

BOB tales

Brotherhood of the Balloon Member Newsletter | July/August 2016



“The future depends on what you do today.”

—Mahatma Gandhi

Dear Members,

When I chose proton therapy for my prostate cancer almost 16 years ago, I did so for two primary reasons: 1) After exhaustive research, I truly believed my chances for disease-free survival with proton therapy were at least as good as surgery or any other major treatment option, and likely better, because the margins around the prostate were also targeted by the proton beam, and 2) After interviewing literally dozens of former patients, I was convinced that my chances of maintaining urinary function and sexual potency were best with proton.

There was also a third reason I chose proton: Believing that the quality of my life would be significantly better with proton therapy, I rationalized that, even if I had a recurrence five, 10 or 20 years later, research would likely produce new ways to deal with returning cancer. Meanwhile, the quality of my life would be excellent.

How right I was.

In the past few years there has been an explosion of new technologies relating to prostate cancer diagnosis and treatment. New imaging technologies, such as 3-Tesla multi-parametric MRI, color Doppler ultrasound, C-11 Acetate PET Scan and C-11 Choline PET scan, to name a few, are able to detect minute traces of cancer.

The Opko 4K score, Prostate Health Index, ConfirmMDx, genomic tests that measure the molecular biology of a patient's prostate cancer and a new test to determine the presence of exosomes (chemical messengers) have been developed. These tests help greatly in cancer detection as well as determining the level of aggressiveness.

In 2015, the FDA approved 45 new drugs, the most in two decades. And 225 are expected to be approved over the next five years. New drugs and drug combinations have been discovered that can slow or stop the progression of recurrent cancer. And new, or upgraded, targeted therapies, such as focal laser ablation (FLA), focal cryotherapy, and high intensity focused ultrasound (HIFU) can be used to treat some cancerous lesions. Also, advances in proton therapy have allowed the pencil beam to be used to treat certain recurrences.

The new imaging technologies are not only extremely useful in identifying recurrent cancer “hotspots” for targeted treatment, they are also very helpful in identifying lesions within the prostate to help target biopsies when diagnosing primary prostate cancer, which will ultimately lead to the elimination of the old-fashioned “blind” biopsy.

All this has happened within the past few years. One can only imagine what breakthrough diagnostic tests, therapies, and drugs will come along in the next few years. Once again, this reinforces the concept of selecting a treatment that maintains quality of life, knowing that new developments and new technologies are coming along that will significantly improve doctors’ ability to pinpoint and treat recurrent cancer.

In this month’s *BOB Tales*, we will provide an overview of some of the new prostate cancer tests available and documented in *Health & Wellness* and *The Wall Street Journal*. Over the next few months, our guest writer, BOB member, Dr. Pat Greany, Deb, and I will be summarizing some of the more promising of these new technologies, many of which are already in practice at some of the leading medical centers in the U.S.

Learning about these tests is critically important, especially to our friends and family members, many of whom may be subjecting themselves to older technologies that don’t provide the benefits of these latest developments. Stay tuned.

I hope you enjoy this month’s *BOB Tales*. As always, we welcome your feedback and suggestions for future newsletters. Just send an email to DHickey@protonbob.com.

Bob Marckini

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news report

New Prostate Cancer Tests

This is the title of a May 10, 2016 front-page Health & Wellness [article](#) in *The Wall Street Journal* (WSJ).

Much of today's prostate cancer testing is based on relatively old technology. Fewer than 20 percent of biopsies find prostate cancer. The typical 12-core "blind" prostate biopsy samples less than one percent of the prostate, and misses more than 25 percent of cancers. Men frequently have to undergo several biopsies before cancer—which was there all the time—is found.

Most doctors agree that a large number of early-stage, Gleason 6 prostate cancers can safely be followed through active surveillance. They also agree that better tests are needed to not only spot cancers, but identify which cancers may be aggressive enough to warrant treatment. And much progress is being made in this arena.

Last year we reviewed an excellent book, "[Prostate Cancer Breakthroughs 2014.](#)" by Jay S. Cohen, M.D., which focuses heavily on newer technologies for imaging the prostate and identifying suspicious lesions that should be targeted by biopsy. The WSJ article covered some of these tests and some newer tests that are showing considerable promise.

Because so many men were being over-treated, the U.S. Preventive Service Task Force recommended in 2012 that men not be screened for prostate cancer at all. This, in our opinion, was an overreaction. We have stated many times that the problem is not over-testing, it's over-treating. The new tests are helping doctors target suspicious lesions as well as predict the aggressiveness of cancers.

Although many of the newer tests have shown great promise in retrospective studies, few of them have yet to be vetted by the Food and Drug Administration, so the data has not been generated to confirm that the tests will substantively improve prostate cancer care in the long term.

News Brief

Lower-Cost Proton Centers Means Faster Growth

An [article](#) on this subject appeared in *Healthcare Finance* on April 25, 2016.

Until recently, large, multi-treatment-room proton centers cost upwards of \$200 million and presented a significant entry barrier. With the development of smaller, single-room units that are much less expensive, a growing number of medical centers are adding proton therapy to their offerings.

When Loma Linda University Health (LLUH) was constructing the first hospital-based proton center in 1989, *The Wall Street Journal* posted a story titled, "Off the Beam? Proton Device to Fight Cancer Is a Boondoggle — or a Breakthrough." Some "experts" referred to the new proton center as a "white elephant" and "a waste of money." The US FDA referred to it as, "a contraption."

At the same time, LLUH's visionary, Dr. James Slater, predicted there would be 100 proton centers in the US someday. Today there are 23 in the U.S. and 56 worldwide, with dozens under construction or in the planning stages. One hundred in the U.S. will become a reality soon after.

Some of the New Tests

The **Opko 4K score**, developed at Memorial Sloan Kettering Cancer Center analyzes four types of PSA-related proteins in blood samples and determines the likelihood that a biopsy would find an aggressive cancer. The implications of this are enormous.

Prostate Health Index (PHI) is a new PSA-based test developed by Beckman Coulter. It can predict if the biopsy is likely to find cancer.

Another new test, available from MDx Health, looks for gene fragments of prostate cancer in urine, to assess whether the cancer is likely to be high-risk.

MDxHealth has also developed a new test called **ConfirmMDx**, which searches biopsied tissue for precancerous changes that may predict a nearby tumor. This test identified two-thirds of prostate cancers missed on first biopsy and correctly identified two-thirds of patients who could forgo repeat biopsies.

Exosome Diagnostics has developed a new test, scheduled to be available this year, which checks for the presence of exosomes, the chemical messengers that can pave the way for cancer's spread. One study published in *JAMA Oncology* reported the **Exosome test** correctly identified 97 percent of cancers that were later found to be aggressive via biopsy.

Prolaris, a genomic test that measures the molecular biology of a patient's prostate cancer is being used to predict the likelihood of dying from prostate cancer in the next 10 years. It can also help predict whether or not the cancer is likely to metastasize.

Multi-parametric MRI is being used by some doctors, instead of biopsies, to monitor patients who have opted for active surveillance. MpMRI is also being used to identify hotspots in the prostate giving doctors an important tool to ensure cancer is not missed during biopsy.

Mark Sholz, a prostate oncology specialist in California, believes that an mpMRI gives much of the same information as a biopsy and can help distinguish between low- and high-risk cancers before an invasive biopsy is performed. He said, "When patients find out they have a choice between 12 harpoon sticks to the prostate through the rectum or an MRI, they are on board big time."

There are still bugs to be worked out with most of these new tests. Some cancers can be missed, and the relative aggressiveness of some cancers can be miss-diagnosed. Nevertheless, these and other new prostate cancer tests are coming fast, and we predict they will dramatically change the direction of prostate cancer treatment in the not-too-distant future.

We will be reporting on progress and new developments in prostate cancer testing in upcoming *BOB Tales*.



Proton Therapy Gets Renewed Attention

A recent [Wall Street Journal article](#)—the most positive we’ve seen on proton therapy to date—covers the “explosive rise of proton beam therapy” through “huge machines” that are selling so rapidly, workers are being added by the hundreds to launch new systems.

Until recently, demand was muted due to high cost and lack of “evidence” that the technology makes sense financially. Proton therapy has been justified for treating pediatric cancers and some adult cancers, but for prostate cancer, it has been questioned as there are many other less costly treatments available.

Hospitals have been unwilling to spend millions on proton machines, but without more treatment centers, there was no way to gather the data to prove the technology worthwhile. However, in the past five years, the number of proton centers worldwide has more than doubled. Furthermore, many hospitals are building compact centers that take up less space and cost much less to install. With more centers being built, it enables researchers to run more clinical studies comparing proton therapy with traditional radiotherapy.

Another reason for the boost is the decision by some health systems to take on the expense of building a proton center instead of sending patients overseas for treatment.

The launch of the pencil beam in 2012 also helped advance the promise of proton therapy, making it possible to treat several tumor types that had been off limits in the past.

A 2013 study estimated the cost of proton therapy at \$32,428 per treatment, versus \$18,575 for traditional radiation therapy, however advocates believe proton therapy [may be less expensive in the long term](#) due to follow-up costs for treating side effects.

Guidelines issued in 2014 by the *American Society for Radiation Oncology* also helped support the case for proton therapy. They recommended that health insurers cover proton therapy for all forms of cancer patients—not just those for whom the treatment has a proven cost-benefit—if they are participating in a clinical trial.

Todd Ketch, executive director of the National Association for Proton Therapy (NAPT), said that insurance coverage for proton therapy in the U.S. was mixed. While some insurers “clearly value both the short- and long-term benefits of proton therapy for certain patients fighting cancer,” others require patients to “navigate daunting administrative approval and appeals processes to obtain coverage.”

[Read more.](#)

Proton Therapy for Prostate Cancer: Is it Worth it?

A new study from the University of Florida Health Proton Therapy Institute weighs in on the debate with new research that finds proton therapy is a highly effective treatment for low-, intermediate-, and high-risk prostate cancer. An article, [“Proton Therapy for Prostate Cancer: Is it Worth it?”](#) appeared in *DOTmedNews Online* reporting on this.

The study, published in the *International Journal of Radiation Oncology Biology Physics*, followed more than 1,300 men treated between 2006 and 2010. No cancer recurrence was seen in 99 percent of the low-risk patients, 94 percent of intermediate-risk, and 74 percent of high-risk patients.

The article quoted Dr. Curtis Bryant, a radiation oncologist and lead researcher: “One of the major benefits of proton therapy when compared to IMRT is that proton therapy has the potential to reduce the risk for long-term side effects. Consequently, proton therapy best serves patients with curable cancers where the expectation is for a long life following radiation therapy.”

Researchers reported that there is still not sufficient reliable evidence to fully assess the benefits of proton therapy over IMRT. According to Dr. Bryant, a study is planned for a definitive comparison of proton therapy with IMRT. The



goal of the study will be to determine the relative value of proton therapy compared to other radiation therapy modalities in terms of minimizing the risk for toxicity, preserving patient-reported quality of life, and providing tumor control.

The article points out rightly, that for advocates of proton therapy for prostate cancer, “survival is not the end of the story. Quality of life can be jeopardized by long-term complications or the development of a secondary cancer. For prostate cancer in particular, gastrointestinal or urologic toxicity can have major repercussions on the post-treatment life of the patient.”

The planned study will shed much light on these important issues.

[Read more.](#)

Groundbreaking Draws Over 3,000

An expanded Loma Linda University Children’s Hospital and new adult Medical Center will open its doors to the community in 2020. More than 3,000 individuals attended the groundbreaking event last month.

During the program, **Richard Hart**, MD, DrPH, president, Loma Linda University Health, recapped the history of the organization, stating, “This institution was built through stages by visionary leaders who took the realities of their day and molded them into a strategy for the future.” He continued, “Our hospitals are where our beliefs are put into action, where our knowledge, our expertise and our compassion come together to restore lives and families.”

Hart also announced the new hospital complex will be named after Dennis and Carol Troesh, who donated \$100 million toward the philanthropic campaign benefiting the new hospital, [Vision 2020: The Campaign for a WHOLE tomorrow](#).

Rachelle Bussell, senior vice president of advancement, reported that more than \$225 million has been raised toward the \$360 million goal of the campaign.

Standing 16 floors and spanning a distance longer than a football field, this facility will be an instantly recognizable icon,” said **Kerry Heinrich**, JD, CEO, of LLU Medical Center. “More important, it will stand as a beacon of hope for all of us, and especially those who are facing their darkest hour.”

Following the program, a group of officials and donors dipped into the red-brown earth with ceremonial golden shovels, making a historic step toward completion of the hospital.



[Read more](#) and/or watch a [video](#) of the event.



Recap: Pacific NW Golf Event and BOB Reunion

Last month, nearly 60 attended the Pacific Northwest Proton Patient Reunion, Golf Event, and Dinner in Portland, OR. Golfers, who were there, not for a tournament, but to simply have fun, enjoyed laughter and great weather at the Chehalem Glenn Golf Course.

Later that evening, a dinner was held at the Portland Adventist Medical Center. Guests enjoyed a full buffet and dessert while **Lynn Martell**, D. Min, Director of Special Services at Loma Linda University Health, showed two videos to the crowd: The [first](#) recapped the proton center's 25th anniversary celebration while the [second](#) covered the recent groundbreaking ceremony for the expanded Loma Linda University Children's Hospital and new adult Medical Center.

Dr. Martell also shared with the group that he will be retiring at the end of this year. Former patients later discussed returning to LLUCC to throw a farewell party for him as Dr. Martell "is loved by so many," according to patients.

Jane Hoag also spoke at the dinner about her role as Healing Hands Coordinator at LLUCC. The grateful patient [program](#) allows patients to recognize a physician or other staff member who helped make their stay easier by making a donation, in any amount, in their caregiver's honor.

Door prizes were handed out to dinner guests and former patients gave attendees blue prostate cancer awareness bands. The night was festive and memorable.

If you are interested in volunteering to help with next year's reunion, please contact event coordinators [Gary Brown](#) or [Elten Zerby](#).

Event attendees pose for a group photo at the end of the evening.



Tentative Plans for BOB Reunions: **Las Vegas, Salt Lake City, Jackson Hole**

Lynn Martell, D. Min, Director of Special Services at Loma Linda University Health, is planning BOB reunions in Las Vegas, NV, Salt Lake City, UT, and Jackson Hole, WY in the month of July or August. Details and dates are not firm at this stage. To inquire about any of these events, please send an email to Karla Montalvo:

KMontalvo@llu.edu



spotlight on members

Is the **Proton Pendulum** Poised to Swing Positive?



Ron Nelson

Ron Nelson is a BOB member and author of the book, [“Protons versus Prostate Cancer Exposed.”](#) He has also established a blog, [The After Proton Blog](#).

Ron’s most recent post is titled, [Is the Proton Pendulum Poised to Swing Positive?](#) He points out that proton therapy has been under attack: “It’s too expensive;” “It’s experimental;” “It’s not medically necessary;” are just some of the claims made by critics.

Ron, a long-time proton therapy promoter (zealot?), says that while private insurers have been increasingly changing their policies, refusing to pay for prostate cancer proton therapy, Medicare has not changed its policy, thankfully for those of us over the age of 65.

The Media and Public Perception

The media has not been particularly supportive of proton therapy. Articles, for the most part, have focused on the lack of randomized clinical trials, and hard data proving that proton therapy is worth the additional cost. They typically refuse to look at the data that exists from numerous studies, and they ignore the laws of physics. But that may be changing, according to Ron.

There have been several recent articles in the media (*The Wall Street Journal*, *New York Times*) with a notable shift from negative to neutral and even a positive portrayal on proton therapy. They are reporting on technological breakthroughs with proton therapy, the growing number of patients traveling to the United States for proton treatment, and some “medical miracles” attributed to proton therapy.

As more and more proton centers open, more physicians are becoming aware of the benefits of proton therapy. And maybe more important, more and more patients are becoming aware of proton therapy and the potential benefits, Ron points out.

Logic and Science Favor Proton

“You don’t need a medical degree to understand that zapping a brain tumor is safer if the brain or maybe the eye beyond the tumor is not also radiated. Similarly, it makes intuitive sense that radiating a breast tumor—especially the left breast—is safer if the radiation stops before reaching the lung or heart. Only proton radiation—not conventional X-ray/photon radiation—can do that, and so it is lauded now more than ever as the uniquely precise tool that it is,” says Ron.

He goes on: “But then, why, people will eventually ask themselves, is this precision oddly not helpful in the treatment of prostate cancer? Do we not care about sparing the nerves surrounding the prostate that are responsible for erectile function? Are we unconcerned that radiating the nearby bladder could contribute to urinary incontinence? Have we chosen to ignore the risk of secondary cancers that might be increased by needlessly radiating healthy tissue beyond the prostate tumor? Certainly not if you happen to be the one with the prostate cancer—and there are a lot of us.”

Change is Coming

Nelson sees the tide turning; the pendulum beginning to swing the other way. He sees more proton centers springing up; proton treatment costs coming down; greater acceptance of proton therapy by diagnosing physicians; and a tide change with medical insurers beginning to adjust their policies on proton reimbursement.

Ron Nelson makes many good points. We, at the BOB, agree that proton therapy is here to stay; that the broader medical community will embrace this technology more rapidly; and that medical insurers will come around, change their policies, and reimburse for treatment. We pray this happens soon, so many more patients with cancer can benefit from the treatment we were so fortunate to have received.

Read the complete [blog post](#).

Member Feedback

We love to stay connected with our members in a variety of ways. Drop us a line now and then and let us know how things are going. Here are some recent excerpts from member emails to Deb.

I couldn't be better. My PSA remains at zero as it has been for years. I feel great; I have no side effects; and I can still maintain my regular exercise program. I bike ride three days a week for a total of 100 miles (30-30-40). The other four days of the week, I work out at the gym. I feel blessed and very fortunate ... Now, if I only had your dad's hair.

—Bill Hart
BOB member for 12 years,
5 months

That was the best newsletter ever!!!

I especially liked that you shared so much personal information with our members.

—Charlie Mack
BOB member for
4 years, 4 months

I shouldn't have read your most recent *BOB Tales* introductory note at Starbucks ... about a woman thanking you for "being her angel" during the time she and her husband were dealing with cancer. It wasn't easy to stand at the counter waiting for my drink, with tears streaming down my cheeks.

Your memo really hit home. I was in the corporate banking world for 15 years, and then discovered my real fulfillment as a missionary in Africa. I received about 30 percent of what I was making previously, but I have learned that people are much more important than projects.

You have touched many people with your voice and your computer and it has been incredible. Thank you.

—BOB Member

BOB Member **Pays it Forward**



Graham Parker of Malvern, Australia was treated for his prostate cancer at Loma Linda University Cancer Center in 2004 at age 55. Nearly twelve years after his treatment ended, he is still spreading the word and educating others about proton therapy.

Recently, Graham used the BOB [PowerPoint presentation](#) to present to 56 people at the Melbourne chapter of the Australian Technical Analysts Association (ATAA). “I was asked to be interviewed about my share trading, and I agreed on the condition that I could also do a presentation about proton therapy,” Graham told us.

“The demographic was predominantly older male,” Graham said. “Nobody there had heard of proton therapy, and they were intrigued.” One attendee followed up after Graham’s presentation, asking about proton therapy at LLUCC for a friend’s wife. It is not known whether or not they ever contacted the center, but even if Graham’s presentation helped just one person—one who wasn’t even at the event—his job was done.

Using our PowerPoint presentation is a great way to spread the word and educate people about proton therapy. Many have presented to local church groups and men’s groups. All have reported their presentations were well received.

BOB PowerPoint: The Details

The BOB PowerPoint presentation (62 slides) is available to all members. It is intended to 1) educate people on prostate cancer awareness, detection, and prevention; 2) help people understand the prostate cancer diagnosis; 3) provide an overview of the major treatment options; 4) provide information about proton therapy; and 5) encourage people to become educated and proactive in the treatment decision-making process. Detailed speaker’s notes are included.

We encourage members to use the presentation to help to spread the word about proton therapy and present at prostate cancer support group meetings, Lions Clubs, Kiwanis Clubs, church meetings, and neighborhood gatherings.



Others have used the presentation as an aid in educating friends and family members about proton therapy. We encourage members to make the presentation their own—delete, add, and edit slides depending on your story and the audience.

If you have any questions or would like to receive the BOB PowerPoint presentation, please [let us know](#).

Number of BOB Facebook Fans **Exceeds 780**



Facebook offers us the opportunity to interact with an extraordinarily expansive universe of people—people beyond our community of 8,000-plus members. By connecting with friends on Facebook and thus connecting with *their* Facebook friends and *their* Facebook friends (and so on), we are leveraging our proton message exponentially.

For this important reason and many more (receive up-to-the-minute proton therapy news; see posts that are not printed in our monthly newsletter; post your own comments; make friends ...), we ask that if you are not on Facebook, [please join](#) and [become a BOB fan](#). If you are already on Facebook, [visit the BOB page](#) and click the “like” button to become a fan. Encourage your friends to do the same. Help us reach 800 fans by summer’s end!



flashback

We have been producing *BOB Tales* newsletters monthly for almost 16 years. During this time there have been some important articles that many new members have not seen, and some older members may have forgotten. So, we decided to periodically re-run some articles from past newsletters. This one is from March 2003.

How You Can **Save Lives**

I'm sure you all know that PSA screening is only one tool used to help detect prostate cancer. But I wonder if you know how really important this tool is. True, a high PSA doesn't necessarily mean you have prostate cancer, and low PSA doesn't necessarily mean you are cancer free. But a high PSA is a "red flag" and it should not be ignored. Also, annual physicals, including PSA screening, are important for men over age 50 (over age 40 for men in high-risk groups, such as African Americans and those with family histories of prostate cancer).

This unfortunate story will help illustrate the point: Last week, one of our members referred an acquaintance to me. This gentleman is a successful business owner in his mid-50s, with a wife, young children and in good health—at least he thought so. Because he was so busy building his business and felt good physically, he hadn't had a physical since 1997. Back then everything was fine: His PSA was 2.3 and his DRE was normal.



Six years later—six years without a physical or PSA test—his PSA is 60. He has a large, hard mass in his prostate; his Gleason score is 9; and a bone scan confirmed his cancer has metastasized.

This is a young man with a young family and a growing business. He is now beginning the battle of his life. It didn't have to be this way.

We cannot claim this gentleman would have easily beaten cancer if he had received routine physicals, but we know for certain that his chances would have been much better if annual PSA/DRE checks had caught it sooner.

Let's use this man's unfortunate experience as a reminder to talk with our family members, our friends, our neighbors, our co-workers, strangers on the street—anyone who will listen—about the importance of annual physicals including PSA screening and DREs.



making a difference by giving back

A Message from **Bob Marckini**



Bob Marckini

Our members tell us we provide considerable value to them through the various programs we have established over the years, including our website, member testimonials, 30-plus former patient reference lists, medical insurance support and documentation, surveys, PowerPoint presentation, response to email questions and phone calls, and especially our comprehensive monthly newsletters with timely information about new developments in prostate cancer prevention, detection, treatment, as well as the latest developments in proton therapy for treating prostate cancer and other diseases.

We charge no dues for membership in our group.

If you feel our efforts have been of value to you and would like to acknowledge them in some way, I urge you to consider two things: 1) Making a gift to the Loma Linda University Cancer Center for proton research, and/or 2) Putting Loma Linda University Health in your estate plan. My wife, Pauline, and I make a gift every year and we have included Loma Linda University Health in our estate plan. This is our way of saying “thank you” for all we have received from our association with Loma Linda University Health, the pioneer of proton therapy.

If you are interested in supporting the BOB and our efforts, I encourage you to [make a gift](#) to the *Robert J. Marckini Endowed Chair* through Loma Linda University Health. Once funded, the interest on the principal from this chair will be used to pay for a researcher, assistant, and supplies to fund important basic and clinical proton research.

Our main goal is to give back to the institution that started it all, and fund research for the advancement of proton therapy. Many of our members have asked if they can donate to our organization and/or what is the best way to say “thank you” to us for what we have given to them. It’s simple. Contribute to proton research.

If you do make a donation, please [let us know](#). We’d love to know your reason for contributing and thank you personally for your generosity.

How to **Contribute to Proton Research**

Give Now: Visit the LLUH website and [donate online](#). Make sure the “Designation Type” is set to “Proton” and the “Designation” is set to “Robert J. Marckini Chair.”

Send a Check: Make your check out to “LLUCC Proton” with “Marckini Chair” in on the memo line and send to:

LLUH, Office of Philanthropy
P.O. Box 2000
Loma Linda, CA 92354.

Make a Call: Contribute by phone. Contact **Elvia DeHaro** at 909-558-5010



health

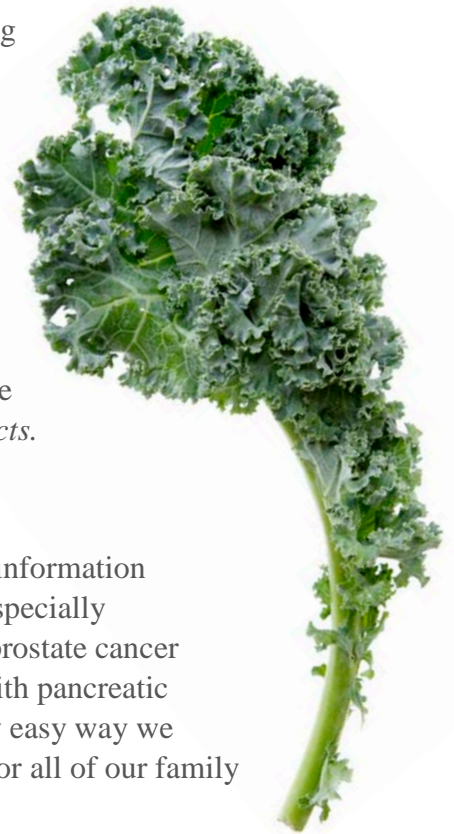
New Series: “Make it Taste Good” Vegetable Recipes

Cruciferous Vegetables

As part of the *BOB Tales* Health section, we have been writing about the importance of incorporating cruciferous vegetables (broccoli, Brussels sprouts, cauliflower, kale...) into our diets for years. Many studies have shown these veggies help slow or stop the progression of prostate cancer. Cruciferous vegetables are rich in nutrients and minerals. They are also a great source of fiber. Additionally, cruciferous vegetables contain a group of substances called glucosinolates. During the process of chewing and digestion, the glucosinolates are broken down to form biologically active compounds that have been examined for their *anticancer effects*.

Practice What We Preach

We don't just write about what we have learned; we take the information we learn and practice it in our own lives. Staying healthy is especially important to our family. **Bob Marckini** was diagnosed with prostate cancer in 2000 and **Deb Hickey**'s husband, **Mark**, was diagnosed with pancreatic cancer in 2014. Changing our eating habits was one relatively easy way we could improve our health—and not just for Bob and Mark—for all of our family members.



Bob juices fruits and vegetables every day for lunch, and for dinner each night, he and his wife, **Pauline**, enjoy servings of cruciferous vegetables as part of their main entrée.

After Mark completed a five-month course of chemotherapy, Deb also jumped on board by using her [NutriBullet RX](#) to mix smoothies for breakfast every morning. But incorporating vegetables into the main course for dinner was difficult. “Steamed broccoli tastes like eating hot grass from my front lawn,” Deb said. But knowing the critical importance of adding such foods to her and her husband’s diet, she was determined to find a way to make vegetables taste good—*really good*.

The Mission

Deb set off on a mission to find *unique* recipes that make the healthiest vegetables something to look forward to at dinnertime. She started by searching the Internet and asking friends for advice, and after learning some tricks, began experimenting on her own.

During this process, Deb also learned a lot about specific vegetables and how some fight specific health issues while others interact with each other to become “super” foods that target specific cancers. After six months of research and experimentation, it’s time to share what we have learned.

Over the next few months, we will give you our recipes for how to make vegetables a lot less boring and a lot more delicious. Remember, these are all recipes that Deb and Bob have tried, and we chose some of the best to share with our readers.

Roasted Broccoli with Cherry Tomatoes

Tomato-Broccoli Combo Effective in Fighting Prostate Cancer

Did you know that consuming broccoli and tomatoes *together* is more effective in fighting prostate cancer than eating either alone? “Different bioactive compounds in each food work on different anti-cancer pathways,” says University of Illinois food science and human nutrition professor, John Erdman. Erdman was a lead scientist in a study in which researchers implanted prostate cancer cells into laboratory rats



and then fed them tomato and broccoli powder. Other rats received tomato or broccoli alone. After 22 weeks, the tumors were weighed. The tomato/broccoli combo outperformed all other diets in shrinking prostate tumors.

[Learn more.](#)

The Recipe

Ingredients

- 2 bunches organic broccoli, cut into small florets
- 1 medium shallot, diced
- 1 pint organic cherry tomatoes, whole
- 3 cloves garlic, minced
- 1/2 teaspoon red pepper flakes
- 4 tablespoons extra virgin olive oil
- Salt and freshly ground black pepper
- 1/4 cup grated parmesan cheese

Directions

Preheat oven to 450 degrees F.

Add broccoli to a large casserole pan. Add the shallots, cherry tomatoes, garlic, and red pepper flakes. Coat with oil. Toss well with hands and separate so that the broccoli and tomatoes aren't clumped together. Sprinkle with salt and pepper. Roast until the stems are tender-crisp and lightly golden brown, about 15 minutes. Grate the parmesan over the dish while it's hot. *Enjoy.*

Let us know what you think!

If you try one of our suggested recipes, please [let us know](#) what you think.

Have your own recipe for a yummy vegetable dish? [Share it with us](#). If we try it and love it, we'll post your recipe in an upcoming newsletter, give you full credit, and send you a signed copy of Bob's book as a "thank you."

New "Live It" Video: **Heart Disease** and Water

Loma Linda, CA has been [designated a "blue zone" by National Geographic](#) as one of the five communities in the world with the longest-living inhabitants. Residents of Loma Linda are 10 times more likely to make it to 100. So, perhaps we should pay attention to how they live their lives.

This year, Loma Linda University Health (LLUH) began including a new video series called “Live It” in their weekly newsletter to staff, students, and friends. The short videos include tips for longer and healthier living and we will occasionally share them with our readers as appropriate.

Video: Reduce Risk of Heart Disease with Water



Would you drink more water if you knew it would reduce your risk of heart disease by half? A Loma Linda University Health study followed 34,000 Californians over 15 years. Researchers found that those who drank five or more glasses of water each day had about half the risk of dying of coronary heart disease.

Health Journalist, **Patricia Kelikani, Dr.** Surgical Oncologist, **Dr. Mark Reeves**, and LLU Professor of Preventive Medicine, **Dr. Synnove Knutsen**, discuss the critical importance of drinking water and some unique ways we can incorporate water into our diet.

[Watch the video.](#)

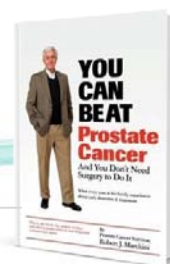


the book

Thank You, BTH!

In the most recent Amazon book review, “BTH” says, “This book covers it all!” Thank you, BTH, for helping newly diagnosed men and their family members find their way to proton therapy for prostate cancer. Every Amazon review is important: The more quality reviews, the higher the book ranks within Amazon’s search engine. The higher the ranking, the more visible the book is to those searching for information about prostate cancer treatment options.

The book has **moved up to the No. 2 position** on a query for “prostate cancer” on [Amazon.com](#) out of more than 33,000 search results. It has **surpassed 250 reader reviews**—still more than any other book in the top 50.



ANOTHER 5-STAR REVIEW
POSTED IN MAY



Was Bob’s book helpful to you? Have you written an Amazon review yet? If not, please [post a review today](#) and help us get to 300!

Reader **Feedback**

I am very blessed that God is looking after me, and reached you through His power. I don't know what I would have done (treatment) if I had never read your book. From the deepest of my heart, I want to thank you for your contribution to the cause.

—Frank Lee, BOB member for 3 years, 2 months

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odds & ends

Do You Know How the **Electoral College** Works?

It works a lot like Congress (Good place for a joke?). We have 100 senators and 435 representatives in the U.S. Congress. Each state has two senators, and each congressional district, which consists of 710,000 people, has a representative. Small population states like Vermont have just three congressional representatives (two senators and one house rep.); and large population states, like California have 55 congressional representatives (two senators and 53 house reps).

Electoral College votes are allocated the same way. Each state receives Electoral College votes based on the number of senators and representatives it has. You would expect, then, that there would be 535 electoral votes (100 senators and 435 representatives), but there are actually 538. Why? Because the District of Columbia, which doesn't have representation in Congress, gets three electoral votes.

Using this model, Vermont gets 3 electoral votes and California gets 55. You can now see why highly populated states like California and New York receive so much attention from the candidates during an election year.

Every party picks its own group of electors, and the candidate who gets the most popular votes in a state wins all the electors for that state ... except in Nebraska and Maine, where it's handled differently.

So, the winner of the election is the candidate who wins $538 \div 2 + 1 = 270$ electoral votes.

This process was established by Article II, Section 1, of the Constitution and was adopted at the Constitutional Convention in 1787. It was the process used to elect George Washington. Some changes have been made over the years, but the process functions largely as it did 229 years ago.

Is it possible to lose the popular vote and win the election? Yes, but it has only happened only four times in our history: John Quincy Adams in 1824, Rutherford B. Hayes 1876, Benjamin Harrison 1888, and George W. Bush in 2000.

Back to the Future Series—Part 1

An [editorial](#) in *Changing Times*, April 26, 2016 made several predictions about how the digital age will impact our future. We will share with you a few examples over the next three *BOB Tales* beginning with these:

- In 1998, Kodak had 170,000 employees and sold 85 percent of all photo paper worldwide. Within just a few years, their business model disappeared and they went bankrupt.
- What happened to Kodak will happen in a lot of industries in the next 10 years—and most people don't see it coming. Did you think in 1998 that three years later you would never take pictures on paper film again? Yet digital cameras were invented in 1975. The first ones had only 10,000 pixels, but followed Moore's law. So as with all exponential technologies, it was a disappointment for a long time before it became way superior and went mainstream in only a few short years. It will happen with Artificial Intelligence, health, autonomous and electric cars, education, 3D printing, agriculture and jobs. Welcome to the 4th Industrial Revolution. Welcome to the Exponential Age.
- The author predicts that software will disrupt traditional industries within 10 years. As an example, Uber doesn't own any cars, yet it's the biggest taxi company in the world. Similarly, Airbnb doesn't own any properties, yet it's the biggest hotel company in the world.
- Computers are becoming exponentially smarter than humans, beating the best Go player in the world. And computers are predicted to replace lawyers. IBM Watson can give legal advice today within seconds. So, the author says, "If you study law, stop immediately. There will be 90 percent fewer lawyers in the future, only specialists will remain."

- Computers are assisting in numerous medical procedures, even helping to detect cancer. New pattern recognition software in Facebook can recognize faces better than humans. In 2030, computers will become more intelligent than humans.

What Does **Power of Attorney** Mean—Why Do I Need One?



Ron Hendricks

BOB member **Ron Hendricks** is Director of Gift Planning for Trinity Western University. He regularly copies us on his “News from Ron” mailings, which are helpful hints on estate planning to the readers of his newsletters. We have found Ron’s suggestions to be timely and beneficial. With his permission we periodically share some of his wisdom with our membership. This segment is called, “What Does Power of Attorney Mean—Why Do I Need One?”

Power of Attorney for Healthcare

A Durable Power of Attorney for Healthcare empowers another person you select to make key decisions on your care. These could include whether an operation should be done or other major healthcare decisions should be made. It is important to ensure that the right person has been selected. It is called a “durable” power because it is effective even if you are ill and not capable of making your own decisions.

Power of Attorney for Finances

A common concern is, “What if I am sick and am no longer able to manage my property?” Unfortunately, there are far too many cases in which the property of senior persons is mismanaged or taken away by fraud or misrepresentation. A good plan to protect yourself and your property is to have a durable power of attorney for finances. If you are no longer able to manage your property or later wish to have someone else manage your property, this durable power of attorney will give the person you select the legal authority to buy, sell, and manage your property. The durable power of attorney enables the individual you designate to manage your property and provide for your care.



on the lighter side

Last Month's **Brain Teaser**

What do these words have in common?

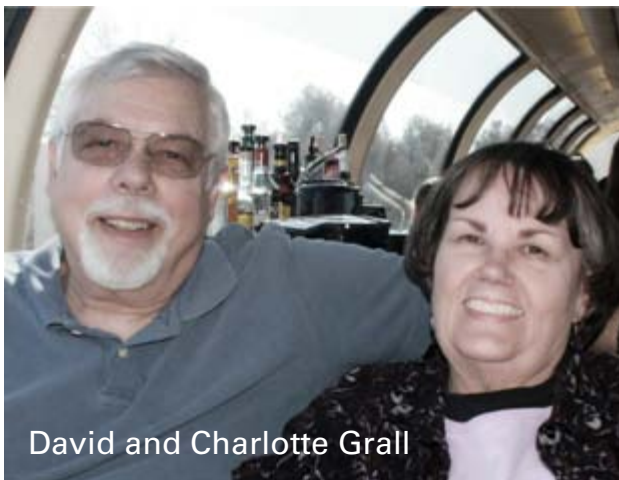
congregation, shrewdness, company, colony, grist, clowder, brace, memory, skein, shiver, murder and dray

Answer: These are all words that refer to a group of animals such as *congregation* of alligators, *shrewdness* of apes, *company* of badgers, *colony* of ants, *grist* of bees, *clowder* of cats, *brace* of ducks, *memory* of elephants, *skein* of geese, *shiver* of sharks, *murder* of crows and a *dray* of squirrels.

If we had given you clues such as herd, flock, gaggle or pride, you probably would have had an easier time solving the puzzle. But if we included words such as, obstinacy, bellowing, intrusion or destruction, it would have been much more difficult. View a complete list of about [250 of these unusual names](#) for animal groups. How about a fesnying of ferrets or a flamboyance of flamingoes? Why do we need all these words?

Winner: BOB member, **David Grall**, is from Box Elder, SD. David said, "Thanks! I rarely win anything!"

David was diagnosed with prostate cancer in early 2012. His doctor suggested watchful waiting and another biopsy in six months. During that time, David took to the Internet to start his research on treatment options. "I found Bob's book and read it in three days," he told us.



David and Charlotte Grall

David and Charlotte on a Snow Train trip from Sacramento to Reno in February of this year

David was treated with proton therapy in late 2012. "I had a very good experience at Loma Linda University Cancer Center," he shared. "I did not have any adverse effects from the treatment"

David enjoys riding his Harley, driving his motor home, and participating in volunteer work with his wife, **Charlotte**. The two are also looking forward to celebrating their golden wedding anniversary in August with a cruise to Cozumel and Jamaica.

New Brain Teaser: Election Year

What is the largest number of states a candidate can lose and still win the presidential election?

Send your brain teaser answers to DHickey@protonbob.com for a chance to win a signed copy of Bob's book.

Wedding Humor

Attending a wedding for the first time, a little girl whispered to her mother, "Why is the bride dressed in white?" The mother replied, "Because white is the color of happiness, and today is the happiest day of her life."

The child thought about this for a moment then said, "So why is the groom wearing black?"

Police Exam

A police recruit was asked during the exam, "What would you do if you had to arrest your own mother?"

He answered, "Call for backup."

Bragging Boys

Three boys are in the schoolyard bragging about their fathers.

The first boy says, "My Dad scribbles a few words on a piece of paper. He calls it a poem and they give him \$100."

The second boy says, "That's nothing. My Dad scribbles a few words on a piece of paper. He calls it a song and they give him \$1,000."

The third boy says, "I got you both beat. My Dad scribbles a few words on a piece of paper. He calls it a sermon, and it takes eight people to collect all the money!"

Ten Commandments

A Sunday school teacher was discussing the Ten Commandments with her 5- and 6-year-olds. After explaining the commandment to "Honor thy father and thy mother," she asked, "Is there a commandment that teaches us how to treat our brothers and sisters?" Without missing a beat, one little boy answered, "Thou shall not kill."

Quote of the Month

“Why do I have to swear on the Bible in court when the Ten Commandments cannot be displayed outside?” — Unknown



final thought

Bird Brains and (Un) Common Grace

By Rev. Kent Keller, Kendall Presbyterian Church



Did you hear the story of the penguin that swims up to 5,000 miles every year to visit a man in Brazil? The story hit the wires (OK, the Internet) about two months ago. Seems in 2011 a retired Brazilian bricklayer named Joao Pereira de Souza, 71, discovered a tiny South American Magellanic penguin (*Spheniscus magellanicus*—thought I’d pay homage to “Roadrunner” cartoons), near death, languishing on some rocks. The poor creature was covered in oil and starving. Mr. de Souza took him in and nursed him back to health. It took him a week just to clean the oily black residue from its feathers.

For reasons that probably made sense to Mr. de Souza, he named the penguin “Dindim.” I’ll let you ponder whether that is a Brazilian term of affection or the Portuguese equivalent of “Dimwit” ... but I digress.

Mr. de Souza said he fed Dindim a daily diet of fish to improve his strength. When he thought Dindim was well enough he tried to take him back to the sea to let him go, “But he wouldn’t leave. He stayed with me for 11 months, and then, just after he changed his coat with new feathers, he disappeared.”

After Dindim returned to the sea, Mr. de Souza never expected to see him again. So you can imagine his astonishment when, just a few months later, he heard a loud squeak from his back yard ... and there was Dindim. The bird recognized him, wagging his tail like a dog, and honking with delight.

“Everyone said he wouldn’t return but he has been coming back to visit me for the past four years. He arrives in June and leaves to go home in February and every year he becomes more affectionate as he appears even happier to see me.

“I love the penguin like it’s my own child and I believe the penguin loves me,” Mr. de Souza told Globo TV in Brazil.

Biologist Joao Paulo Krajewski, who interviewed Mr. de Souza for Globo TV, said: “I have never seen anything like this before. I think the penguin believes Joao is part of his family and probably a penguin as well.”

Another expert concurred, saying it appears as though Dindim recognizes Mr. de Souza as he would another penguin and acts accordingly.

Now Dindim spends approximately eight months of the year with Mr. de Souza and the rest of his time breeding off the coasts of Brazil, Uruguay, and Argentina. Flightless, the bird is believed to swim as far as 5,000 miles every time he returns to see the man who rescued him.

Can you imagine a small, flightless, helpless creature with a brain about the size of a walnut that has the good sense and sufficient grace to return with regularity to express his love and gratitude to the one who saved him?

This story reminds me of another story I’ve read somewhere. I just know I have.

Low PSAs to all!

Bob Marckini and Deb Hickey