



Tex Us TOO, Inc.

Prostate Cancer Education and Support

HOUSTON, TEXAS, CHAPTER (MEMBER OF US TOO INTERNATIONAL)

SOMEONE TO TALK TO... WHO UNDERSTANDS

MEETING ANNOUNCEMENT

Date: Monday, June 12, 2017

Time: 7:00 P.M

Place: St. Luke's United Methodist Church, 3471 Westheimer at Edloe (between Buffalo Speedway and Wesleyan).

Topic: "Advances in Radiation Therapy for Prostate Cancer."

Speaker: "Seungtaek Choi. PhD"

Agenda: The speaker's presentation will be followed by an informal meeting with chapter members, to discuss personal prostate cancer questions and issues.

Getting There: Park behind the Church. Enter through the front center brick portico. Proceed ahead down Fellowship Walk to its end, turn left and find the Parlor at the end of corridor. (EN103/B145). There is no charge. Spouses are encouraged to attend. (Refreshments will be served).

Tex US TOO is a prostate cancer support group for the purpose of sharing information, education, experiences and mutual support. WE DO NOT DISPENSE MEDICAL ADVICE

Dr. Seungtaek Choi is an Associate Professor at MD Anderson in the Department of Clinical Radiation Oncology, specializing in genitourinary cancers. He treats patients with both x-rays and protons. His research interests include the use of imaging for better identification and localization of cancers for radiation therapy and the use of proton therapy for genitourinary malignancies. Dr. Choi graduated from MIT with a bachelor's degree in nuclear engineering. He received his M.D. from Cornell University Medical College. He completed his internship in Internal Medicine at UCLA, his residency at University of Washington Medical Center, and a fellowship in Intensity Modulated Radiation Therapy (IMRT) at MD Anderson Cancer Center.

18th ANNUAL DAD'S DAY RUN/WALK: 5K, 3K, 1K



Our 18th Annual Dad's Day 5K Run/Walk will take place on Saturday, June 17th, at 7:30 AM. The race will begin and end at the Wortham Theatre in downtown Houston. For detailed information please visit www.dadsday5k.org Jerry Boldra & Jim Brandt, our 5K Run/Walk coordinators, and the Tex Us TOO Board of Directors, encourage our membership to attend this event. It will make us proud of what our support group has done and is doing in the Greater Houston Area, to promote prostate cancer awareness and encourage men to be informed about their risk.

NOTES AND QUOTES

Historic Victory for Prostate Cancer: Congress Adds \$10 Million for Research Program (from the May, 2017, ZEROHour Newsletter.) The Prostate Cancer Research Program (PCRP) has received its first increase in funding in over a decade and is now funded at \$90M! Without the dedicated advocates in their team, we are one step closer to much-needed research that will improve the diagnosis and treatment of prostate cancer and one day end suffering from the disease once and for all.

Adding Abiraterone for men with high-risk prostate cancer (PCa) starting long-term Androgen Deprivation Therapy (ADT): Survival results from STAMPEDE (NCT00268476); (from UroToday, 6/5/2017, American Society of Clinical Oncology (ASCO 2017, Day 3 Highlights Coverage). The management of newly metastatic prostate cancer has traditional been androgen-deprivation therapy (ADT), and until this decade, patients who failed ADT went on to receive chemotherapy. With the influx of new treatment options for castration-resistant prostate cancer (CRPC), there has been growing interest in assessing whether these novel therapies may be beneficial up front. To read the entire article, please visit: (https://www.urotoday.com/conference-highlights/asco-2017/asco-2017-prostate-cancer/96177-asco-2017-adding-abiraterone-for-men-with-high-risk-prostate-cancer-pca-starting-long-term-androgen-deprivation-therapy-adt-survival-results-from-stampede-nct00268476.html?utm_source=newsletter_4519&utm_medium=email&utm_campaign=asco-2017-day-3-highlights)

A Potential Cure for Metastatic Prostate Cancer? Treatment combination shows early promise. (Excerpts from the Us TOO Int'l, May 2017, HotSheet Publication: Newswire May, 1, 2017.) In the past, all forms of metastatic prostate cancer have been considered incurable. In recent years, the FDA has approved six drugs for men with metastatic disease, all of which can increase survival. In a study published in Urology®, researchers demonstrate for the first time that an aggressive combination of systemic therapy (drug treatment) with local therapy (surgery and radiation) directed at both the primary tumor and metastasis can eliminate all detectable disease in selected patients with metastatic prostate cancer.

While the study is only a first step, one-fifth of the patients treated had no detectable disease, with an undetectable prostate-specific-androgen (PSA) and normal blood testosterone, after 20 months. The results suggest that some men who have previously been considered incurable can possibly be cured; investigators also establish a new paradigm for testing various drug combinations in conjunction with local treatment of the prostate to determine which is the best approach (ie, has the highest undetectable disease rate). Such results could not have been achieved with any single therapy alone.

According to lead investigator Howard I. Scher, MD, Chief of the Genitourinary Oncology Service at Memorial Sloan Kettering Cancer Center in New York City, "The sequential use of the three different modalities helped illustrate the role and importance of each in achieving the undetectable PSA with normal testosterone level end point, which represents a 'no-evidence of disease' status." Longer follow-up is needed to determine whether these patients were in fact cured.

Commenting on the study, Oliver Sartor, MD, Cancer Research, Department of Medicine and Urology, Tulane University School of Medicine, New Orleans, LA, stated, "The end point deserves special mention, as the end point of undetectable PSA after testosterone recovery has been previously discussed but rarely studied. The authors proposed that this end point may serve as a first step toward establishing a curative paradigm. Many in the field agree, but note that the longevity of effect is essential to prove the point of curability. Regardless, the movement toward a curative paradigm is much needed and the investigators are to be congratulated for setting forth a paradigm that can be used to assess the possibility of cure in a reasonable period of time."

"A multimodal treatment strategy for patients who present with disease that is beyond the limits of curability by any single modality enables the evaluation of new approaches in order to prioritize large-scale testing in early stages of advanced disease. The end point also shifts the paradigm from palliation to cure," remarked Dr. Scher. It is expected that an upcoming Phase 2 trial will further test this endpoint and combined modality approach.

"Running Is the Greatest Metaphor for Life, Because You Get Out of It What You Put Into It." – Oprah Winfrey

We welcome suggestions, criticisms and contributions to this publication. This is your newsletter. Please contact Manny Vazquez at 936-597-6646, or by e-mail at manny@consolidated.net