BOB tales

Brotherhood of the Balloon Member Newsletter | **September 2024**

"Time goes on. So, whatever you're going to do, do it. Do it now..." –Robert De Niro

Dear Members (a note from Deb Hickey):

September is Prostate Cancer Awareness Month. Prostate cancer *still* flies under the radar for many, but as *we* know, prostate health is vitally important. If you or someone you care about has a prostate, now is the time to be proactive, not reactive. Please forward the *BOB Tales* newsletter to the men in your life!

Prostate cancer is the second most common cancer among men, touching the lives of hundreds of thousands of people. This year alone, the American Cancer Society predicts that nearly 300,000 people will hear the life-changing news of a prostate cancer diagnosis, and sadly, about 35,250 will lose their lives to the disease.

But there's power in knowledge and early action. Please spread the word. If you have a friend or loved one between ages 45 and 69, have a conversation with them about prostate cancer screening. And if they're at higher risk – like African Americans or those with a family history of cancer – they should get a PSA test at 40.

Early detection can make all the difference!

This month, we bring you an update on one of the most significant developments in proton therapy—the COMPPARE trial, which compares proton therapy to conventional radiation for prostate cancer. We also highlight a recent study evaluating the effectiveness of ultra-hypofractionated proton therapy, a form of Stereotactic Body Radiation Therapy (SBRT), where higher doses of radiation are delivered in fewer sessions, against conventionally fractionated proton therapy. Additionally, we delve into surprising findings from a study that revealed a link between gut health and erectile dysfunction. Finally, in our "In the News" section, we discuss a groundbreaking study showing how artificial intelligence is outperforming human doctors in cancer detection.

In this issue, we have a "Special Segment" featuring a story about Bob Marckini, originally published in the COMPPARE Connection newsletter by the University of Florida Health Proton Therapy Institute. Our "Flashback" article from 2009 highlights a member who discovered proton therapy through his infant son, born with life-threatening heart defects. We're also thrilled to share the inspiring story of 21-year-old Ruben Andrade, the first patient treated and saved by CAR T-cell therapy—one of the cutting-edge cancer treatments being pioneered at Loma Linda University Health.

In our "Health" section, discover which types of vegan foods are linked to heart disease and early death. Learn about the five essential health screenings every man should have, and explore the latest vitamin D guidelines, including which groups might benefit from higher doses. Plus, find out which fruit you should eat daily to improve sleep and heart health.

We welcome any suggestions you have on improving the value of the *BOB Tales* to our members. Please send your feedback to DHickey@protonbob.com.

Deb Hickey

Major Clinical Trial: Proton vs. Photon for Prostate Cancer

Insurance coverage for proton therapy has been the biggest challenge we proponents of proton therapy have faced. Science, logic, and the laws of physics all tell us that proton therapy is superior to X-rays for treating prostate cancer because significantly less radiation is deposited on healthy tissue. Therefore, one would expect fewer side effects as well as a much lower risk of secondary cancers later in life.

This belief is widely held when treating pediatric cancers. Comparative studies have also shown the clear benefits of proton therapy in treating other cancers, like head and neck sarcomas, and esophageal cancer, particularly in terms of quality of life. However, many insurers still deny coverage for prostate cancer treatment due to the lack of prospective clinical studies proving its superiority and justifying its higher cost.

Enter the COMPPARE Study…

We've written about the COMPPARE trial in previous *BOB Tales,* and this month we share some important updates and developments.

In 2017, a research team led by Nancy Mendenhall, M.D., medical director of the UF Health Proton Therapy Institute in Jacksonville, FL, was awarded an $11.9 million grant from the Patient-Centered Outcomes Research Institute (PCORI) to initiate a first-of-its-kind, multi-institutional, national clinical trial to directly compare proton therapy to IMRT (photon therapy) for treating prostate cancer.

The study was set to run approximately five years, however site activation took longer than expected and then the COVID-19 pandemic caused further delays.

news briefs

[Rising Out-of-Pocket Costs for Prostate Cancer Diagnostic Testing]

PSA screening identifies men at risk for lethal prostate cancer, but follow-up tests like MRIs and biopsies are costly and increasing. In a recent study, researchers found that among 91,850 U.S. men aged 55–69 who had a second elevated PSA test, more than 75 percent faced rising out-of-pocket costs for follow-up testing, with median costs for biopsy and imaging increasing significantly between 2010 and 2020.

[Do Poor Neighborhoods Raise Prostate Cancer Risk in Black Men?]

A new study suggests that living in poor neighborhoods may raise the risk of aggressive prostate cancer in Black men. Researchers found that stress-related gene activity, linked to disadvantaged areas, can increase cancer risk. The findings highlight the need for further research to address these disparities.

The double Ps in COMPPARE represent the collaborative effort by proton and photon practitioners, patients, partners (stakeholders), and PCORI, the nonprofit organization funding the study.

Team Composition

The COMPPARE consortium includes a diverse group of clinicians, researchers, administrators, vendors, and patients, all dedicated to directly comparing the potential benefits and harms of proton versus photon therapy.

Bob and Deb are honored to be part of the project team. Both serve as stakeholders and Bob is on the executive board.

The Details

For the COMPPARE study, data from 2,524 prostate cancer patients between the ages of 30-85 across the U.S., representing 51 proton therapy centers and IMRT facilities, is being collected. This data is gathered through patient surveys regarding treatment choice, quality of life, and side effects.

The Hypothesis

The hypothesis of the study is that proton therapy will reduce bowel dysfunction, rectal toxicity interventions, and produce superior disease control in comparison to IMRT.

It's further hypothesized that an embedded study, called PARTIQoL, comparing the standard proton therapy

Unequal Access to Proton Therapy Due to Travel-Time Disparities

A study in *JAMA Network Open* reveals significant disparities in access to proton therapy for cancer treatment across the U.S., with over 60 percent of the population living more than an hour away from a proton facility. The study highlights that older adults, low-income individuals, and rural residents face the longest travel times, exacerbating health disparities and limiting access to proton therapy. The National Association for Proton Therapy (NAPT) advocates for expanding proton facilities, enhancing support services, and influencing policies to improve access and ensure equitable treatment opportunities nationwide.

Another Proton Center Coming to Vietnam

Cancer Hospital K in Hanoi will build its fourth facility in Huu Hoa Commune, featuring a proton therapy center. The new center is set to break ground later this year, pending approvals. This will be the first facility in Northern Vietnam to offer proton therapy, focusing on neurological, lung, and prostate cancers.

protocol (44 treatments) to a moderately hypo-fractionation protocol (20-24 treatments), will show that hypofractionated proton therapy is as safe and effective as standard fractionated proton therapy.

There will be an analysis of heterogeneous treatment effects including a comparison by race (black vs. white), age (65 and under vs. over 65), and prostate cancer aggressiveness for all endpoints.

Timing and Future Prospects

Early results on two- and three-year outcomes will be revealed in 2025 and 2026. However, the most crucial outcomes, long-term results, can be assessed only five to eight years after treatment.

Over the past few years, Dr. Mendenhall has been searching for funding opportunities to support another five years of follow-up for the COMPPARE cohorts.

Recently, PCORI announced a new funding opportunity, inviting the COMPPARE project team to apply for a grant that would support an additional five years of follow-up and enhance the team's understanding of long-term patient-centered outcomes.

According to PCORI, the new grant opportunity represents the institute's first such funding announcement for long-term follow-up.

PCORI will announce award recipients in April 2025.

Dr. Nancy Mendenhall

The COMPPARE study should answer the question, once and for all, as to whether there are discernible differences between proton therapy and IMRT in treating prostate cancer. Results could resolve disagreements that are restricting patients' access to proton therapy, particularly regarding private medical insurers' coverage and reimbursement policies.

Ultra-High-Dose, Short-Course Proton Therapy vs. Conventional Treatment Method

Researchers from the Scripps Proton Therapy Center and the University of Florida Proton Therapy Institute, along with multiple sites across the U.S., recently completed a study to assess the effectiveness of ultra-hypofractionated proton therapy, also known as stereotactic body proton therapy (SBPT), compared to conventionally fractionated proton therapy (CFPT) in treating early-stage prostate cancer. SBPT typically involves five treatment sessions, while CFPT usually consists of 44 sessions. The study aimed to determine if the shorter SBPT regimen is as effective as the longer CFPT protocol.

The study involved 144 patients with early-stage prostate cancer. The researchers found that both treatments worked equally well over a two-year period, as they were just as effective at keeping the cancer at bay.

After five years of follow-up, both treatments showed similar side effects and maintained patients' quality of life. These results position SBPT as a promising alternative to traditional therapy for early-stage prostate cancer.

How Your Gut Could Affect ED

Recent research has uncovered an intriguing and unexpected connection: the relationship between gut microbiota and erectile dysfunction (ED) in men. This emerging field explores how the tiny organisms living in our intestines could have a significant impact on men's sexual health.

Researchers have been exploring how gut bacteria influence various aspects of men's health, including mental well-being, metabolism, immune function, and hormone regulation. Here's what they've discovered:

1. **Mental Health and ED:** The gut-brain axis is a communication network linking our digestive system and brain. Studies suggest that gut microbiota can influence mental health by affecting this axis, potentially leading to depression and anxiety. These mental health issues can then manifest as *psychological* ED.
2. **Metabolism and Vascular Health:** Gut bacteria play a significant role in lipid metabolism. Disruptions in this process can lead to vascular endothelial

dysfunction, a condition where the blood vessels cannot function properly. This dysfunction is a known contributor to *organic* ED.

3. **Immunity and Hormone Regulation:** The immune system and endocrine regulation are also influenced by gut microbiota. Changes in these systems can lead to hormonal imbalances and immune responses that contribute to the development of ED.

Researchers conducted a comprehensive review using PubMed to gather studies related to ED and gut microbiota. Their findings highlight the crucial role that gut microbiota and their metabolites play in the onset and progression of ED.

The exciting part of this research is the potential for new treatment targets. If gut microbiota imbalances contribute to ED, then therapies aimed at restoring a healthy gut microbiome could offer a new avenue for treatment. This could revolutionize how ED is understood and managed in the future, providing hope for improved clinical outcomes.

As scientists continue to unravel the complexities of gut microbiota, we may soon see innovative treatment plans that address ED from an entirely new angle.

AI Outperforms Doctors in Cancer Detection Accuracy

A groundbreaking study from UCLA shows that artificial intelligence (AI) is outperforming human doctors in cancer detection. *Unfold AI,* made by Avenda Health, is a software recently cleared by the FDA, that uses an AI algorithm to visualize the likelihood of cancer based on various types of clinical data. *Unfold AI* identified prostate cancer with 84 percent accuracy compared to 67 percent accuracy for cases detected by doctors.

For the study, a group of seven urologists and three radiologists reviewed 50 cases where tumors had been removed, checking for any remaining signs of cancer. Shortly thereafter, the AI software performed the same analysis.

The "negative margin rate" — the absence of cancer cells surrounding the removed tissue — was 45 times higher in cases detected by AI, meaning the risk of leaving cancerous cells behind was significantly reduced.

AI systems work by analyzing medical images with high precision and spotting patterns that might be missed by the human eye. The technology not only enhances the accuracy of diagnoses but also helps doctors make more informed decisions about treatment. Based on these findings, AI could lead to more accurate diagnoses and more targeted treatments, reducing the need for full-gland removal and the side effects that can come with it.

"So many men are afraid of treatment because of the risks associated with gland removal, and *Unfold AI* enables therapies that don't put men through the meat grinder," said Joshua Trachenberg, PhD, professor of neurobiology. "This type of AI technology gives me hope for the future of prostate cancer treatment."

AI is becoming an invaluable tool in the fight against cancer, offering a promising complement to traditional diagnostic methods.

special segment

Last month, the University of Florida Health Proton Therapy Institute ran a special story on Bob Marckini in their COMPPARE Connection newsletter. It is reprinted with permission here.

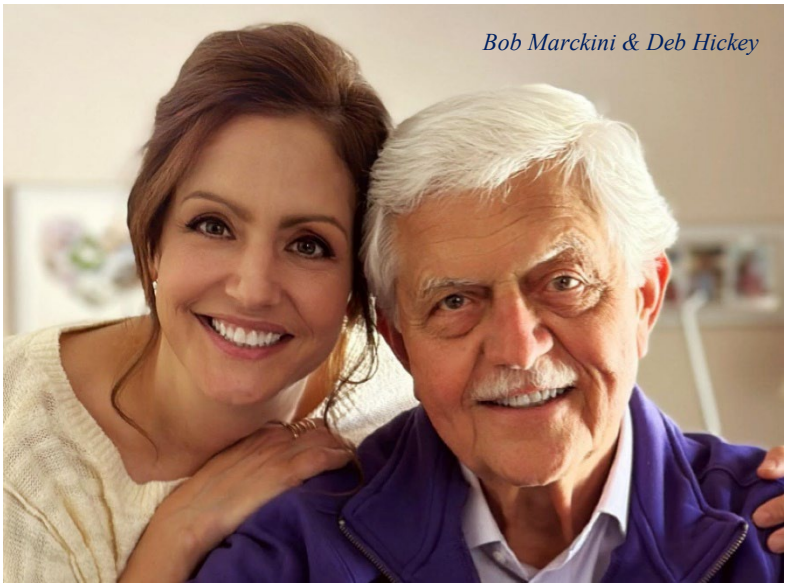
The Advocate: Bob Marckini's Extraordinary Life after Prostate Cancer

By all accounts, Bob Marckini is remarkably accomplished.

Marckini, a registered professional engineer, is a graduate of Northeastern University and the MIT Greater Boston Executive Program and experienced in project engineering, project management, manufacturing management, plant management and division management in the photographic chemical, pharmaceutical, and specialty chemical industries. He is also a former senior vice president for a Fortune 500 company.

What may be most remarkable about Bob, however, is what he has managed to accomplish *after* his prostate cancer diagnosis and treatment 24 years ago at the age of 57.

"My brother had been diagnosed with prostate cancer a couple years prior, so my diagnosis wasn't a complete surprise," he recalls. "Nevertheless, it was still frightening, especially because I witnessed my brother's experience with surgery, the blood loss, and the after-effects. I remember making a promise to myself at that time, that, 'If I'm ever diagnosed with prostate cancer, I'm going to find a treatment less invasive and less punishing than radical prostatectomy; a treatment that destroys cancer and leaves the patient with excellent quality of life after treatment.' "



Bob Marckini & Deb Hickey

Despite a urologist-recommended surgery in Boston, Bob began an exhaustive hunt for something better by researching all current treatments, meeting doctors representing each of the major options, and interviewing former patients. This meticulous approach didn't surprise his daughter, Deb Hickey, in the least.

"First, he's a 'recovering' engineer and must research everything to make an informed decision," Deb explained. "Second, he'd do just about anything to protect his family and place the least amount of worry on his daughters' shoulders in such a situation. So, my father's voice was relaxed and confident when he said, 'Deb, I have prostate cancer. But you have nothing to worry about, because I've found a safe, non-invasive treatment called proton therapy and I'm going to be fine.' And I believed he had it all under control."

Bob describes "stumbling" upon proton therapy during this time, which was then offered at only one location: Loma Linda University Cancer Center in California.

"It sounded too good to be true," said Bob. "But when I interviewed former proton patients – 56 in total – I found that it was, in fact, a viable treatment option, which destroyed cancer at least as well as surgery and left the patient with excellent quality of life after treatment."

Many patients would be content with successful cancer treatment and a return to the life they knew, and rightly so. But Bob Marckini is made of slightly different stuff.

He decided to write about his prostate cancer journey, diagnosis, and treatment in his book, *You Can Beat Prostate Cancer and You Don't Need Surgery to Do It*, first published in 2006. In addition, Bob and five fellow Loma Linda patients formed a group to stay connected, with Bob volunteering to keep everyone updated through monthly emails. That group, which began with just six members shortly after Bob's treatment in 2000, eventually grew into an influential advocacy organization. Today, the Brotherhood of the Balloon (BOB) boasts over 10,000 members from all 50 states and 39 countries.

In 2010, when Bob was struggling to keep up with a membership database that was bursting at the seams; a small, outdated website; what had become a comprehensive 20-page monthly *newsletter*; and hundreds of monthly incoming emails from members and newly diagnosed men; he turned to his daughter for help. At the time, Deb was director of marketing for a Boston-based search engine marketing company. With a background in graphic design and years of experience in marketing and copywriting, she was well-equipped to assist.

So, when Bob asked her to join as the director of operations, she hesitantly accepted. "I had no idea what it would be like to work with my father every day," Deb said, "and I honestly wasn't sure if a *woman* would be accepted in an all-male prostate cancer support group." Fourteen years later, she couldn't imagine doing anything else.

These days, Deb handles all day-to-day activities of the BOB – including the research and copywriting on the monthly newsletter; website updates and maintenance; and email correspondence.

In 2016, The National Association for Proton Therapy (NAPT) recognized Bob with the NAPT Lifetime Achievement Award at their annual conference held in New Orleans, LA. As founding executive director Len Arzt succinctly put it, "Next to Dr. James M. Slater [Loma Linda University Cancer Center], Bob Marckini has done more to increase patient access to proton therapy than anyone else. As the founder of the *Brotherhood of the Balloon*, the only patient advocacy group that can claim the majority of patients treated with a particular modality as members, Bob has provided thousands of prostate cancer patients with objective information that enables them to make informed choices about their care."

Bob and Deb joined COMPPARE's Patient Stakeholder Group in 2018, and are influential in their work with other members, the coordinating staff, and co-PIs to develop and promote the study, recruit patients, and monitor its progress.

"Not all prostate cancer treatment options are equal with regard to disease-free survival and quality of life after treatment," said Bob. "The COMPPARE trial will answer important questions that will help future prostate cancer patients make informed decisions about their treatment choice."

"I believe the results of the COMPPARE trial will provide insurers with the data needed to make coverage and policy decisions around the use of proton therapy for prostate cancer," Deb added.

Both agree that continued patient engagement is critically important to achieving the study's goals.

"After cancer treatment, patients are greatly relieved that their treatment is over; they tend to want to forget about their cancer and get on with their lives," Bob remarked. "They need to be reminded that their commitment to follow-up paperwork and surveys will greatly help the patients who come after us."

flashback

We've been producing BOB Tales *newsletters for more than 23 years. During this time we've published articles that many new members haven't seen, and some older members may have forgotten. So, we periodically re-run articles from past* BOB Tales. *This one from October 2009 is titled:*

Powerful Story of Hope, Healing, and a Twist of Fate

We signed up a new member last month who's in treatment at Loma Linda. When he registered for membership, we asked him how he learned about proton therapy, and he told us, "I learned about it from my infant son, 15 years ago." Here's the story:

I ended up at Loma Linda via a somewhat different course than most of my "brothers." My trip to Loma Linda for proton therapy actually began 15 years ago, on Oct. 18, 1992. On that day, my wife Pat and I sat in a small room at a major Washington, D.C., medical center and listened as the head of pediatric cardiology explained that our son, who had been born the previous day, had a number of serious heart problems, not the least of which was hyperplastic right-heart syndrome. We were floored when she concluded by saying, "At this point, the best thing you can do for your son is to love him and make him as comfortable as possible. With his condition, he likely will live only a few more days."

When I asked about a heart transplant, she told me they didn't work in babies, and that the odds against getting a heart were 100 to 1. And, she said, even if we were lucky enough to get a heart, if our son didn't die from the surgery, he'd most likely be a

"bubble baby" – unable to be close to other children, attend school, or lead anything approaching a normal life.

Fortunately, our son was born to two very stubborn parents. After a three-day whirlwind of research (before the Internet) and telephone calls to all parts of the country, I found myself speaking to the chief of pediatric cardiology at a major Pennsylvania hospital about heart transplant surgery. He said, "If I were in your situation, I wouldn't put my baby, or my family, through it."

I next met with another pediatric cardiologist who advised me to seriously consider going to Loma Linda University Medical Center in California. "They've done hundreds of these procedures," he told me.

To make a long story short, a few days later, a medical jet from Loma Linda transported our son to the West Coast, and there, on the Saturday after Thanksgiving, our baby received his new heart. Today he's an honor student in high school, speaks fluent French, and plays several musical instruments.

While at Loma Linda for five months, including post-surgery follow-up, we were regaled several times with information about the wonderful new cancer treatment, called proton therapy, which was being offered deep beneath the children's hospital. At that time – and based on our experience at Loma Linda with our son – I said to my wife, "If I ever have a cancer that can be treated by proton therapy, I will return to Loma Linda." And so I have.

► **BOB Comment 2024:** The first infant heart transplant surgery was performed at Loma Linda Medical Center in 1984. It was a xenotransplant, meaning the organ came from a nonhuman, animal source. In this case it was the heart of a baboon. The procedure was performed by Dr. Leonard Bailey. Sadly, "Baby Fae" died 21 days later. But much was learned from that procedure, and it paved the way to successful human-to-human infant heart transplants at Loma Linda soon after.

The first successful neonatal human heart transplant was also performed at Loma Linda Medical Center by Dr. Bailey on Nov. 15, 1985. The recipient, "Baby Moses"(Eddie Anguiano), was born with hypoplastic left heart syndrome. Today, infants are living for decades following heart transplant surgery thanks to the pioneering efforts of Dr. Bailey and Loma Linda University Health. Eddie Anguiano is alive today and is the longest living recipient of a heart transplant.

Loma Linda University Health subsequently shared their infant heart transplant experience and technology with the world. As a result, tens of thousands of infants and their families have benefitted worldwide.

Radical New Cancer Therapies: Potential to Transform the Incurable into the Curable

In our June issue, we introduced you to four radical new cancer treatment technologies being pioneered at Loma Linda University Health (LLUH). These therapies target aggressive, metastatic prostate cancers as well as many previously incurable cancers. Among the many deadly afflictions LLUH is focusing on are glioblastoma, pancreatic adenocarcinoma and neuroendocrine cancers diseases that have claimed the lives of public figures like Ted Kennedy, John McCain, Steve Jobs, Patrick Swayze, Aretha Franklin, and Alex Trebek**,** as well as some of our own friends and loved ones. Just last month, Bob and Deb lost a dear friend to pancreatic cancer. She passed away within one month of her diagnosis.

This month, we're focusing on the incredible potential of CAR T-cell therapy, and we're thrilled to share that LLUH has successfully treated its first patient with this innovative treatment.

Ruben Andrade

Meet 21-year-old Ruben Andrade, who began battling acute lymphoblastic leukemia (ALL) last year. His journey started with swollen lymph nodes. "I felt like I was getting a cold," Ruben said. His primary care doctor performed some blood tests and the results were concerning. "She said I needed to go to Loma Linda hospital right away." Shortly thereafter, Ruben was diagnosed with cancer. "I started bawling," Ruben said.

Despite undergoing standard chemotherapy, Ruben's condition didn't improve. Dr. Hisham Abdel-Azim, head of transplant and cell therapy at Loma Linda University Cancer Center (LLUCC), suggested they try CAR T-cell therapy.

This past March, Ruben received the life-changing CAR T-cell infusion. In a matter of weeks, his blood counts started to normalize, and he began to regain his health and mobility. Ruben expressed deep gratitude, feeling hopeful about leaving cancer behind and getting back to a normal life. Dr. Abdel-Azim is also optimistic and believes that CAR T-cell therapy has the potential to transform an incurable disease into a curable one.

Ruben's journey illustrates the transformative power of CAR T-cell therapy. Though chemotherapy took a toll, leaving him weakened and grappling with side effects, his resilience, combined with this cutting-edge treatment, led Ruben to healing. Today, he's in remission. As Ruben steadily returns to normal life, his story serves as a beacon of hope and underscores the vital importance of continued research and support for advanced cancer therapies.

Loma Linda University Health is committed to raising $100 million to expand its cancer treatment and research facilities. This expansion is vital for advancing these cancer therapies and making them accessible to patients. To support LLUH's *Stronger Together* campaign and contribute to these life-saving initiatives, please visit the campaign giving page on their website. Your support can help ensure these pioneering treatments reach those who need them most.

More Giving Options

- **Online:** Donate here. From the pull-down menu, choose where you'd like to direct your gift — 1) Cancer Center Vision; 2) Proton Research through the *James M. Slater Chair;* 3) Proton Research through the *Robert J. Marckini Chair;* or 4) Other (specify any area you'd like your gift directed in the space provided)

- **By Check:** Make your check out to "LLUCC." Specify where you'd like to direct your gift in the memo line — 1) Cancer Center Vision, 2) *Slater Chair,* 3) *Marckini Chair,* or 4) write "unrestricted" so LLUH can use it where it's needed most. Mail your check to: LLUH, Office of Philanthropy P.O. Box 2000, Loma Linda, CA 92354.

- **By Phone:** Call Regina Joseph at 909-558-5010.

Processed Vegan Foods Linked to Heart Disease, Early Death

New research suggests that while plant-based diets are generally seen as healthful, consuming ultra-processed vegan foods (UPFs) can increase the risk of heart disease and early death. UPFs, which include packaged foods, drinks, cereals, and ready-to-eat products with additives, are often high in sugar, saturated fat, and salt but lack vitamins and fiber.

The study, conducted by researchers from the University of São Paulo and Imperial College London and published in *Lancet Regional Health*, analyzed the diets of over 118,000 adults aged 40 to 69. It found that a diet rich in fresh plant-based foods like fruits, vegetables, whole grains, and legumes can significantly reduce heart disease risk. Specifically, for every 10 percent increase in fresh plant-based food consumption, the risk of death from heart disease dropped by 20 percent.

However, when plant-based foods were ultra-processed, the risk of heart disease-related deaths *increased* by 12 percent. The study's lead author, Fernanda Rauber, Ph.D., noted that the processing and additives in UPFs can raise blood pressure and cholesterol, leading to oxidative stress and inflammation. Dr. Eszter Vamos, Deputy Director of the Public Health Policy Evaluation Unit and co-author of the study, highlighted that despite being marketed as healthful, plant-based UPFs don't provide protective health benefits and are associated with poor health outcomes.

This study is the first to demonstrate that plant-based UPFs are linked to an increased risk of cardiovascular disease. The researchers recommend that nutritional guidelines for plant-based diets include warnings to avoid UPFs and instead focus on whole, unprocessed foods.

Independent experts, like dietitian Duane Mellor, emphasize the importance of a balanced diet that prioritizes whole foods such as vegetables, fruits, legumes, nuts, and whole grains, rather than relying on processed foods like cookies, chips, and soft drinks that, while technically plant-based, are not part of a healthful diet.

5 Screenings Men Shouldn't Miss

There are many reasons why men might neglect regular healthcare, from busy schedules to a fear of what they might find out. However, this reluctance can have serious consequences. On average, men have a shorter life expectancy than women and are more prone to dying from chronic diseases like heart disease and cancer.

Routine screenings are essential for men's health, helping to detect and manage risks before they become serious. Dr. Scott Hetzel, an internal medicine physician with ThedaCare Physicians-Berlin, highlights that these screenings not only help identify potential health issues early, but can also provide peace of mind when results are normal. Key screenings include:

- **Prostate Cancer:** Start screening at age 50, or earlier if at higher risk.
- **Colorectal Cancer:** Begin regular screenings at age 45.
- **Heart Disease:** Monitor blood pressure, cholesterol, and other risk factors annually.
- **Diabetes:** Early detection through blood tests is crucial, especially with risk factors like belly fat.
- **Mental Health:** Address issues like depression and stress to help prevent debilitating outcomes.

Other important health checks men should consider include skin cancer, glaucoma, bowel cancer, and bone density.

New Vitamin D Guidelines: Benefits for Specific Groups

In a recent video, Dr. JoAnn Manson, a professor at Harvard Medical School, discussed the Endocrine Society's recent guidelines on vitamin D for disease prevention. The guidelines suggest a limited role for vitamin D supplementation and screening for deficiency in the general population, endorsing the 2011 RDA by the National Academy of Medicine: 600 IU daily for adults up to age 70, and 800 IU daily for those older.

Certain groups may benefit from higher intakes:

- **Older adults (75+) for reducing mortality due to decreased absorption and synthesis**
- **Children and adolescents for preventing rickets and respiratory infections**
- **Pregnant women for reducing preeclampsia and other complications**
- **Those with prediabetes to prevent progression to Type 2 diabetes**

People with conditions like Crohn's disease, inflammatory bowel disease, or those on osteoporosis medications, and nursing home residents, might also need higher doses.

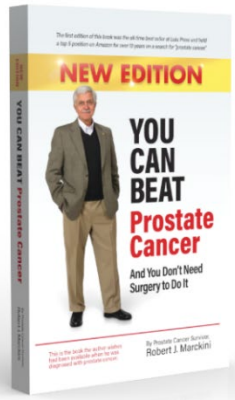
Randomized trials suggest daily doses of vitamin D are safer and more effective than high intermittent doses. Studies, including the VITAL trial, indicate that at least 2000 IU daily is safe and can reduce risks for advanced cancer and autoimmune diseases, especially in individuals with a BMI below 25.

Further research is needed to determine effective supplementation for those with higher BMIs, possibly using metabolized forms of vitamin D.

Avocados Boost Heart Health

New research shows that eating one avocado daily can improve sleep and heart health. The study, which analyzed data from over 1,000 participants in the Habitual Diet and Avocado Trial (HAT), found that daily avocado consumption positively impacts cardiovascular risk factors by lowering total cholesterol and LDL-C without affecting body weight. Participants consuming avocados daily showed better sleep quality and improved diet and blood lipid scores compared to those who did not. While overall cardiovascular health scores were similar between the avocado and non-avocado groups, the daily avocado eaters experienced notable health benefits. The study, funded by the Hass Avocado Board, suggests further research on the relationship between diet and cardiovascular health.

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



Still Strong in Amazon!

Bob's book continues to significantly impact people's lives, as evident by the feedback received on Amazon and by the many daily email messages we receive.

In Amazon, the book is *still* holding strong in the No. 2 position on a list of more than 6,000 books on prostate cancer. And, the first and second editions have a combined 771 reader reviews, averaging a five-star rating.

Recent Amazon Review

Following is an excerpt from one of the book's latest reviews.

★★★★★

Great Source of Information

… Bob's book was motivational for me. He put together a rational and well-researched argument in support of proton beam radiation therapy. This, from a plethora of possible treatment options.

His writing style is well organized and entertaining, keeping his readers focused and motivated. His overriding theme is to "be your own advocate and do your due diligence."

Kudos for a great job and a very readable treatment of a difficult subject. I'm still on the journey and this is my reference road map.

Two Recent Negative Reviews

Two recent reviews rated Bob's book just one and two-stars. One of these reviewers expressed disappointment because the author isn't a doctor. In fact, we know that Bob felt strongly about writing a book from the patient's perspective, providing a

personal, in-depth understanding of all the treatment options available, the pros and cons of each, why he chose proton therapy, and his detailed experiences with various diagnostic procedures and the treatment itself. We believe that's the book's greatest appeal!

The second reviewer argues that it hasn't been proven that proton therapy is superior to conventional radiation.

As you read in our first News story this month, science, logic, and the laws of physics support the hypothesis that proton therapy is superior to conventional X-ray radiation for treating cancer. One indisputable fact is that, with proton therapy, far less radiation is deposited on healthy tissue than with conventional radiation. All doctors and scientists agree that the only safe dose of radiation to healthy tissue is a zero dose. Proton comes closest to that goal. And finally, we believe the COMPPARE study will answer these questions once and for all.

Unfortunately, Amazon doesn't allow us to respond to reader reviews. However, potential readers will also see the vast majority of other reviews, which are overwhelmingly positive.

Was the book helpful to you?

If Bob's book was helpful to you and you'd like to help others find it on Amazon, please write a review. *Every single review contributes to the credibility and visibility of the book.*

on the lighter side

Last Month's Brain Teaser

The more you take away the bigger it gets; the more you add the smaller it becomes. What is it?

Answer: a hole

Winner: A BOB member from San Francisco, CA, who was treated *22 years ago,* is the brain teaser winner.

Congratulations! Your signed copy of Bob's book is on the way…

Runner Up: BOB member Tom Francomano of Saratoga Springs, NY – an ophthalmologist – had an interesting answer that we think deserves a second-place award. His answer? Light and the pupil. "The more light, the smaller the pupil; the less light, the larger the pupil." Makes sense to us!

New Brain Teaser – Another Easy One

In a box there are 30 billiard balls – 10 black, 10 white and 10 red – scattered haphazardly. They all weigh and feel the same. If you are wearing a blindfold, what is the fewest number of balls you must draw out to *ensure* you get a pair that matches: that is, two white balls, two black balls, or two red balls?

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

Pretty Bad Jokes

- Do you know why you never see elephants hiding in trees? It's because they're so good at it.
- Which days are the strongest? Saturday and Sunday. The rest are weekdays.
- What has five toes and isn't your foot? *My* foot.
- What's blue and not very heavy? Light blue.

- In 2023 I didn't do a marathon. I didn't do one in 2020, 2021 or 2022, either. This is a running joke.
- My friend Jack claims he can communicate with vegetables. Jack and the beans talk!
- What's blue and smells like red paint? Blue paint.

Real Headlines!

- **Something Went Wrong in Jet Crash, Expert Says.** Ya think?
- **Police Begin Campaign to Run Down Jaywalkers.** Now isn't that taking things a bit far?
- **Panda Mating Fails; Veterinarian Takes Over.** All in the line of duty?
- **Miners Refuse to Work after Death.** Talk about lazy!
- **War Dims Hope for Peace.** I can see where it might have that effect.
- **If Strike Isn't Settled Quickly, It May Last Awhile.** Once again – ya think?

Senior Wisdom

- The ability to speak several languages is an asset, but the ability to keep your mouth shut in any language is priceless.
- Happiness is not having to set the alarm clock.
- Just once, I want the prompt for username and password to say, "Close enough."
- Becoming an adult is the dumbest thing I've ever done.
- "Your call is very important to us. Please enjoy this 40-minute flute solo."

Random Humor

- When I was a kid, we played spin the bottle. If they didn't want to kiss you, they'd have to give you a quarter. By the time I was 12, I owned my own home.
- Butch is in court, and after an eight-hour trial he pleads guilty. The judge says, "Why didn't you plead guilty at first and save the court all this time?" Butch says, "I thought I was innocent until I heard all the evidence."
- They say 40 is the new 30, and 50 is the new 40. But all I know is the older I get, the more 9 p.m. is the new midnight.

odds & ends

Did You Know…?

- The blob of toothpaste on your toothbrush has a name. It's called a nurdle.
- Crocodiles can't stick out their tongues. A sturdy membrane sticks the alligator's tongue to the roof of its mouth.
- There's an ant species that's unique to New York City. Biologists found them in a specific area and named them ManhattAnts.
- You could fall through the center of the Earth in 42 minutes. Thankfully, no one has tried this yet.
- Flamingos don't bend their legs at the knee. They bend their legs at the ankle!
- In an average lifetime, people eat around 70 assorted insects while sleeping. And about 10 spiders. Oh no!
- Hawaii gets three feet closer to Alaska every year. The Aloha State sits on a tectonic plate, called the Pacific Plate, that shifts closer to the mainland every day.
- The world's oldest-known pants are around 3,000 years old.
- The most shoplifted item in the world is cheese.
- A group of flamingos is called a flamboyance.
- In the 16th century, it was fashionable to have black teeth.

Quote of the Month:

"The worst thing that happens to you may be the best thing for you if you don't let it get the best of you." –Will Rogers

final thought

I Asked God

A poem by Claudia Minden Weisz

I asked God to take away my pride,
And God said, "No."
He said it is not for Him to take away,
but for me to give up.

I asked God to make my handicapped child whole,
And God said, "No."
He said her spirit is whole,
Her body is only temporary.

I asked God to grant me patience,
And God said, "No."
He said that patience is a by-product of tribulation,
it isn't granted, it's earned.

I asked God to give me happiness,
And God said, "No."
He said He gives blessings,
Happiness is up to me.

I asked God to spare me pain,
And God said, “No.”
He said, “Suffering draws you apart from worldly
cares and brings you closer to Me.”

I asked God to make my spirit grow,
And God said, “No.”
He said I must grow on my own,
but He will prune me to make me fruitful.

I asked God if He loved me,
And God said, “Yes.”
He gave me His only Son who died for me,
and I will be in Heaven someday because I believe.

I asked God to help me love others,
as much as He loves me.
And God said, “
Ah, finally you have the idea.”

Low PSAs to all,

Bob Marckini and Deb Hickey