



# Informed Prostate Cancer Support Group Inc.

"A 501 C 3 CORPORATION ID # 54-2141691"



**August 2019 NEWSLETTER**  
P.O. Box 420142 San Diego, CA 92142  
Phone: 619-890-8447 Web: <http://ipcs.org>  
We Meet The Third Saturday of Each Month  
(except December)



Tuesday, August 13,

Volume 12 Issue 8

## **Next Meeting: HOW TO MANAGE OUR CASE— 8/17/19-10:00 AM to Noon** **Location: SBP Auditorium, 10905 Road to the Cure, San Diego, CA 92121**

This Saturday at 10:00 am we are going to have an interactive group discussion on how we manage our prostate cancer case. George Johnson and Gene Van Vleet will lead a discussion by our members on their own experiences and lessons learned in dealing with their prostate cancers.

This discussion will be open to all who have questions, experiences and possibly answers to a range of issues we face in treating our prostate cancers.

Subjects to cover include:

- Case Tracking, things we should know and measure
- Biopsy Factors, random vs. targeted
- Diagnostic imaging options
- Doctor selection and when to ask for a 2nd opinion
- Questions to ask your doctor
- Treatment selection & quality of life considerations
- Dealing with side effects
- Developing a positive approach to your recovery

This session will give you an opportunity to share and learn from others. Come prepared to participate.

## **July 2019 Informed Prostate Cancer Support Group Meeting: Member Stories**

Summary by Bill Lewis

**Aaron Lamb** – 45 years old, engineer at Qualcomm, open to contacts at [lambda13@yahoo.com](mailto:lambda13@yahoo.com). His cancer is at Stage 4, but with undetectable PSA on Lupron + Zytiga and Prednisone for 1.7 years. Side effects / problems include significant ED, nocturia and stress incontinence. He is taking Calcium & Vitamin D, Wellbutrin, Cymbalta, and Pentoxifylline. Has previously used Viagra, Cialis, Tolterodine Tartrate, Xanax, Selexa, and Trazadone. Currently, he is feeling great and is in a relationship with a woman who is more deeply loving, empathetic, honest and fun than any before. Looking forward to marriage and having a child. Doesn't regret the journey. Stronger than he was three years ago.

His prostate cancer (PCa) story began in late 2013 with a 9.6 PSA that gradually rose to 19 while diagnosed as BPH (enlarged prostate). In 2017, due to the high PSA, he finally had a biopsy, which showed Gleason 3+4, with 5 of 12 sites positive. This was followed by a radical prostatectomy, but then an MRI soon afterward showed 3 lymph nodes had tumors, so he started on Lupron + Zytiga. He had radiation (IMRT) in 2018 and has continued the ADT drugs.

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**Prostate Cancer: GET THE FACTS**

Other than skin cancer, prostate cancer is the most common cancer in American men.



**PROSTATE CANCER—2 WORDS, NOT A SENTENCE**

**What We Are About**

Our Group offers the complete spectrum of information on prevention and treatment. We provide a forum where you can get all your questions answered in one place by men that have lived through the experience. Prostate cancer is very personal. Our goal is to make you more aware of your options before you begin a treatment that has serious side effects that were not properly explained. Impotence, incontinence, and a high rate of recurrence are very common side effects and may be for life. Men who are newly diagnosed with PCa are often overwhelmed by the frightening magnitude of their condition. Networking with our members will help identify what options are best suited for your life style.

**Be your own health manager!!**

**Organization**

**a 501c3 non-profit organization - all positions are performed gratis**



**Officers**

Lyle LaRosh President

**Additional Directors**

Gene Van Vleet

George Johnson

John Tassi

Bill Manning

**Honorary Directors**

Dr. Dick Gilbert

Judge Robert Coates

- George Johnson, ..... Facilitator
- Bill Manning, ..... Videographer
- John Tassi, ..... Webmaster
- Bill Bailey, ..... Librarian
- Jim Kilduff, ..... Greeter
- Chuck Grim, ..... Meeting Set-up
- Stephen Pendergast ..... Editor

**NEWSLETTER**

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**Meeting Video DVD's**

DVD's of our meetings are available in our library for \$10ea. Refer to the index available in the library. They can also be purchased through our website: <http://ipcs.org> Click on the 'Purchase DVDs" tab.

The DVD of each meeting is available by the next meeting date.

**From the Editor**

**WE ARE SEEKING REPLACEMENT FOR SOME OF OUR IPCSG TEAM**

If you consider the IPCSG to be valuable in your cancer journey, realize that we need people to step up. *The current staff are aging, and without new men to share the work, someday the 3rd Saturday may see no meeting of the group.* Serving in this team can be rewarding and is a way to pay it forward to the group. To offer your services and/or ask questions about functions, contact any of the individuals at their listed phone number.

**FUNCTIONS NEEDED:**

1. **President:** IPCSG public relations, research and advice. Lyle LaRosh has performed for 18 years. 619-892-3888
2. **Vice President:** Support all team members, assist in monthly planning and speaker acquisition. *currently vacant* Gene Van Vleet has performed Functions 2, 4, 5 for 11 years. 619-890-8447.
3. **Meeting facilitator:** Monthly planning and speaker acquisition. George Johnson has performed for 8 years. 858-456-2492
4. **Treasurer/Secretary:** Handle banking, accounting, government reporting (see 2)
5. **Hot Line:** Communicate directly with newcomers and handle phone inquiries. (see 2)

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The emotional journey has been intense, including feelings of being Confused / Uninformed, Scared, Betrayed, Lonely, Taken advantage of, Worthless, Being Punished, Indecisive, Out of control / Rushed, Frustrated, Paranoid and Stressed. However, now those feelings have been replaced with feeling Informed, Hopeful, Accepting and At Peace, Loved, Treated Generously & Appreciated, Valuable, Accepted and Rewarded, Decisive, In control, Enabled, Steady and Relaxed.

Along the way, his low point was 3 months into ADT, 5 weeks into IMRT. Lost about 10 pounds – he was gaunt and pale. One month into an abusive relationship which lasted another 5 months. Tired a lot, always hungry. Handed over the keys to the car – on his birthday.

What helped the most: Embracing friendships more often; for example, he no longer has dinner alone. He hugged a lot, and talked a lot, and cried a lot. Found a wonderful therapist with strong background in sexual health. Discovered that “EMDR” is fantastic to alleviate “triggers”! Had great support from family (parents and sister) and friends. Lots of exercise & little to no alcohol pre-op & during ADT. Stuck with work for distraction and mental stimulation – and had patentable ideas. Diet: reduced eggs, red meat and dairy. No soy. Young Cancer Survivor Support Group at Sharp – found he could relate to breast cancer survivors because PCa was an attack on his sexual identity. Laughed and laughed, including about his condition and side effects. Listens and gives back to others who are just starting this journey.

Lessons learned: Get more sleep, and don't live a stressed life. Not treat my Hypothyroidism. No Vitamin E + Selenium. No Melatonin. Always go to a specialist even if your doctor didn't suggest to. Inform myself more! Get a therapist. Start anti-depressants (not before RP!). Go to Moores/UCSD instead of urologist who didn't find/resect all the contaminated lymph nodes. Start Pelvic PT *before* RP! Know your body's function schedule *before* IMRT. Experiment with digestive enzymes! Use Cymbalta for hot flashes -- don't try to “man” through it.

Notes from a short Q&A: Lots of good nutritional advice from Moores Cancer Center, especially about alternative protein sources, and he was already doing a lot of good things. Used meal replacement shakes, especially during radiation. Investigated radiation, but chose surgery on urologist's and his therapist's advice, and in view of possible follow-on treatment needed later.

**Gene Van Vleet** – 80 years old, with seventeen years of prostate cancer experience. Since 1999, he had annual physicals due to BPH (prostate enlargement) causing urinary symptoms, and in 2002, a lump was found by DRE (digital rectal exam). His urologist checked by ultrasound, and recommended a biopsy. The biopsy found Gleason = 7. He wanted the cancer out, so had surgery early in 2003. But the pathology of the removed tissue showed bad news: the cancer was already into the seminal vesicles. Today, he would have been able to have an mp-MRI first, which would have shown this. Still, his PSA went to 0.1 and was only 0.4 in May 2005. Pelvic MRI's and CT scans did not detect any metastases. So he had “salvage radiation” of the prostate bed, which might have been more focused if today's imaging were available to spot the growing tumor. He had a serious bladder infection (5 days in the hospital), which his urologist denied was the result of any radiation scarring.

By January 2007, his PSA had risen to 4.3, and his urologist (finally, and having nothing more to offer) suggested he see an oncologist for next steps. But then he found the IPCSG, and became hooked and deeply involved ever since. He learned about the best insurance plans (Medicare + AARP's United Healthcare supplemental plan J – now plan F for new enrollees – and prescription drug plan). He learned about many types of diet and settled on a Mediterranean Diet, which help him lose about 40 lbs. He also learned of Prostate Oncology Specialists (Drs. Scholz, Lam & Turner) in Marina del Rey who have guided him since May 2007. He feels the 130-mile drive to see Dr. Lam is well worth it, and that there is no equivalent group in San Diego that specializes only in PCa.

He tried Avodart (Dutasteride) with Proscar (Finasteride), which both block the conversion of

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testosterone into the more potent dihydrotestosterone, but that didn't work long. In February 2008, he began using Casodex (bicalutamide; the high dose of 150 mg daily) with Dutasteride, hoping for less side effects than he would get on Lupron. His PSA dropped to 0.29 by October. Sclerotic lesions showed in a bone scan then and in subsequent scans, suggesting possible metastases, but two bone biopsies were both negative.

He stayed on Casodex for two years. Twice, he tried taking holidays from it, but each time his PSA rose rapidly. After the second holiday, his PSA only went back down to 2.3, indicating his cancer was beginning to resist this treatment. Bone scans in September 2010 and in April 2011 showed no significant changes since 2008. In May 2010, with his PSA at 4.3, he tried a 1-month shot of Lupron to see how he tolerated it, followed by two more monthly shots. His PSA dropped to 0.23 and the side effects were well tolerated (only occasional minor flushing and no fatigue).

In 2011, he started exercising at his local YMCA (45 min daily, 6 days a week; cardio and resistance exercises) and is sure that it helped with side effects, made his heart happier, and allowed him to discard the high blood pressure pills he had taken for many years. In December, a sodium fluoride (NaF 18) scan showed only the same suspicious, possibly metastatic areas as his previous bone scans. In 2012, he tried a holiday from the Lupron, because his PSA had been holding steady at about 0.32. In 5 months, it climbed to 13.6. Wow.

In 2013, he started 3-month Lupron shots again and his PSA dropped to 0.6. Then he added 50 mg Casodex and got to 0.25. In September, another NaF 18 scan showed things were still stable. In October, he added twice daily doses of Metformin, not for blood sugar control, but because it has been shown to fight PCa.

He received Provenge treatment in 2014 with minimal side effects. Since it doesn't affect PSA, he really doesn't know if it worked or not – but his still being alive is a mark in its favor. After more than a year with his PSA near 0.25, it rose to 0.86 in December 2014.

Starting in January 2015, he aggressively attacked the PCa with six monthly shots of Xofigo (radium 223 dichloride), that deliver radioactivity to the bone metastases. While continuing Lupron, Avodart, Metformin and Xgeva, he added Xtandi (enzalutamide, also called "Super Casodex"). He had little reaction to these treatments other than fatigue. He increased his exercise to an hour daily, and takes an afternoon nap. His PSA dropped to 0.04 – his lowest value ever. Through 2016, his PSA gradually rose, creating concern that his cancer was beginning to resist the drugs. In January 2017, an Axumin (F-18 Fluciclovine) scan showed that all his bone metastases were healed, except one on the ilium (back of the pelvis). In March, the active spot was treated by Dr. Mundt at UCSD with SBRT (high intensity) radiation on 3 successive days. And he also received six monthly infusions of Keytruda – the immune system booster that cured former President Jimmy Carter of his melanoma. It was supplied free by the manufacturer to those trying it. By November, his PSA was back down to 0.13.

In January 2018, his PSA began rising again. In August, he began taking Zytiga (250 mg daily with food), and reduced his Xtandi dose by half (to 2 X 40 mg daily), resulting in his PSA dropping to 0.6. This year, his PSA reached 2.6 by June, and another Axumin scan showed that he had developed cancerous spots on the left hip. He then discontinued Xtandi, reduced the Zytiga dose by half, and started Lynparza (Olaparib). This is a new drug that targets DNA repair pathways. Dr. Lam had found in Gene's genetic test results that he has a DNA repair mutation that may allow this drug to work for him. Furthermore, he will soon have the spots on his hip treated with SBRT radiation. He asks that we all wish him luck! Note: more details of his experiences are on our group website at <https://ipcsg.org/personal-experience>.

**Bob Keck** said that for him, prostate cancer first raised its ugly head in 1986, but that his urologist poo-pooed it. His first PSA was not until 1992, and was 21. He found a urologist who said he did 60 prostatectomies a year, and Bob had his prostate removed. His Gleason score was 6. In 1993, his PSA started rising. He read about Dr. Robert

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Leibowitz' analysis of prostate cancer and what he thinks should be done. So he went on Lupron, but intermittently. It worked for him. When his PSA got to about 1, he would get Lupron, and the PSA would go back down. Then he would discontinue the Lupron until the PSA rose to 1 again. This cycling continued, and along the way, he added Proscar (finasteride), which protects the prostate cells from dihydrotestosterone. Not liking the side effects of the Lupron, he went to "triple" Casodex (bicalutamide, 150 mg daily), and with his doctor's agreement, set PSA = 6 as the new point for restarting the intermittent drug therapy. Along the way, he replaced the Proscar with Avodart (dutasteride) because it is effective against two pathways, whereas Proscar only affects one in preventing the conversion of testosterone to dihydrotestosterone. He takes Avodart continuously. He also changed his diet and increased his exercise. Dr. Lam suggested adding Metformin, and the result was that the time off the Casodex in each cycle was doubled, as his PSA rose much more slowly. In his current cycle, in 2-1/2 years off the Casodex, his PSA has only risen to 2.7 so far. This is his 9<sup>th</sup> cycle since starting intermittent hormone blockade in 1994. That was also the year he joined the IPCSG.

Note: Dr. "Bob" Leibowitz and his partner Dr. Shahrooz Eshaghian have offices in Los Angeles at Compassionate Oncology Medical Group. Their website has videos of Dr. Bob's ideas and practices.

Jim Kilduff, age 82, was diagnosed 11 years ago

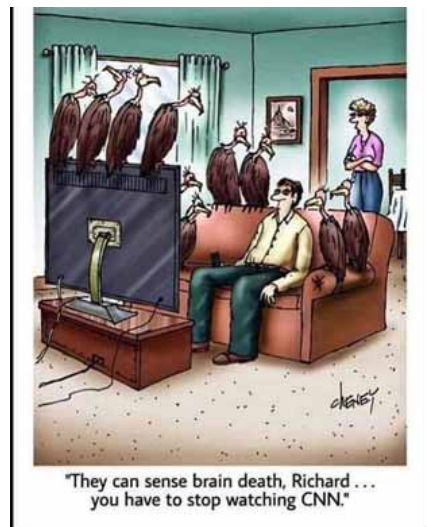
with Gleason = 3 + 4, but a relatively low PSA of 3.4. He was in a state of shock, scared and nervous for about a year. He rejected surgery because of existing bladder problems, but wanted active treatment rather than active surveillance. He considered brachytherapy "too weird." He was treated at Moores Cancer Center with IMRT radiation (39 treatments) and with Lupron. The Lupron made him feel crappy and depressed, until he discontinued it after a year (instead of the two years recommended) and eventually got on testosterone. He was told his testosterone would come back after discontinuing Lupron, but it never came back in four years! His PSA stayed low, in the range of 1 – 2. Finally he convinced Dr. Kane to let him have testosterone. He started with a gel, then went to weekly injections in his thigh. He feels wonderful. He still has to exercise and watch his diet, but the testosterone boosts his feelings of well-being, especially after sleeping or exercise, and his libido. Testosterone can lead to anger, impatience, short temper, and acne, but he finds these manageable. His PSA has stayed below 2 throughout this 5 – 6 years. Abraham Morgentaler pioneered the use of testosterone, and has written a book "Testosterone for Life."

More details are given in the video of this presentation, including the PowerPoint slides, which will be available for purchase via the website shortly before the next meeting, or at the August meeting on the 17th.

### On the Lighter Side



"It'll go away if you don't keep looking at it."



"They can sense brain death, Richard... you have to stop watching CNN."

## Articles of Interest

### Dealing with Insurance Claims

Battling a health insurer when it refuses to cover certain treatments can be aggravating and time-consuming. But if you choose to appeal a coverage denial, there are several strategies that can bolster your case.

Some health-coverage problems — such as when your doctor enters a wrong code on a claim form — can be resolved with a phone call. But other issues can be more difficult, because they center on complex medical questions like whether a certain cancer treatment is appropriate for you.

First, figure out what led to the denial of coverage and learn your insurer's procedure for appeals. When you call your health plan to get the information, take notes and get names. If the problem can't be readily resolved, you should ask the insurer for some key documents to reconstruct what led to the rejection.

You will need the denial letter. You should also get a copy of your plan's full benefits language, sometimes called the "Evidence of Coverage," as well as the detailed guidelines that explain what the company considers medically necessary. Some companies, such as Cigna Corp. and Aetna Inc., post their medical policies online.

After you gather the facts, set a strategy. You may want to start by seeking help from one of the array of nonprofit and for-profit entities that offer advice. Many states have health insurance consumer advocates. The advocacy group Families USA offers a list of [state resources](#).

Another key resource is the nonprofit [Patient Advocate Foundation](#), which handles health-insurance appeals for free. Other organizations and companies can be found at the following Web sites:

[Claims.org](#)  
[Hospitalbillreview.com](#)  
[Healthproponent.com](#)  
[Billadvocates.com](#)  
[Healthchampion.net](#)  
[Patientcare4u.com.](#)

Your appeal may hinge on proving that your treatment qualifies for coverage under your plan's benefits and rules. In that case, you will want to zero in on the plan's language, and figure out why the procedure you are seeking fits into a category of care that the insurer has promised to pay for.

Many appeals hinge on a different issue: whether a treatment is scientifically proven and medically necessary. Your doctor should be able to write a detailed letter on your behalf. You also may be able to bolster your case by researching the scientific evidence online on sites like [pubmed.gov](#), sponsored by the National Library of Medicine. You are seeking studies that may demonstrate that the treatment you want has worked in cases similar to yours. The strongest evidence comes from large, randomized, controlled trials, but anything published in a reputable medical journal might help. You should show your findings to your doctor, so he or she can explain anything you don't understand, as well as integrate anything important into his or her letter to the insurer.

You may also want to seek help from researchers who worked on the cutting-edge studies you find — sometimes, these doctors are willing to help a patient with an urgent case. They might even review your medical records and submit a backup letter on your behalf, which can add weight to your own doctor's views.

Even if your insurer rejects your appeal, you still have other options. If your employer has a self-funded health plan, which might be administered by a private insurer but is backed by the employer, your next step is often to sue in federal court, a tough and expensive proposition.

But if your coverage is with an insurance company, either through your employer or an individual policy, you can opt for your state's appeals process. Often, these are handled through the state's insurer.

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ance regulator, but if not, this agency should at least be able to tell you where to go. Make sure you check with the agency, because the 44 states that offer independent reviews won't handle all kinds of issues, and each has its own rules. For Medicare beneficiaries, there is a separate, federal appeals-review process that you can learn about at [Medicare.gov](http://Medicare.gov).

## Further Reading:

[Did your health plan deny you care? You can fight back. Here's how - Los Angeles Times](#): Have you ever stepped up to the pharmacy cash register only to learn your new prescription will cost you hundreds of dollars — instead of your typical \$25 co-pay — because your insurance doesn't cover it?

[Did Your Health Plan Deny You Care? Fight Back. | Kaiser Health News](#): Most patients don't argue when their health insurance won't cover treatment or medication, but they should: Consumers win about half of their appeals. The process can sometimes be overwhelming, but there are ways to prepare and get help.

[How to File a Medicare Appeal: The Process](#): If you think Medicare hasn't properly covered a doctor's visit, treatment, procedure, or drug, you could file an appeal. WebMD tells you how.

[The Health Claim Game: Fight Back When Insurers Deny Claims - AARP The Magazine](#)

[Drug Coverage Denied By Medicare? How Seniors Can Fight Back | Kaiser Health News](#): Senior citizens have to be patient and keep close records to appeal when Medicare plans refuse to cover their medicines.

[How do I file an appeal? | Medicare](#): How to appeal a coverage or payment decision made by Medicare, your health plan, drug plan or Medicare Medical Savings Account (MSA) Plan.

[Denials / Appeals: What to Do When Your Insurance Company Denies You Coverage - JDRF](#)

[How to Appeal a Health Insurance Denial - Health - WSJ.com](#)

## Influence of the facility caseload on the subsequent survival of men with localized prostate cancer undergoing radical prostatectomy

Afsaneh Barzi MD, PhD; Primo N. Lara Jr MD; Denice Tsao-Wei MS; Dongyun Yang PhD; Inderbir S. Gill MD; Siamak Daneshmand MD; Eric A. Klein MD; Jacek K. Pinski MD, PhD  
First published: 09 August 2019  
<https://doi.org/10.1002/cncr.32290>

We extend our greatest gratitude to Dr. Susan Groshen and the University of Southern California team for their contributions.

## Abstract

### Background

Several studies have investigated the relationship between experience measured by caseload and oncological outcomes, economics, and access to care for prostate cancer care. Oncological outcomes have been limited to biochemical failure after radical prostatectomy. Questions remain regarding the more definitive measures of outcomes and their relationship with caseload.

### Methods

The National Cancer Database was used to investigate the outcomes of radical prostatectomy in the United States. With overall survival (OS) as the primary outcome, the relationship between the facility annual caseload (FAC) for all prostate cancer encounters and the facility annual surgical caseload (FASC) for those requiring radical prostatectomy was examined with a Cox proportional hazards model. Four volume groups were defined by caseload: <50th percentile (volume group 1 [VG1]), 50th to 74th percentiles (volume group 2 [VG2]), 75th to

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89th percentiles (volume group 3 [VG3]), and ≥90th percentile (volume group 4 [VG4]). By FAC/FASC, 11%/8%, 17%/18%, 25%/26%, and 47%/49% of patients were treated in VGI through VG4, respectively.

### Results

Between 2004 and 2014, 488,389 patients underwent radical prostatectomy. At a median follow-up of 60.75 months, the median OS was not reached. There was a significant OS benefit as the caseload increased. For FAC, the adjusted OS difference between VGI and VG4 at 90th percentile survivorship reached 13.2 months (hazard ratio [HR], 1.30; 95% CI, 1.23-1.36; P < .0001). For FASC, this was 11.3 months (HR, 1.25; 95% CI, 1.192-1.321; P < .0001).

### Conclusions

There is a statistically significant OS advantage from performing radical prostatectomy at a facility with a high annual caseload. Caseload measured by all prostate cancer encounters is a better predictor of favorable outcomes than the number of surgeries performed at a facility.

### Lay Summary

An in-depth analysis of 488,389 cases of radical prostatectomy performed in more than 1000 facilities over a 10-year period showed better survival when surgery was performed in facilities with more experience and greater caseload.

- A survival difference of up to 13 months was observed when comparing patients treated at less experienced versus more experienced centers.
- Experience across all stages of prostate cancer was a stronger predictor of survival outcome than just the number of surgeries performed.

## 3 nutrients cancer survivors should know

August 09, 2019  
BY Molly Adams

<https://www.mdanderson.org/publications/>

[cancerwise/2019/08/3-nutrients-cancer-survivors-should-know-flaxseed-omega-3s-iron.html](https://www.mdanderson.org/publications/cancerwise/2019/08/3-nutrients-cancer-survivors-should-know-flaxseed-omega-3s-iron.html)

Overcoming cancer can bring a new perspective on life – and health. Your body needs nutrients to stay healthy and to limit the long-term [side effects of cancer and its treatment](#), such as [bone loss](#) and heart disease. Omega-3 fatty acids, flaxseed and iron can help.

“A nutrient-rich diet can help keep you healthier, longer,” says clinical dietitian Haley Gale.

Here, she shares what cancer survivors should know about these three nutrients and how to easily incorporate them into your diet.

### Omega-3 fatty acids

Omega-3 fatty acids have several health benefits. They help protect your bones and joints, and because they contain anti-inflammatory fats, they can help lower cholesterol. Those benefits can also help reduce the effects of heart-related side effects caused by [chemotherapy](#) and [radiation](#). And because they're linked to reducing [inflammation](#), they may also lower the risk of cancer recurrence.

You can find these healthy essential fats in salmon, trout, tuna and sardines. Eating a 3-ounce serving of these fish twice a week is best. Flaxseed, walnuts, soybeans, chia seeds, avocado and olive oil are also good sources of omega-3 fatty acids.

“If you're having a hard time meeting this goal, your doctor may suggest a supplement,” Gale says. If you do need a supplement, Gale recommends you buy one that contains the most eicosapentaenoic acid and docosahexaenoic acid. These are the main fatty acids found in fish and seafood. To meet your nutritional goals, aim to add 1-3 grams into your diet daily.

Omega-3s may not be right for everyone as they may thin your blood. So, be sure to talk with your doctor before adding them to your diet, especially if you're on blood-thinning medication or have an upcoming surgery.

### Flaxseed

Although flaxseed is classified as an omega-3, it has



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additional health benefits. Some studies have shown that consuming 25 grams of flaxseed a day may reduce tumor growth in [breast](#) and [prostate](#) cancer. It can also reduce the body's production of estrogen, so its benefits have been linked to [breast cancer prevention](#). In fact, consuming flaxseed can enhance the effectiveness of tamoxifen, a drug commonly used to prevent breast cancer recurrence. Also, because flaxseed is high in fiber, it can reduce the risk of heart disease and stroke.

Flaxseed can be found in some cereals, breads and crackers; it can also be purchased as whole seeds. "To ensure you're able to absorb all of the nutritional value, grind the seeds before you eat them or buy the powdered form," Gale says.

But be careful not to consume too many raw flaxseeds and gradually add them in over-time. Gale warns they can cause bloating, gas and diarrhea. If you have irritable bowel syndrome, ulcerative colitis or Crohn's disease, talk with your dietitian before adding flaxseed to your diet.

### Iron

Iron plays an important role in producing hemoglobin – the protein in red blood cells that carries oxygen throughout the body. Many cancer survivors have low hemoglobin levels caused by their type of cancer treatment.

"For these patients, iron supplementation may not help and could be harmful because it can cause iron overload," Gale says. "For patients with blood cancers or who've had multiple blood transfusions, this is especially true because your body may be storing iron."

Gale suggests adding more iron to your diet if you're experiencing anemia due to iron deficiency, whether because your diet is unbalanced or you've lost a lot of weight. Examples of iron-rich foods include proteins like lean ground beef, eggs and shrimp. Grains like oatmeal and brown rice also have iron. Other iron rich examples include spinach, beans and peanut butter.

"Cooking with a cast-iron skillet can also help enhance your absorption of iron," Gale adds.

When it comes to staying healthy after cancer, the most important thing is to eat a well-balanced, plant-based diet. "There is no one nutrient that is going to reduce your cancer risk, but the combination of many nutrients and antioxidants may," Gale says. "Eating plenty of fruits, vegetables, lean protein and avoiding processed foods is your first step toward better health."

[Request an appointment at MD Anderson online](#) or by calling 1-844-507-2567.

## Medical One Liners



Funny Bumper Sticker / Flickr / CC BY-NC-ND  
*BAD EATING HABITS*

A mother complained to her consultant about her daughter's strange eating habits.

–"All day long she lies in bed and eats yeast and car wax. What will happen to her?"

–"Eventually," said the consultant, "she will rise and shine."

### *Cosmetic surgery*

A sign on a cosmetic surgery clinic says: "If life gives you lemons, a simple operation can give you melons."

### *Healthy living tips*

Question: Does an apple a day keep the doctor away?

Answer: Only if you aim it well enough.

### *What's the Best Type of Doctor?*

The best doctor in the world is the veterinarian. He can't ask his patients what is the matter – he's got to just know.

## NETWORKING

Please help us in our outreach efforts. Our speakers bureau consisting of Lyle LaRosh, Gene Van Vleet and George Johnson are available to speak to organizations of which you might be a member. Contact Gene 619-890-8447 or [gene@ipcs.org](mailto:gene@ipcs.org) to coordinate.

Member and Director, John Tassi is the webmaster of our website and welcomes any suggestions to make our website simple and easy to navigate. Check out the Personal Experiences page and send us your story. Go to: <https://ipcs.org/personal-experience>

Our brochure provides the group philosophy and explains our goals. Copies may be obtained at our meetings. Please pass them along to friends and contacts.

## FINANCES

We want to thank those of you who have made special donations to IPCSG. Remember that your gifts are tax deductible because we are a 501(c)(3) non-profit organization.

We again are reminding our members and friends to consider giving a large financial contribution to the IPCSG. This can include estate giving as well as giving in memory of a loved one. You can also have a distribution from your IRA made to our account. We need your support. We will, in turn, make contributions from our group to Prostate Cancer researchers and other groups as appropriate for a non-profit organization. Our group ID number is 54-2141691. Corporate donors are welcome!

If you have the internet you can contribute easily by going to our website, <http://ipcs.org> and clicking on "Donate" Follow the instructions on that page. OR just mail a check to: IPCSG, P. O. Box 4201042, San Diego CA 92142



### Directions to Sanford-Burnham-Prebys Auditorium 10905 Road to the Cure San Diego, CA 92121

- ◆ Take I-5 (north or south) to the Genesee exit (west).
- ◆ Follow Genesee up the hill, staying right.
- ◆ Genesee rounds right onto North Torrey Pines Road.
- ◆ **Do not turn into the Sanford-Burnham-Prebys Medical Discovery Institute or Fishman Auditorium**
- ◆ Turn right on Science Park Road. Watch for our sign here.
- ◆ Turn Left on Torreyana Road. Watch for our sign here.
- ◆ Turn Right on Road to the Cure (formerly Altman Row). Watch for our sign here.