contains high-quality color images and illustrations, is not only about Dr. Slater's quest to create the world's first hospital-based proton treatment center, it's also a teaching guide. As the Proton Treatment & Research Center at Loma Linda was such an immense endeavor, Dr. Slater wondered if the aspects of conceiving, planning, and orchestrating such a project, among others he undertook, might be instructive to others. Over the years, he'd also met people in all walks of life, many of whom had dealt with large and complex problems. He was struck by some of the stories they told about their work. And although the fields or disciplines usually had nothing to do with medicine, many experiences were similar. And so, he kept this in mind while he worked on the book with Dr. Preston.

We're sure you'll thoroughly enjoy the book and we know it will occupy a place of honor in your home. And, you'll be helping to fund basic and clinical proton research on prostate cancer, pancreatic cancer, liver cancer, breast cancer, and much more with your tax-deductible gift. Thank you!



health

## Study Finds ‘Sweet Spot’ of Sleep Prevents Alzheimer’s

Most of us know that too little sleep can be harmful to our health. But did you know that too much sleep can also negatively impact brain performance, depression, weight and Alzheimer’s risk?

A [new study](#), published by the journal *JAMA Neurology* reports that sleeping fewer than six hours or more than nine hours per night has “various negative impacts on adults’ health,” including, “distinct deficits in cognitive performance as well as greater depressive symptoms and body mass index.” The study also found that people getting fewer than six hours of sleep had a higher rate of brain plaques that are associated with Alzheimer’s Disease.

But “too much sleep is just as bad,” says Dr. Jennifer Ashton, who was involved in the study. “This really speaks to the fact that more is not better. Your brain needs a certain amount of sleep, but too much actually kind of puts your brain to sleep in some ways.”

Too much or too little sleep could also affect your immune system as well as put you at higher risk of heart attack and stroke, according to the study.

Dr. Ashton reminds us that sleep is not a luxury. “In fact, it’s a medical necessity.” And it needs to be prioritized, just as we prioritized our nutrition and physical fitness.

Another study published in *Nature Communications* reports that getting fewer than six hours of sleep can increase the rate of dementia by 30 percent.

The CDC recommends 11 to 16 hours of sleep per night for infants, eight to 10 hours for teenagers, and no less than seven hours for adults.

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## Disease-fighting Foods

One of the best (and we’d argue, *easiest*) ways to prevent cancer is to eat disease-fighting foods, says Andrew Woodward, MS, RD, CSO, an oncology nutritionist at Loma Linda University Cancer Center. He’s provided a nutrition guide – not only for men who belong to a high-risk group for prostate cancer, but also for current prostate cancer patients and survivors who want to lower their risk of a recurrence.

## Lycopene

Lycopene is a nutrient found in many red fruits and vegetables including tomatoes, watermelons, radishes, and red bell peppers. The anti-oxidant specifically carries prostate health-specific benefits, as it can modulate some of the male hormones that contribute to prostate cancer, Woodward says.



## Green Tea

Green and white teas contain epigallocatechin gallate (EGCG), a powerful anti-angiogenesis. Angiogenesis is the process by which cancer cells produce blood vessels that tap into the blood supply to collect nutrients needed to help tumors grow.

These teas are the least processed variety of the beverage and contain a high amount of ECGC. Woodward says studies have shown that men who consume ECGC in elevated amounts (3-4 cups per day) lower their risk of prostate cancer. In fact, he recommends green tea to almost all of his cancer patients.

## Organic Soy Foods

Soy foods are a good source of phytochemicals. The phytochemicals in soy are called isoflavones. Isoflavones inhibit tumor growth and limit the production of cancer-related hormones. When isoflavones bind into an estrogen receptor site, they can block estrogen from occupying the same receptor site. Therefore, they're beneficial in hindering breast or prostate cancer growth.

You may recall soy elicited controversy years ago with uncertainty around its safety, but Woodward says multiple studies published since 2009 have demonstrated not only that it's safe, but that it may prevent cancer.

## Cruciferous Vegetables

The word "cruciferous" means "[cross bearing](#)." These vegetables – edible members of the cabbage family including Brussels sprouts, broccoli, cauliflower, kale, and bok choy – got this name because the four petals on cruciferous vegetables make a cross shape. And one of the biggest reasons to eat them is because they're rich in phytochemicals known as glucosinolates. When you consume these veggies, the glucosinolates break down into biologically-active compounds and have anti-cancer effects. Woodward recommends eating cruciferous vegetables every day.

[Learn more.](#)



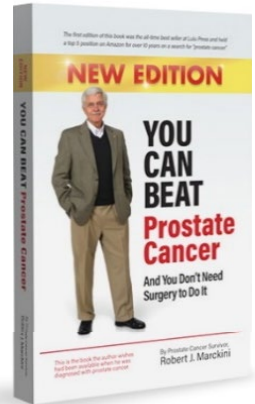


the book

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

### 'I'll Sleep Well Tonight'

More and more proton centers are sending Bob's book to prospective patients. And more and more of these prospective patients are choosing proton therapy after reading this book, which makes such a compelling case for the proton option. Following is a recent Amazon review by one motivated reader:



#### An Amazing Guide for the Newly Diagnosed

I can't believe I came across Bob's thoroughly detailed exploration of possible treatments for prostate cancer. Many of the previous articles and books that I read were much too detailed and required medical knowledge far beyond my personal experience. Reading his book is like having coffee with a friend who has "been there/done that" and is willing to share without holding back. His frequent references to being a "recovering engineer" are delightful and disarming, and I highly recommend his book in the Kindle edition, as I find myself highlighting many comments for further review in a second reading. If you find yourself with a diagnosis but not much else, follow Bob in his journey of self-discovery and make your treatment decisions as an informed patient.

Another reader wrote to Bob this month and said: *Without your book I would be completely lost.*

That's precisely the reason Bob wrote his two books: To help people who, like he was 21 years ago, are frightened, confused and overwhelmed with their diagnosis and the myriad of disparate treatment options presented to them.

One thing that brings Bob much joy and satisfaction is the comment he's heard many times from readers: *Your book has given me hope. I'll sleep well tonight.*



## Step 2 in the 10 Steps

[Last month](#) we began excerpting Chapter 18 from Bob's new book. This chapter is titled, "Ten Steps for Taking Control of the Detection and Treatment of Your Prostate Cancer." Following is a review of Step 2. Please note that because of the length of Step 2 in the book, we're excerpting only a few key points.

### Have a PSA Test and DRE as Part of Your Annual Physical and Track the Results

This sounds pretty obvious, but it's surprising how many men are not paying attention to their PSA. Either they aren't having annual physicals, or they are having annual physicals, but their doctors have chosen not to run a simple PSA test or do a digital rectal exam (DRE). In other cases, the doctor is measuring PSA annually, but not communicating the results to the patient, or communicating to the patient, "Your PSA is within the 'normal' range." That's not enough. I receive calls all the time from men with advanced prostate cancer who fit into one of these categories.

**Sad Example:** A 54-year-old highly successful business owner called me with the following story. His last physical was several years ago. At that time, he had a PSA of 2.4 and a normal DRE. His next physical was six years later, at which time his PSA was 60, a DRE revealed a hard mass, and all 12 biopsy samples tested positive for adenocarcinoma, Gleason score 8. By not having routine physicals including monitoring PSA, this man put himself in an extremely vulnerable position with few options and a high risk of metastasis, for which there may be no cure.

A survey conducted by NOP Healthcare with 1,400 men in the U.S., U.K., France, Germany, Italy, Spain, and Sweden showed one-third of men are not familiar with available tests to diagnose prostate cancer.

**Second Sad Example:** One of our members told me a story about his brother who had been having his PSA checked annually:

*Ray made a life-changing mistake. He skipped his annual PSA test for reasons unknown to the family. Perhaps the federal government's guidelines deemphasizing PSA testing at the time had influenced his doctor's recommendation or my brother's thinking. He had no symptoms of prostate cancer.*

*In early June 2016, he awakened one morning and couldn't urinate. He drove to the local hospital's emergency room. As part of the analysis, they did blood work that revealed a PSA of 540. In two short years it had increased by a gigantic rate of 180 times!*

A biopsy showed aggressive prostate cancer. Multiple treatments were tried, including chemotherapy and androgen-deprivation therapy. None were able to arrest his prostate cancer. Less than six months later, Ray was dead.

**Third Sad Example:** Earlier in this book I wrote about a gentleman who was having annual physicals, which included a blood test including PSA measurement. And every year his doctor told him, “Everything is fine.” One day, this same doctor told him he should see a urologist because his PSA had risen to 60!

This wasn’t a single jump to 60, it had been rising steadily, but the doctor failed to recognize this and did nothing about it.

When this patient’s urologist performed a biopsy, he found Gleason 10 advanced prostate cancer.

## PSA May Help Predict Cancer

According to the Feb. 26, 2009 issue of *Johns Hopkins Health Alerts*, a study published in the *Journal of Oncology* (Vol. 25, p. 431) suggests that a man’s PSA level measured when he is in his mid-40s to age 50 can predict whether he will develop prostate cancer up to 25 years later.

Researchers examined the records and blood samples of more than 21,000 men, age 50 and younger, and concluded that a man’s total PSA level in middle age was the strongest predictor of developing prostate cancer. Younger men in this category with PSA level in the 0.5-1.0 range were 2.5 times more likely to develop prostate cancer. For those with PSA levels between 2 and 3 ng/mL (often considered to be within the “normal” range), the risk was more than 19 times higher.

## Early Detection is the Key

The most important thing to remember about prostate cancer is that it is curable *if detected early*. Make sure you have a PSA test and DRE at least once a year. Competent primary care physicians will begin measuring their male patient’s PSA around age 50 or 55, since prostate cancer is generally not found in men until after that age range. As mentioned in the previous chapter, there is good reason to begin testing at age 50. And if there’s prostate cancer in your family, there may be justification to begin measuring PSA as early as age 40. It is wise to have an early “baseline” PSA, especially if you are at higher risk. The test is simple and inexpensive.

‘Prostate cancer is curable if detected early.’

The remainder of the Step 2 discussion is too lengthy to reproduce here. In summary, it examines what small or moderate increases in PSA might mean, and offers options for dealing with these increases. The discussion also helps to put PSA in perspective: PSA is not an absolute indicator of prostate cancer, it’s a relative indicator, but a terribly important one that should not be ignored.

Finally, the Step 2 discussion goes on to explain there's usually no reason to panic at a bump in PSA; that there can be many benign causes; and what steps to take if your PSA is elevated including references to studies reported in the *Journal of Laboratory Medicine*. Also explained is what the patient needs to know about ensuring the blood draw and PSA test is a legitimate representation of the "real" PSA number and not an artificially inflated number caused by outside influences, most of which are within the patient's control. Knowing these things can help ensure an accurate PSA test, early prostate cancer detection, and a minimization of anxiety and false alarms.

## Did you find Bob's new book helpful?

Please [write a review on Amazon](#).

We're happy to discount books in quantity (minimum 20) to anyone interested in spreading the word on proton therapy. [Just send an email to Deb Hickey](#). Proceeds from book sales are used to help fund our efforts and to support proton therapy research.

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](#).



## events

# National Proton Conference



The National Association for Proton Therapy (NAPT) will be holding its annual conference in St. Petersburg, FL, April 3-6, 2022. There will be two days of in-person engagement, education, and collaboration among experts in the proton therapy world.

**Exhibits:** There are typically large halls filled with displays showing the latest developments in proton therapy technology, equipment, systems, and support systems. Information is presented on new particle accelerator design, new beam delivery systems, more precise control systems, and many things connected with proton therapy.

**Attendance:** Proton therapy centers from all over the world send representatives to the conference. Often clinicians and clinical leaders from all the major U.S. proton centers attend and many participate in panel discussions. Other attendees include physicists, senior administrative officials, and vendors who design and make equipment, products, and systems that support proton therapy and related technologies.

**Panels and Presentations:** Several presenters and panels will address a variety of proton-related issues ranging from the latest developments in proton therapy research, clinical and technological advances in proton therapy, global proton initiatives, and the economics and sustainability of proton center development and growth.

[Learn more.](#)



on the lighter side

## Last Month's Brain Teaser

I have a little house in which I live all alone. It has no doors or windows, and if I want to go out, I must break through the wall. What am I?

**Answer:** A chick in an egg

**Winner:** BOB member Harry Phillips of Tacoma, WA is the October brain teaser winner! Harry was treated for his prostate cancer at Loma Linda in 2007. "My treatment and care were terrific," he said. Harry is a retired CPA who also taught tax and accounting courses at nearby Pacific Lutheran University. He and his wife Linda live in the Puget



Sound area, though they "sneak away" for a couple of weeks each year to Hawaii. They also have a beach house on Vashon Island (between Seattle and Tacoma) for weekends and summers. "I enjoy volunteering with our homeless community, playing golf, reading, and wine tasting ... not necessarily in that order," said Harry. "I have also enjoyed receiving phone contact from prospective proton patients and sharing my experience to help them make their decisions about methods of care."

*Photo: Harry getting his COVID vaccine.*

# New Brain Teaser

Among timepieces, sundials have the fewest moving parts. Which timepiece has the most moving parts?

Send your brain teaser answer to [DHickey@protonbob.com](mailto:DHickey@protonbob.com) for a chance to win a signed copy of Bob Marckini's **NEW second edition book**, *You Can Beat Prostate Cancer*.

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## The Golfing Pastor *(Source)*

A pastor with a passion for golf decided to skip church one Sunday morning and go play 18 holes.

He told his assistant he wasn't feeling well and then drove to a golf course in another city, so nobody would know him.

The pastor teed off on the first hole, a par 5. A huge gust of wind caught his ball in the air, carried it an extra 200 yards, and dropped it right in the hole for a 450-yard hole-in-one!

Just then, an angel looked at God and said, "What'd you do that for?" God smiled and said, "Who's he going to tell?"

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## Some Golf Truisms from Those Who Should Know

"It is almost impossible to remember how tragic a place the world is when one is playing golf." —Robert Lynd

"They say golf is like life, but don't believe them. Golf is far more complicated than that." —Gardner Dickinson

"If a lot of people gripped a knife and fork as poorly as they do a golf club, they'd starve to death." —Sam Snead

"Man blames fate for all other accidents but feels personally responsible when he makes a hole-in-one." —Bishop Sheen

“I don’t say my golf game is bad, but if I grew tomatoes, they’d come up sliced.” —Arnold Palmer

“The ardent golfer would play Mount Everest if somebody would put a flag stick on top.”  
—Pete Dye

“I’m hitting the woods just great; but having a terrible time getting out of them!” —Buddy Hackett

“The only time my prayers are never answered is playing golf.” —Billy Graham

“May thy ball lie in green pastures, and not in still waters.” —Ben Hogan

“If I hit it right, it’s a slice. If I hit it left, it’s a hook. If I hit it straight, it’s a miracle.” —Anonymous

“Golf is a game invented by the same people who think music comes out of a bagpipe.” —Lee Trevino

And finally ... the number one golf rule you MUST follow:

Always take the car keys out of your golf bag before you throw it into the creek.



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. The segment below is titled, “Estate Planning.”*



**BOB Comment:** Ron Hendricks and his wife Karen are also very generous and caring people. Every single month, without fail, they make a generous contribution to the *Robert J. Marckini Endowed Chair for Proton Therapy Research*. God bless you, Ron and Karen.

“What legal documents do I need to prepare to help my family after I am gone? I would like to get my affairs in order but could use some help.”

There are four essential legal documents to consider including in your estate plan. These documents will make sure your wishes regarding your estate are legally enforceable and clear. They may also help minimize any conflicts and confusion with your family.

Proper documentation can assist your health care providers if you become seriously ill or pass away. Here are the key documents you need, along with some tips to help you create them.

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**Will:** This document allows you to communicate your wishes of how you would like your property and assets to be distributed after you pass away, whether it is to family, friends, or a charity. It also lets you to designate an executor to ensure your wishes are carried out and allows you to name guardians if you have dependent children.

**Revocable Living Trust:** In addition to a will, if you own real estate or have considerable assets, another option you may want to consider is a revocable living trust. This functions like a will but allows your estate to avoid the time and expense of probate (the public legal process that examines your estate after you pass away) and helps ensure your estate's privacy.

**Durable Power of Attorney:** This allows you to designate someone you trust to handle your financial matters if you become incapacitated.

**Advanced Health Care Directive:** This includes two documents that explain your wishes regarding your end-of-life medical treatment. The two documents are a "living will," which tells your doctor what kind of care you want to receive if you become incapacitated, and a "health care power of attorney" (or health care proxy), which names a person you authorize to make medical decisions on your behalf if you are unable. You may also consider including a do-not-resuscitate order (DNR) as part of your advance directive, since advanced directives do little to protect you from unwanted emergency care like CPR. To create a DNR, ask your doctor to fill out a state-appropriate form and sign it.

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Hiring an attorney to draft an estate plan to ensure it is enforceable and executed properly according to state law is advisable. It is highly recommended to hire an attorney, if you want or need assistance or if you have considerable assets, a complicated financial situation or a blended family. An experienced lawyer can make sure you cover all your bases – especially when writing a will or living trust – which can help avoid family confusion and conflict after you are gone.



# Strange but True Facts [\(Source\)](#)

Here are some facts that are so weird, you won't believe they're true.

## Vacuum cleaners were originally horse-drawn.

One of the earliest known vacuum cleaners was so large it had to be hauled from house to house via a horse-drawn wagon. Giant hoses were pulled through customers' windows and a gas-powered motor suctioned the dirt into a glass container.

## Alfred Hitchcock was frightened of eggs.

That's right. The master of scary movies like *Psycho* and *The Birds* was ovophobic. He once said, "That white round thing without any holes. Have you ever seen anything more revolting than an egg yolk breaking and spilling its yellow liquid?"

## Pigs don't sweat.

How many times have we heard the expression, "sweating like a pig"? Well, it can't happen. Pigs are born without sweat glands. So, to cool off, they typically look for a puddle of mud to roll around in.

## Quote of the Month:

"The only place success comes before work is in the dictionary." – Vince Lombardi



final thought

## Thank You

This Thanksgiving, we give thanks to the people and organizations that help us with our mission. Without you, this "ministry" wouldn't exist.

**Thank you**, our members, for your devotion to "the cause," for sharing with others your knowledge and passion for proton therapy; for the constant feedback and messages of gratitude; for the news stories and information you think may be of interest to us and to others; for all the questions you ask on behalf of family members and others; for those who have volunteered to help newly diagnosed men and their family members who



haven't found their way; for the *You Can Beat Prostate Cancer* books you buy in bulk and your offer to pass them along to others; for forwarding the newsletter to those who may find it valuable; and for your ongoing generosity through gifts for proton research.

**Thank you,** Dr. James M. Slater, Dr. Jerry Slater, and Loma Linda University Cancer Center, for pioneering proton therapy for prostate cancer and other diseases 30-plus years ago so that tens of thousands could have their cancers cured and the quality of their lives preserved. Thank you also for your support of the Brotherhood of the Balloon, your encouragement, and your unwavering faith in our mission.

**Thank you,** LLUCC senior management, for your support of our efforts in so many ways.

**Thank you,** all the proton centers, for acknowledging the significant benefits of proton therapy, for making the capital investment to build 40-plus proton centers in the U.S. and for enabling thousands more patients to benefit from this technology.

**Thank you,** Jennifer Maggiore and the National Association for Proton Therapy, for building awareness and educating others about proton therapy; for your support of our organization; and for being a valuable resource.

**Thank you,** Dr. Nancy Mendenhall at the University of Florida Health Proton Therapy Institute, for tirelessly leading the effort on the COMPPARE trial comparing proton therapy to IMRT for prostate cancer. Thank you also to the stakeholders, physicians, scientists, statisticians, advisers, and patients, for making this study possible.

**Thank you,** all the physicians and administrative people connected with proton therapy, for routinely making yourselves available to us when we need answers to technical questions, information for our newsletters, or support for patients in need.

**Thank you,** Tim Rozelle, and the members of the Proton Therapy Law Coalition, for helping to coordinate and unify proton therapy providers, patient advocates, and attorneys to fight health insurance denials of proton therapy.

**Thank you,** Ron Hendricks, for allowing us to reprint your helpful hints on estate planning.

**Thank you,** Bob Hawley, for your timely, careful, and professional reviews of our monthly newsletter.

**Thank you,** Ralph Ambrose and the LLUCC Web team, for making sure our website and other systems are running smoothly and for answering our many questions with careful thought and timeliness.

**Thank you,** Larry Becker, Kelsey Culler, and the rest of the LLUCC team, for the thorough and timely editorial reviews of our monthly newsletter.

**Thank you**, Janya Mekelburg, for supporting our daily activities in so many ways and for your responsiveness when obstacles surface.

And finally, although he's retired from LLUH and now pastoring a church in Los Alamitos, CA, we would be remiss if we didn't extend a special **thank you** to Dr. J. Lynn Martell, who recognized the extraordinary potential of our group at the very beginning and offer encouragement and support in so many ways over the years. We wouldn't be here today if it weren't for Lynn and his support.

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With the help of these people, we are making a difference: Our members are well informed ambassadors for proton therapy; our group is responsible for introducing hundreds of men each year to proton therapy; and we have responded to assaults and misinformation on proton therapy as well as attempts by some insurers to stop reimbursing for proton treatment. Through our members, we have raised more than \$13 million, most of which was directed to proton therapy research. We are proud of our group and thankful for our members and all who support our efforts.

We would like to wish you all a very happy and healthy Thanksgiving.

Low PSAs to all,

Bob Marckini and Deb Hickey

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