



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, March 12, 2018

Time: 7:00 P.M.

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

Topic: "Developments in Pathology."

Speaker: Gustavo Ayala, Ph.D.

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

Getting There: The monthly meetings are now in Room EN207. Park behind the Church. Enter through the front center brick portico. Proceed ahead down Fellowship Walk to its end at front of Church. Turn left. Stairs to second floor immediately on left. Take corridor to Room EN 207 on left. For Elevator, on first floor continue down hallway past the Rotunda Room to corridor on left (sign indicates Elevator). A quick left again will bring you to Elevator. Room EN207 on your right." (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. Gustavo Ayala is Director of the University of Texas Urologic Pathology Division. Trained at the National Cancer Institute in Paraguay, completed his residency at Georgetown University and was awarded a fellowship at Yale University School of Medicine. Subsequently joined the faculty at Baylor College of Medicine where he was a tenured Professor. In 2011 joined the Faculty of the Department of Pathology & Laboratory Medicine of the UT Medical School at Houston. His expertise includes biomarker analysis, with a special interest in prostate, bladder and penile cancers. Dr. Ayala is active in basic science, clinical, and translational research for which he received uninterrupted funding from the National Cancer Institute, the Prostate Cancer Foundation, the Department of Defense and other foundation and industry grants. He is an internationally recognized leader in urologic cancer research and an innovator in the field, has published more than 120 scholarly manuscripts. His prostate cancer biomarkers development effort, funded by the National Cancer Institute, has led to new models of prediction for prostate cancer. Dr. Ayala's work has been highlighted in the journal Nature.

Tex Us TOO Information Sharing:

LOOKING FOR ASSISTANCE!!! Your newsletter editor has been producing our chapter's monthly newsletters for the last 18-years and needs fresh blood to help with this task. I will travel extensively beginning in September, which would prevent me from doing your newsletters on a monthly basis. If interested, please let me know. Thanks, Manny Vazquez, (H) 936-597-6646, (C) 936-524-8316, (manny@consolidated.net)

NOTES AND QUOTES

Another Message from Terri Likowski from Us TOO International:

-----Original Message-----

From: Terri Likowski <TerriL@ustoo.org>

Sent: Tue, Feb 20, 2018 2:33 pm

Subject: **Us TOO Working with Flince Research Company - Participants will be compensated \$200 - Caregivers invited to participate**

Good Day Us TOO Leaders and Caregivers,

We are working again with Jason Turner from Flince Research Company to identify the following patients or caregivers of those who fit the below criteria.

-Non Metastatic

-Cancer has returned after initial treatment

-On hormone therapy, or on a break but the hormone therapy is used to keep PSA level in check

-PSA levels have remained even

National Telephone Interviews

Interviews will be one hour in length and payment will be \$200. Interviews will take place the end of this month into early March.

-Caregivers are welcome to take part as well

-All participants will receive a mailed check for \$200 at the conclusion of the interview.

Thanks so much, and please contact Jason directly with any questions or if you fit the criteria and are interested.

Us TOO has worked with Flince on other projects and we find that they are extremely respectful and appreciative of everyone who is involved. We only work with research companies who have the best interest of the patient in mind. Flince also makes a donation to Us TOO for our time.

Please share this email with your email contacts and copy me so I know you have shared.

Warm regards,

~terri

Anyone interested can call

Jason Turner

773 383 9090

jturner@flincersearch.com

Focal Therapy for Primary Localized Prostate Cancer Remains Investigational: Us TOO Int'l Hot Sheet, March, 2018 (Excerpts)

Focal therapy for primary localized prostate cancer should remain investigational pending further study, according to a 2018 European Association of Urology (EAU) position paper. "The method is promising, but the often multifocal nature of prostate cancer renders it not applicable for all prostate cancer," Dr. Henk G. van der Poel from Netherlands Cancer Institute, Amsterdam, the Netherlands told Reuters Health by email. "Selection of patients, as well as follow-up protocols for early recognition of disease recurrences, is being studied." At least six focal therapy options for primary prostate cancer management currently exist: cryotherapy, high-intensity focused ultrasound (HIFU), irreversible electroporation (IRE), laser ablation, photodynamic therapy, and brachytherapy. Dr. van der Poel and colleagues on the EAU Prostate Cancer Guidelines panel review the evidence on the use of these modalities in their online report in European Urology. They agree that focal therapy can ablate cancer cells, but they note that current imaging methods cannot reliably identify all high-risk cancer clones within the prostate. Moreover, the oncologic effectiveness of focal therapy remains unproven due to the lack of reliable data comparing it with the current standard of care, including active surveillance (AS).

To date, there has been insufficient long-term follow-up regarding toxicity and cancer progression after focal therapy, as well as the toxicity of secondary treatments and retreatments after focal therapy. Given these considerations, the panel concludes that "focal therapy should be considered an investigational modality only." "Focal therapy for prostate cancer is extremely interesting, but further study, including the risk of (longer-term) recurrences, is needed," Dr. van der Poel said. Dr. Ryan P. Wertz from the University of Chicago, who recently reviewed focal therapy treatment options for prostate cancer, stated "AS and more minimally invasive treatments, such as focal therapy, in theory aim to minimize treatment-related side effects while maintaining therapeutic efficacy.

(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)