

The first edition of this book was the all-time best seller at Lulu Press and held a top 5 position on Amazon for over 10 years on a search for "prostate cancer."

NEW EDITION



**YOU
CAN
BEAT**
**Prostate
Cancer**

**And You Don't Need
Surgery to Do It**

This is the book the author wishes had been available when he was diagnosed with prostate cancer.

By Prostate Cancer Survivor,
Robert J. Marckini

You Can Beat Prostate Cancer

... And You Don't Need Surgery to Do it

New Edition

What Every Man and His Family Must Know
About Early Detection and Treatment

**This is the book the author wishes
had been available when he was
diagnosed with prostate cancer.**

By

Prostate Cancer Survivor

Robert J. Marckini

Comments/Endorsements

“It has been my privilege to call Bob Marckini a friend for a number of years. There are few lives more focused on helping others, particularly with prostate cancer, than Bob. But his message goes far beyond a cancer diagnosis and treatment options to a complete change in lifestyle and a new direction for each individual, from a state of fear to a journey of peace and gratitude. For two decades he has relentlessly pursued this vision of sharing information and understanding with many, through his best-selling book as well as endless phone calls, attendance at numerous meetings, and a monthly newsletter. There can be no question that Bob has altered the trajectory of countless lives, men and women, with this message of wholeness and health. It has been a privilege for Loma Linda University Health to partner with Bob on this journey of restoration.”

~ Richard H. Hart, MD, DrPH, President, Loma Linda University Health

~ ~ ~

“Bob Marckini’s 2nd edition of *You Can Beat Prostate Cancer* is an outstanding guide for men who have been diagnosed with prostate cancer or, because of age or other factors, are at risk. Through an engaging personal narrative, he distills a plethora of information on the natural history of prostate cancer, countless patient experiences, and extensive published evidence into a few clear concepts that will aid prospective prostate cancer patients in navigating the difficult journey of choosing and completing a treatment strategy and as well as designing a healthy lifestyle to maximize long term treatment success and quality of life. The book is unique in that it provides both a thorough and rigorous investigation into the scientific evidence for specific management strategies as well as the authenticity of his own and others’ lived experiences with various treatment options. All men concerned about prostate cancer should study this book and all physicians who treat prostate cancer should read this book and offer it to their patients.”

~ Nancy Price Mendenhall, MD, FASTRO, Professor, Dept. of Radiation Oncology, Medical Director, Univ. of Florida Health Proton Therapy Institute.

~ ~ ~

“You have just been told that you have prostate cancer. The “C” word. Do not panic. Most likely, there are multiple options that can lead to a great result and that’s what makes prostate cancer decision-making so challenging. Bob Marckini again does a great job of walking patients through this complex decision-making process in the 2nd edition of his book which has been significantly updated. Not all of the available options for

prostate cancer management are discussed with men by their doctors. Mr. Marckini does a fantastic job of exposing the reader to such options. If you have been diagnosed with prostate cancer, or know someone who has, you owe it to yourself, or them, to read this book.”

~Sameer Keole, MD, Medical Director Proton Therapy, Mayo Clinic,
Phoenix, AZ

~ ~ ~

“For men diagnosed with prostate cancer, Bob Marckini in this book clarifies from a patient's perspective why proton therapy is an ideal treatment option over surgery in order to preserve erections, eliminate incontinence, and prevent penile shortening. . . A must read for prostate cancer patients and their families.”

~Steven J. Frank, MD, FACR, Professor and Executive Director, The
UT MD Anderson Cancer Center Particle Therapy Institute

~ ~ ~

“As is true of many adult and pediatric cancers, there are [fortunately!] many options when it comes to treating prostate cancer and in my clinical experience, I routinely find that the most difficult decision patients face is which one to choose. Beginning with the publication of his first edition of “You Can Beat Prostate Cancer,” and even more so new with his update, Bob Marckini provides a readable, factual guide for patients and their loved ones who are faced with this daunting but curable diagnosis, written in a style which is blessedly free of the jargon and acronyms which so often dominates the medical literature. It’s an excellent resource which I recommend unequivocally”

~Carl J. Rossi MD, Medical Director, California Protons

~ ~ ~

“This book has EVERYTHING you need to know about prostate cancer, even if you are not a prostate cancer patient but have been touched by this disease in some way. By reading this book you will learn about how to deal with any serious illness and how to master your own health management. This new edition summarizes the feedback from many scientists, patients and from the readership of Bob Marckini’s “*BOB Tales* Monthly Newsletter” during the past 20 years. This great book is an incredible resource for anyone seeking knowledge about serious health problems and a comprehensive manual on how to manage through them. The book is a “must read” and should be an important asset in everybody’s library.”

~Arnd Hallmeyer, MD, PhD, DSc, Prostate Cancer Survivor, Berlin,
Germany

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“I recommend this book to every patient or family member affected by an elevated PSA or a diagnosis of prostate cancer. In medicine, we are taught that invasive procedures should only be done if less intrusive tests or

interventions are not effective or available. This updated book accurately captures critical information on less invasive (and more precise) methods of diagnosis and treatment of prostate cancer. Although prostate removal may be right for some men, it should never be accepted by a patient until they have fully considered and vetted less-invasive alternatives such as modern active surveillance or proton therapy. Thank you Bob (and Deb) for your long-term commitment to sharing this information with the world!"

~J. Ben Wilkinson, MD, FACRO, Radiation Oncologist

~ ~ ~

"For any patient faced with the diagnosis of prostate cancer, there will be fear and anxiety. Most men will do well if they are educated on the nature and status of their disease. In easy to read language, Robert Marckini's book does an excellent job of informing patients on their prostate cancer diagnosis, treatment options, life after treatment, and much more. "You Can Beat Prostate Cancer" is a practical and comprehensive guide for men at risk for prostate cancer or for men recently diagnosed with the disease. This is a book that every prostate cancer patient should read before making a decision on treatment or surveillance."

~Joseph J. Busch Jr. MD Oncological Radiologist, Busch Center
Kathy Busch BS, RT (N) (MR), (CT), CNMT (PET)

~ ~ ~

"There is a reason that Bob Marckini's book has been a top seller for over 10 years. This book is an island of current and pertinent information with rational and deductive thinking in a sea of limitless prostate cancer information and misinformation. I highly recommend that men diagnosed with or at risk for prostate cancer read and share with their family this easy to understand book."

~Les Yonemoto, MD, MBA, CPE, DABR

~ ~ ~

"This book chronicles Bob's research into the treatment options he was presented with, discusses the pros and cons of those and other available treatments, his decision-making process, treatment, and experiences since. This second edition remains a must-read for any man (or his partner) facing a diagnosis of prostate cancer. Despite the fact that proton therapy has been around for many years, most providers know very little about it. It often falls on the patient to find and explore this option. In this edition, he has added helpful sections on current research, staying healthy after cancer and adding more personal stories from men who have been treated with protons. This book is a great place to start your research, as Bob has done much of the homework for you."

~Carolyn Vachani, RN, MSN, AOCN, OncoLink, Penn Medicine,
Abramson Cancer Center, Managing Editor,
cvachani@oncolink.org, 215-901-4807, www.oncolink.org

“It is with great pleasure that I give my highest endorsement to the second edition of Bob Marckini’s book on prostate cancer diagnosis and treatment. I am a senior cancer researcher and academic medical educator and have many publications in cancer biology. For over thirty years I taught medical students and physicians in training. I am also a proton therapy prostate cancer survivor, having had proton therapy treatment in 2002. All of this means that I have a unique perspective about this book. The book is an informative guide for patients who have, or want to learn about prostate cancer, and treatment options. It is comprehensive, clearly written, and shows an unbelievable amount of thoughtfulness by the author. When you read this book, you will become extremely well informed on the topic. It will help you understand your diagnosis, and sort through all the treatment options. It can also help you to make the right decisions for your future. Bob truly wants to help men with prostate cancer to make the best-informed choices for their future. He has accomplished this, and we are the beneficiaries of his compassionate efforts. Thanks, Bob, for all your hard work and dedication.”

~H. Terry Wepsic, MD, Professor Emeritus of Pathology,
University of California, Irvine, CA, Research Professor, Long
Beach VA Healthcare System, Long Beach, CA

~ ~ ~

“You Can Beat Prostate Cancer” helps expose the confusion and misinformation surrounding the term prostate cancer and is an important public health resource for any man receiving this sorry label. Bob Marckini’s personal journey, insights and challenges to so-called conventional wisdom also lead to his development of an equally amazing prostate cancer support group that helps men understand their particular diagnosis before they make reckless decisions and are robbed of health.”

~Bert Vorstman MD, MS, FAAP, FRACS, FACS, Board Certified
Urologist (Retired)

~ ~ ~

“The second edition of this book represents the most objective, comprehensive, authoritative and yet layperson-friendly synopsis of everything a newly diagnosed prostate cancer victim needs to know about prostate cancer prevention, diagnosis and treatment options. Armed with this information, gleaned by Bob Marckini over many years, the reader should be able to make an informed decision whether to be treated and if so by what mode of treatment. Many myths about proton therapy are dispelled and many risk factors associated with other treatment options are brought to light. This book will save lives and will greatly improve the quality of life for many prostate cancer victims!”

~Patrick Greany, PhD retired USDA Research Entomologist and
Courtesy Professor, University of Florida.

“Prostate cancer patients and their loved ones face a bewildering choice of treatment options. Bob Marckini draws on his 20 years of experience as prostate cancer survivor and nationally recognized patient advocate to make a compelling, well balanced case for prostate cancer patients to consider proton therapy for their treatment.”

~John B. Frick, Managing Director, Chisholm Advisors

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“In March of 2008 at my annual physical, my PSA jumped up. Fortunately for me, a close friend, who had been diagnosed with prostate cancer the previous year, had a copy of Bob Marckini’s first book and gave it to me. After reading it, I flew up to visit Bob Marckini. How lucky can you get? After talking with Bob, I went to Loma Linda University Cancer Center for proton treatment. Since my wonderful treatment experience with no cancer recurrence and no impotence, incontinence or other side effects after 12 years, I have devoted my life to helping those who are faced with prostate cancer treatment options. Reading Bob’s book was one of the single most important things I’ve done in my life.”

~Charles A. Smithgall III, Former Chairman and CEO of SEI Aaron’s, Inc.

~ ~ ~

“Bob Marckini has done a wonderful job in updating and expanding the scope of this book, capturing important advances in screening, diagnosis, staging and treatment options for prostate cancer therapies. In regards to proton therapy, important advances are described such as utilization of pencil beam scanning which enables the delivery of IMPT- Intensity Modulated Proton Therapy. Over the years, I worked with all 3 modalities of proton therapy: Double scatter, Uniform scanning and IMPT. Use of IMPT has been revolutionary allowing larger treatment fields such those to treat pelvic lymph nodes in high risk prostate cancer. Another advancement in our field also referenced in this book is the utilization of rectal spacer (SpaceOAR) which displaces the rectum away from the prostate to further reduce rectal exposure to high doses of radiation. As a pioneer adopter of rectal spacer in proton therapy, I treated the first patients worldwide with this combination in April of 2015 following FDA clearance. In my experience of well over 500 patients treated with protons and rectal spacer, I can attest to excellent treatment tolerance, significant reductions in rectal dose exposure and treatment related gastro-intestinal side-effects.”

~Marcio Fagundes, MD, Medical Director – Radiation Oncology Department, Miami Cancer Institute

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“Before retiring in late 2019, I was Vice President of Professional Education at Augmenix, which was purchased by Boston Scientific in October of 2018. My duties focused on training leading physicians around the world. During

that time, I had the opportunity to meet Bob Marckini and read the first edition of his book. I also witnessed the influence of his ministry promoting prostate cancer awareness, prevention and treatment, and tending to the 10,000 members of the prostate cancer support group he founded. Bob's knowledge and intellectual curiosity on this subject is second to none, witnessed at many major meetings dealing with promoting awareness and understanding prostate cancer. I consider his second edition to be the most comprehensive, complete treatment of the subject today, and a must read for anyone diagnosed with prostate cancer or at risk for the disease."

~Tom Guest, Johnson and Johnson, Vice President of Professional Education, Augmenix/Boston Scientific

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"If you've been diagnosed with prostate cancer, don't be rushed into deciding what to do about it. This is a slow-growing disease. You have time to make what will be one of the most important decisions of your life. You may need "definitive treatment" – a euphemism for surgery or radiation that will change the quality of your life forever. Or you may need to do nothing at all but monitor your disease, an approach known as active surveillance. Robert J. Marckini was diagnosed with prostate cancer 20 years ago. He made a decision to undergo proton therapy, a noninvasive approach that has received scant attention. Marckini is an advocate for proton therapy, but thoroughly covers the many other options you may consider on your personal cancer journey. Get second opinions from doctors but prepare yourself by reading the new edition of Marckini's "You Can Bear Prostate Cancer." This book will serve as your guide as you prepare for those second and third opinions from physicians and make your final decision."

~Howard Wolinsky, nine years on active surveillance for low-risk prostate cancer and author of "A Patient's Journey" column for MedPageToday.com

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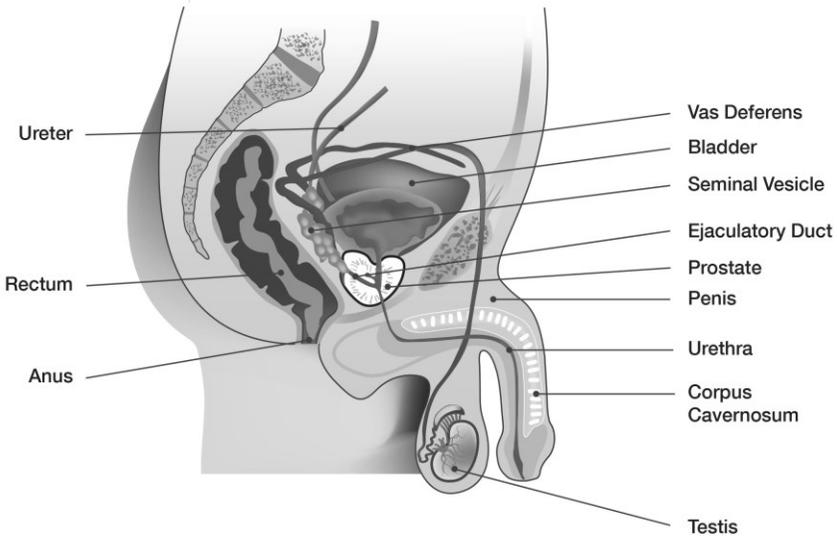
"Marckini has produced an exceptional work in sharing the trauma and the resulting journey associated with hearing the words, "you have cancer!" In a warm and convincing manner, he conveys his personal search for a 21st Century non-invasive treatment modality for his disease. His journey ends in finding hope, healing, health, happiness and wholeness. It is a must read for anyone confronted with cancer."

~J. Lynn Martell, DMin, Director of Special Services Loma Linda University Medical Center (Retired)

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testes also enters the urethra and mixes with the seminal fluids during orgasm.



As men grow older, it's common for the prostate to become enlarged. As the prostate grows there is a tendency for it to begin to restrict, or pinch-off, the urethra. This is a common cause of men's inability to completely empty the bladder. Unfortunately for many men, this creates the need to make frequent trips to the bathroom.

There are several diseases of the prostate. The three most common are prostatitis, BPH and prostate cancer.

Prostatitis

Prostatitis is a common infection of the prostate gland. The cause is not known. Some experts believe that prostatitis is an autoimmune problem. Others feel that prostatitis is a combination of several infections or diseases. Acute prostatitis with fever is usually caused by a bacterial infection. Yet other prostatitis symptoms have

nothing to do with bacterial infection. Antibiotics are often prescribed for prostatitis and have proven to be effective.

BPH

BPH (Benign Prostatic Hyperplasia) is the most common non-cancer cause of prostate enlargement. By age 60, fully half the male population will develop BPH. That number increases to 90 percent by age 86.

There are several treatment options for BPH. These include watchful waiting, medical therapy, balloon dilation, stents, and surgery. Every year in the U.S., approximately 300,000 surgeries are performed to relieve the symptoms of BPH.

The American Urological Association (AUA) has prepared a series of questions to help determine the presence of BPH. By answering these seven questions about the severity of symptoms, it is possible to define whether the symptoms are mild (0-7 points), moderate (8-19 points) or severe (20-35 points):

Questions to be answered: Over the past month . . .	Not at all	Less than 1 time in 5	Less than ½ the time	About ½ the time	More than ½ the time	Al-most always
1. How often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
2. How often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5
3. How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
4. How often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. How often have you had a weak urinary stream?	0	1	2	3	4	5
6. How often have you had to push or strain to begin urination?	0	1	2	3	4	5
7. How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5

Sum of 7 circled numbers (AUA Symptom Score): _____

Approximate number of prostate-cancer deaths in U.S. in 2017	28,000
Approximate number of new cases each year	200,000
Lifetime risk of developing prostate cancer among American men	1 in 6
Five-year survival rate for men with early stage disease	100%
Five-year survival rate for men whose prostate cancer has spread to distant parts of the body at diagnosis	31%

I suspect that with improvements in detection and treatment in recent years, survival rates will continue to improve. And the value of early detection is obvious by these numbers. Early stage prostate cancer is almost always confined to the gland or prostate bed. Any legitimate prostate cancer treatment will destroy the cancer when it's confined to the gland. This last sentence bears repeating:

Any legitimate prostate cancer treatment will destroy cancer when it's confined to the gland.

All men should pay attention to the simple, low cost, painless tests that would virtually guarantee early detection, and therefore greatly increase chances for long-term disease-free survival.

Family History

In North America and in Western Europe, the chance of a man being diagnosed with prostate cancer is about 1 in 6. But, with a family history of the disease the risk increases dramatically.

In an article by Matthew Schmitz, M.D. (*About.com's Guide to Prostate Cancer*), male relatives of men with prostate cancer are at higher risk of developing prostate cancer. If your father had prostate cancer, your chance of developing the disease is 2.5 times greater than the norm. If your brother was affected, your chance is 3.2 times the norm. Also, according to Dr. Schmitz, “. . . the younger your relatives are when they develop prostate cancer, the greater your risk. If you

have a first-degree relative who was diagnosed before the age of 65, then your risk increases over three times that of someone with no family history.”

Others have simplified the family risk profile in the following table:

- | | |
|----------------------|--|
| Normal Risk: | • One out of six (1/6) |
| With family history: | • 1 relative: risk doubles (2/6)
• 2 relatives: five-fold increase (5/6)
• 3 relatives: 97% chance (roughly 6/6) |

Detecting Prostate Cancer

Following is a description of the way prostate cancer has been detected for the past 32 years, and, sadly, the same way it's being detected by most urologists today. Things are changing rapidly, however, and later chapters will address newer testing methods and techniques that are dramatically changing the way prostate cancer will be detected in the future. Many of these new techniques are available today, but unfortunately, few urologists have access to the tools and techniques.

The good news is, that armed with information presented in this book, any patient can take the appropriate steps to find a doctor or medical center that has invested in new testing equipment and is practicing new, state-of-the-art procedures for properly detecting prostate cancer.

Tip: Perhaps the strongest message in this book is that the patient should take control of his own health and cancer diagnosis. It's up to the patient to educate himself; arm himself with knowledge; ask the right questions; find the best doctor; and make a treatment decision that is in his best interest. For some, this may sound like an intimidating task, but it doesn't have to be. This book will guide you your journey. If you're uncomfortable doing this alone, enlist the help of a family member, friend or your primary care physician . . . anyone who may be able to assist you in taking control of your treatment decision. It's that important.

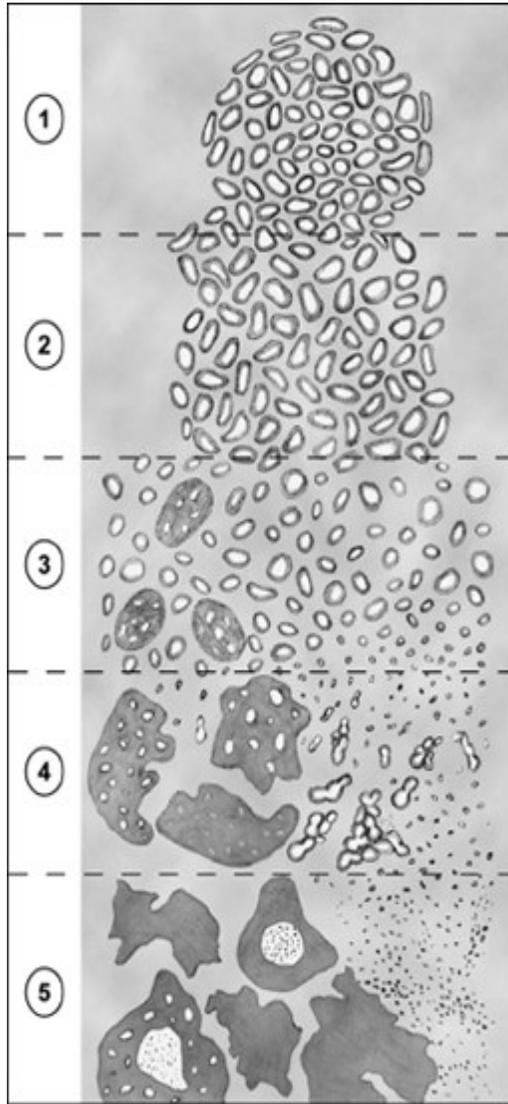


Fig. 5-1. Source: *American Journal of Surgical Pathology*, Volume 29, Number 9, September 2005. *The 2005 International Society of Urological Pathology (ISUP) Consensus Conference on Gleason Grading of Prostatic Carcinoma*, Jonathan Epstein, MD, William C. Allsbrook, Jr, MD, Mahul B. Admin, AD, and Lars Edgevad, MD, PhD, and the ISUP Grading Committee

Proton vs. X-rays (Photons) Comparing Healthy Tissue Radiation Exposure

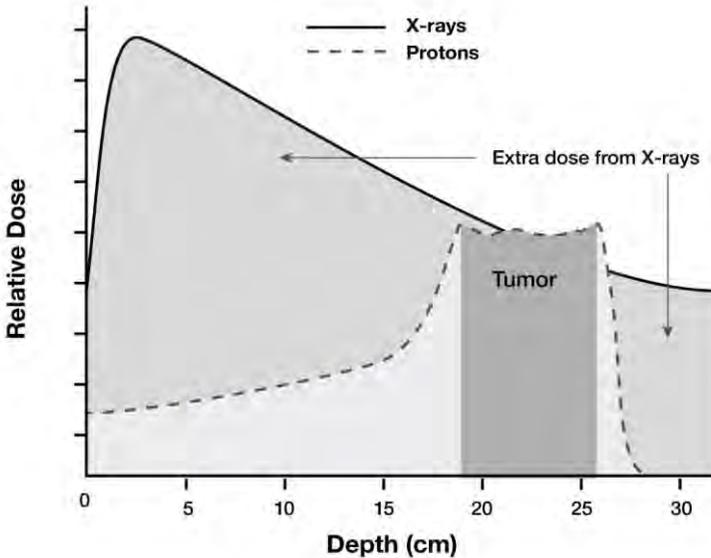


Image by Mark Hickey, Marcus Design Group

A recent study reported in *JAMA Oncology*, Nov. 25, 2019, titled, *Comparative Effectiveness of Proton vs Photon Therapy as Part of Concurrent Chemoradiotherapy for Locally Advanced Cancer*, did not focus on prostate cancer, but it did show the distinct benefits of the proton beam vs. photon technology in treating a variety of advanced, localized cancers reporting: “a two-thirds reduction in adverse events associated with unplanned hospitalizations, with no difference in disease-free or overall survival,” as well as a significant reduction in severe adverse events compared with photon therapy, with comparable oncologic outcomes.”

Once again, because of the unique characteristics of the proton beam, physicians can focus most of the cancer-killing radiation on the tumor target while minimizing radiation to surrounding healthy organs and tissues.

World-renowned radiation oncologist, Dr. Carl Rossi reported in the *Prostate Cancer Communication Newsletter* (Vol 23, No. 1

Name: _____ Phone: _____ Date: _____

Age when treated? _____ Current Age: _____ Treatment End Date: _____

Cancer Stage (T1, T2, etc.): __ Palpable Tumor by DRE? __ Gleason Score: _____

Name of Insurance Company: _____ Did they pay? _____

Any side effects (short term, long term)? _____

Current condition (PSA, symptoms)? _____

Any other form of treatment done, such as hormone, photon (x-ray) radiation or surgery? _____

What major factors influenced your decision to choose Proton? _____

What was your experience of Loma Linda and proton treatment? _____

What was your urologist's reaction to your decision to choose Proton? _____

Who was your doctor and case manager? Would you recommend them? _____

Would you make the same decision again? _____

What other information can you give me to help me with my decision? _____

Can you give me the names and phone numbers of two men you know who went through Proton treatment? _____

Survey Results

I was pleasantly surprised by the receptivity of the men I called, as well as their friendliness and willingness to share intimate details of their diagnosis, treatment and follow-up. I would later learn that men with prostate cancer feel a bonding, or sense of brotherhood,

		<u>Radiation</u>		<u>Surgery</u>	
		<u>Proton</u>	<u>X-ray</u>	No	Yes
Include X-ray phase 2?	-	Yes	Yes	No	Yes
Hormone Adjuvant (months)		No	3	4-6	4-6
Days away from home	-	60	60	8	70
Days to $\frac{3}{4}$ recovery		0	0	80	80
Cost (relative)		30	15	15	25

Scoring	Max	Guestimations			
Likelihood of recurrence	500	50	100	200	50
Likelihood of induced cancer	100	5	10	0	10
Operating room traumas	100	0	0	50	50
Subtotal points:	700	55	110	250	110

Short term side effects

Pain	50	0	0	20	20
Incontinence	15	0	5	15	15
Frequency of urination	15	5	10	15	15
Diarrhea	15	5	10	10	15
Exhaustion	40	10	10	20	25
Loss of Sexual Pleasure	25	5	5	15	15
Erectile Impotence	15	4	8	10	15
Inconvenience	25	10	10	5	12
Subtotal:	200	39	58	110	132

Longer term side effects

Rectal & bladder damage	100	6	12	10	20
Pain	250	0	4	60	60
Incontinence	100	4	8	20	25
Frequency of urination	50	4	6	15	20
Diarrhea	100	4	6	10	15
Exhaustion	200	5	6	50	50
Loss of sexual pleasure	150	10	15	80	80
Erectile impotence	40	4	8	20	20
Infertility	10	3	3	10	10
Inconvenience	100	5	5	20	30
Subtotal	1100	45	73	290	325

Grand Total	<u>2000</u>	<u>139</u>	<u>241</u>	<u>650</u>	<u>567</u>
	<i>Worst</i>	<i>Proton</i>	<i>X-ray</i>	<i>Surgery</i>	

MEMO

TO: The Brotherhood of the Balloon (“BOB”)

FROM: Bob Marckini

DATE: December 15, 2000

SUBJECT: Sharing Information

I have spoken to a few of the guys who were treated in the October-December 2000 timeframe about keeping in touch in the coming months and perhaps years. Seeing that we all have something in common, it seems to make sense that we stay in touch and share information about our progress.

My thinking is that we could share information on our PSAs, side effects, etc. We could make ourselves available to each other to discuss problems or questions that might arise. We could also perhaps make ourselves available to other guys with prostate cancer who are dealing with the trauma and challenges we experienced when we were diagnosed not so long ago.

I suggest we use email as the primary vehicle for communication; however, if we all have each other’s telephone number we can use the phone as well.

I’ll volunteer to collect, summarize, and forward any information you send to me.

If you’re interested in participating in this communication process, please provide the information requested below and return it to me before I leave on December 22nd, or provide it via email, phone, or regular mail. If you don’t know some of the information, or do not wish to include it, just provide whatever information you’re willing to share with the group. Thank you and good luck.

Name: _____ Email: _____

Address: _____

Phone: _____ Treatment end date: _____

Age: _____ Pretreatment PSA: _____

Gleason Score: _____ T- Score: _____

If you have any other suggestions for this communications process, please let me know.

I'm going for broke. I cancelled my surgery today . . . Last night I spoke at length with a BOB member who called me and was kind enough to spend time discussing his experiences and insights. It was a really great and uplifting conversation. Everyone in the Brotherhood I've corresponded with has been exceptionally helpful and encouraging. I'm sure you've heard this from others in my shoes, but you guys are lifesavers. I can't tell you adequately just how much the support and encouragement offered by the Brotherhood means after all the "doom and gloom" I previously encountered. With a bit of luck, I'll also be able to have the experience you all talk about, join the Brotherhood, and after a cure, help those who are just starting on their journey. My heartfelt thanks.

A New Website - www.protonbob.com

By early 2002, membership was growing at more than 30 new registrations per month, and our "manual" database, containing 22 pieces of information on more than 300 members was becoming impossible to manage.

I engaged my son-in-law's graphic design firm, Markus Design Group, to create a logo and establish a website for the BOB. The logo was perfect.

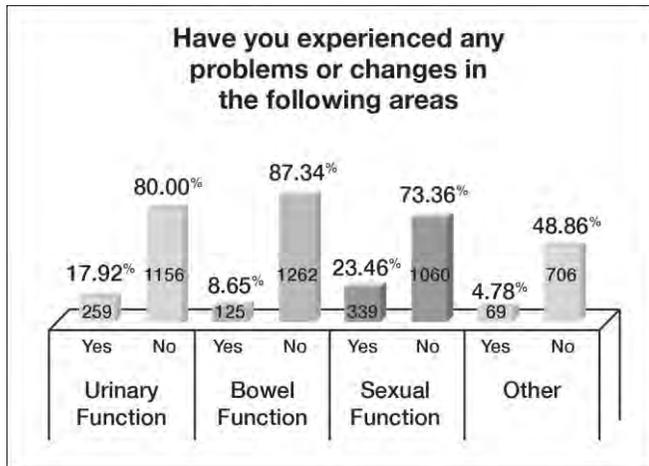
Next, they developed a website that went far beyond my expectations in terms of layout, attractiveness, features, and ease of navigation. In addition to the standard Home Page, Frequently Asked Questions (FAQs), About Us, Privacy Statements, Helpful Links, and other standard features, they provided some unique and user-friendly features. Here's our logo:



UFHPTI, MGH, MD Anderson and MPRI. They are represented in the survey results.

Urinary function: Eighty percent, or 1,156 members, said they didn't see any change in urinary function. Eighteen percent (259) said they did experience a change. Once again, here's one place where I could have asked a better question.

Members reported both positive and negative changes. Some reported temporary increases in urinary urgency or burning during urination after treatment ended. Just about all the urinary "problems"



reported were temporary in nature.

On the plus side, most of the respondents who answered "Yes" to this question indicated the change was positive: They no longer had to get up at night, or

they got up less frequently, or their stream had improved. Some indicated that they no longer needed to take Flomax or other drugs for urinary function, medications they had been taking prior to treatment.

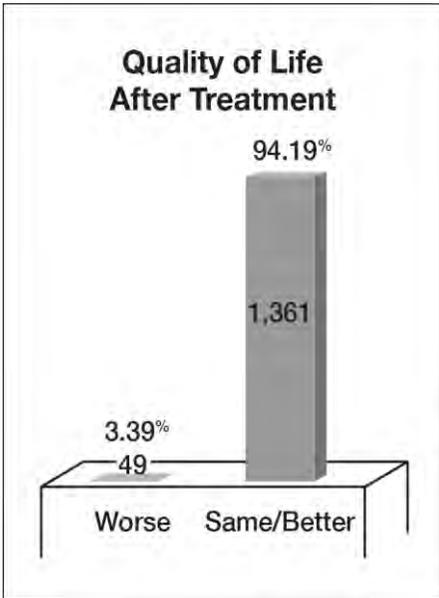
Two respondents who had surgery prior to proton therapy and another who had cryotherapy following a cancer recurrence reported incontinence. Others reported temporary urgency that disappeared over time. Very few experienced urinary urgency a year or two after treatment ended.

Bowel Function: Almost 9 percent indicted some change in bowel function after treatment. Most in this category reported some temporary rectal bleeding that resolved itself over time. A few reported temporary bowel urgency or more frequent bowel movements for some months after treatment.

One individual who had cryotherapy for a cancer recurrence after proton therapy reported serious, Grade 4 gastrointestinal complications.

Sexual Function: Seventy-three percent reported no change in sexual function. Twenty-three percent indicated changes had occurred. These changes ranged from slight to significant, including impotence. Many in the latter category were on hormonal therapy. Two noted that their impotence was caused by surgery prior to proton therapy.

Many of the 23 percent reported that erections were more difficult or were not as firm as before treatment.



A few reported that ejaculation was painful for a few weeks to a few months after treatment. And some reported less ejaculate or no ejaculate.

Paraphrasing what several members said, "Erections aren't as firm as before treatment, but I'm also a few years older . . . in my 70s, or 80s."

Quality of Life After Treatment: As you can see from the bar chart, 94 percent reported that, following proton therapy, the quality of their lives was the same as, or better than before treatment.

Just over 3 percent said the quality of their lives was worse.

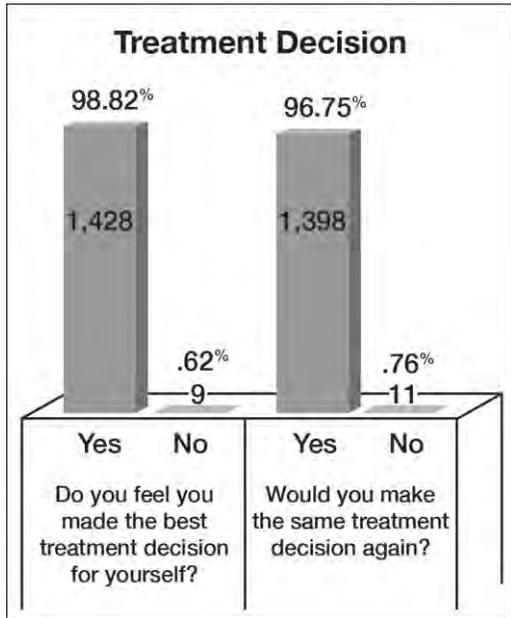
The following comment by one member sums it up for many of those who responded:

"I never felt any side effects during or after treatment. I now can urinate like a teenager and my sex life is great."

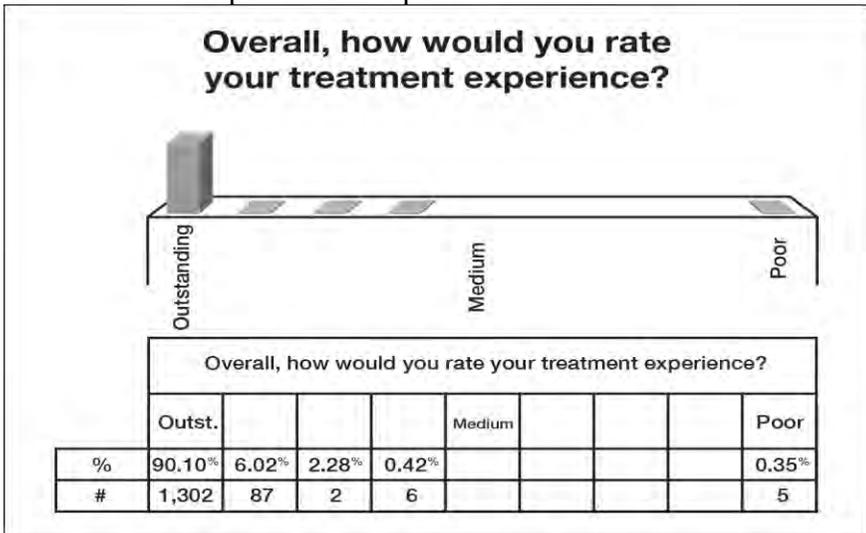
Treatment Decision:

As the chart indicates, almost 99 percent of those who chose proton therapy felt they made the right treatment decision. Fewer than 1 percent felt they did not. Similarly, 97 percent said they would make the same decision again, while fewer than 1 percent said they would not.

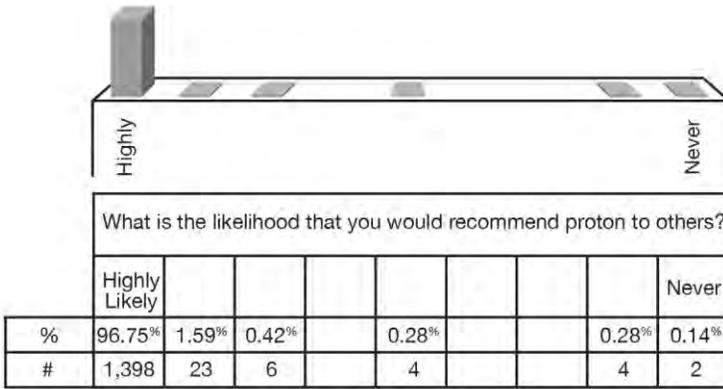
To put this in perspective, an August 2008 *New York Times* article reported that a survey showed that 20 percent of men who had chosen robotic surgery regretted their decision.



Rating Treatment Experience: About 96 percent rated their treatment experience in the outstanding range, while 0.35 percent said their treatment experience was poor.



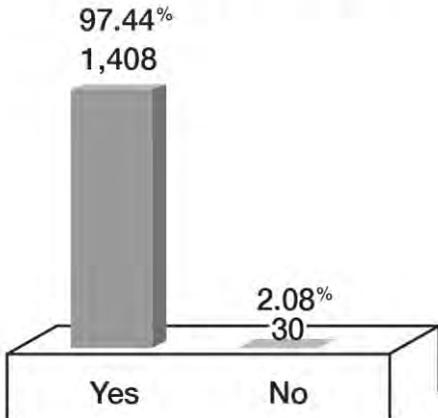
What is the likelihood that you would recommend proton to others?



Recommending Proton to Others: Once again, the overwhelming majority (98 percent) said it was highly likely they would recommend proton therapy to others. Fewer than 0.5 percent said they wouldn't. And 97 percent indicated they had already

recommended proton therapy to relatives, friends or acquaintances.

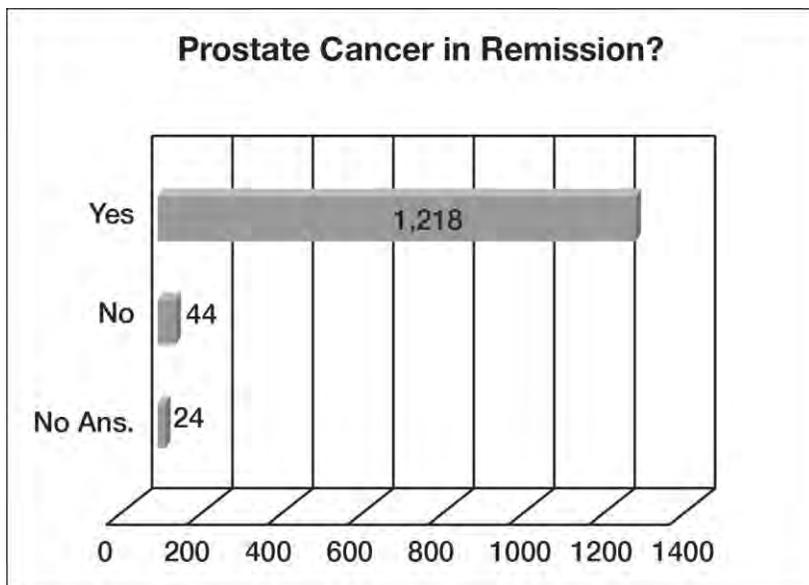
Have you already recommended proton treatment for prostate cancer to others?



But – Did It Work?

After the results started coming in, I realized I forgot to ask an important question about whether or not their cancer was in remission. And the fact that I forgot to ask that question says a lot. Most of us truly believe that our cancer has been cured and we've gotten on with our lives. But the question must be asked.

I struggled with the wording, because cancer is an insidious disease. How do we know we're cured? Cancer of any kind may recur years after treatment. And with any treatment, those who are only a few months or even a couple of years post-treatment are never sure. So, in my second (one-question) survey, I asked, "*As far as you know*, has your proton treatment eliminated your prostate cancer?"



Although we didn't provide a comment section for this question, I received dozens of emails from members with lots of interesting commentary. Paraphrasing the most common response, it was, "Yes, I'm cured. Thank God for proton therapy." But there were many other comments.

One individual said, "I chose not to answer that question because it has only been two years since my treatment. My PSA is dropping nicely, but I won't know for sure until many years after treatment."

Another said, "It's been a year since my treatment ended. My PSA is dropping fast, so I answered, 'Yes'"

And another said, "My PSA is falling, but hasn't yet reached its nadir, so I answered, 'No.'"

Decision Points	Proton Therapy for Prostate Cancer	Surgery for Prostate Cancer
Disease Control*	99%-76% ¹	84%-60% ^{2,3}
Treatment		
Major complication rate	1% ^{1**}	28.6% ⁴
Invasive Procedure	No	Yes
Long Recovery Time	No	Yes
Fatigue	No	Yes
30-day mortality rate	0%	0.5% ⁴
Rehospitalization rate	0% (N/A)	4.5% ⁴
Side Effects		
Percent of patients who experience a change post treatment		
Incontinence	0% ¹	6%-30% ⁴
Impotence	34% ¹	60%-80% ¹
Inguinal hernia	0% (N/A)	7%-21% ⁴
Fecal Incontinence	1.4% ¹	17%-32% ⁵

*Disease control is defined as freedom from clinical or PSA progression at five years.

**1% per Common Terminology Criteria for Adverse Events (CTCAE) v4.0; 5.3% per CTCAE v3.0

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4.Treatment Option Overview for Prostate Cancer, Health Professional Version, http://www.cancer.gov/cancertopics/pdq/treatment/prostate/HealthProfessional/page3#Section_2223. Retrieved Aug. 28, 2013.

5.Bishoff JT et al. Incidence of fecal and urinary incontinence following radical perineal and retropubic prostatectomy in a national population. J Urol 160 (2): 454-8, 1998.

Proton Therapy vs. IMRT

The following tables are also presented with permission from UFHPTI. Once again, the tables speak for themselves. Most noteworthy is the fact that disease control numbers are markedly higher with proton therapy.

Standard Fractionation Protocol

A comparison of published data on patients treated with protons at UFHPTI compared with IMRT patients treated at Memorial Sloan Kettering (MSK) and Mayo Clinic (Mayo) showed quite favorable disease-free survival results with protons for low-, intermediate- and high-risk patients. Reported data was for five or more years since treatment. Gastrointestinal (GI) and Genitourinary (GU) morbidity (side effects) were comparable. Not shown in the table are bowel urgency results, where proton showed a remarkable advantage at 7 percent vs. IMRT at 15 percent.

Prostate Cancer \geq5Y reported outcomes of contemporary standard fractionation IMRT & Proton Therapy (UFHealth)				
Biochem. Freedom from Progression	MSK ¹ IMRT (1002)	Mayo ⁴ IMRT (302)	UF ² Proton (211)	UF ³ Proton (1327)
Dose/#	86Gy/48f	73.8/41f	78CGE/39	78CGE/39
Low Risk	98%	77%	99%	99%
Int. Risk	86%	70%	99%	94%
High Risk	68%	53%	76%	74%
Gr 3+ GI	0.7%	0 ⁴	0.5%	0.6%
Gr 3+ GU	2.2%	0.7%	1.0%	2.9%
¹ Spratt et al, 2013 IJROBP. Long-term outcomes . . . IMRT. 81Gy/45 fx ² Mendenhall et al, 2014, IJROBP. Five Year Outcomes, 3 prospective trials ³ Bryant et al, IJROBP 95: 2016. Five Year Outcomes >1300 men, 78CGE/39 fx ⁴ Vora et al, . . . 75.6 Gy/42 fx, toxicity at last FU				

Hypofractionation Studies

In comparing hypofractionation patients (higher doses, fewer treatments), as the table below shows, disease-free survival at five or more years for low- to high-risk patients is better with proton therapy than with IMRT at Radiation Therapy Oncology Group (RTOG). Also, GI and GU morbidity is markedly lower with proton therapy. These results are significant.

Prostate Cancer: $\geq 5Y$ reported outcomes of moderate hypofractionation IMRT & proton therapy: 70Gy/CGE in 28 fx (UFHealth)		
Biochem. Freedom from Progression	RTOG ¹ IMRT N=550	UF ² Proton N=228
Low risk	86.3%	99%
Int risk	--	93%
Gr 3+ GI ³	4.1%	0.5%
Gr 3+ GU ³	3.5%	1.7%

¹Lee et al, 2016, J Clin Oncol, Randomized ... Two Fractionation .. Low Risk ... 79% got IMRT and 21% got CRT evenly balanced between fractionation arms

²Henderson et al, 2017, ACTCA Oncologica.

³At med 5.8y, late Gr3+GI and GU complications were higher in the hypofractionation arm HR 1.31-1.59 than in the conventional arm, which delivered 73.8 Gy in 41 fractions

More Reasons to Avoid Surgery

Conversation with Prominent Oncologist

In a conversation with a prominent oncologist who specializes in treating prostate cancer, he told me, “With surgery you can never be sure you removed all the prostate tissue. The prostate gland is not that well defined. So, there could be – and often is – untreated, cancerous prostate tissue left behind. The seminal vesicles, for example are very small and hard to see, like cellophane.” He further stated, “With nerve-sparing surgery, doctors are intentionally leaving behind tissue that can be cancerous. Maybe that’s one reason why there are 35 percent failures with surgery in 10 years.” A big

Proton Centers in the U.S.

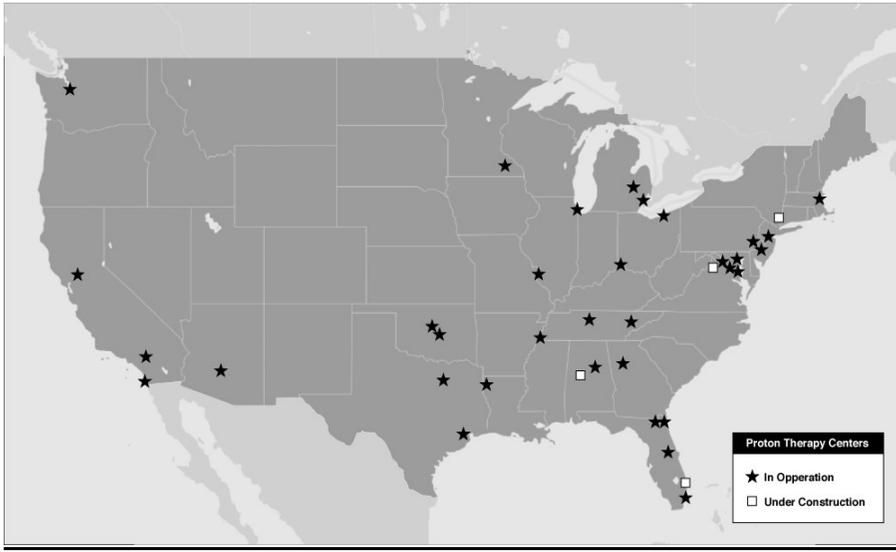


Image by Mark Hickey, Marcus Design Group

34 Proton Centers in the U.S. 84 Centers Worldwide

Today, most prospective proton patients in the U.S. live within a day's drive of a proton therapy center. Even so, fewer than 2 percent of men being treated for prostate cancer are receiving this extraordinary treatment, and fewer than 0.5 percent for all other cancers. The obstacles that patients face today in accessing proton therapy have changed, but are still significant.

In addition to the 34 operating proton centers in the U.S. there are an additional 50 proton centers in 18 other countries, for a total of 84 proton centers worldwide, with 39 under construction and 21 in planning stages. For a complete listing of proton centers worldwide, visit the Particle Therapy Co-Operative Group (PTCOG) website, <https://www.ptcog.ch>.

More than 140 Disease Sites Being Treated with Proton Therapy

While prostate cancer, breast cancer, lung cancer and brain cancers are most commonly treated, many other cancers and conditions are routinely treated with proton therapy. More than 140 disease sites are treated, including acoustic neuromas, meningiomas,

220

3. Laboratory error
4. Any stimulation of the prostate gland

An article in the *Journal of Laboratory Medicine* quantified some of the non-cancer causes for elevated PSA:

<u>Condition/Manipulation</u>	<u>Effect on PSA Increase</u>	<u>Persists</u>
Acute bacterial prostatitis	5-7 fold	6 weeks
Acute urinary retention	5-7 fold	6 weeks
Bicycle or horseback riding	0-3 fold	1 week
Prostate biopsy	Very Variable	6 weeks
Prostate massage	Variable	6 weeks
Ejaculation	Variable	3 days
TURP (transurethral resection of the prostate)	Very Variable	6 weeks

DRE Also Affects PSA Results

A different study added the digital rectal exam to the above list. A DRE performed within 72 hours prior to drawing blood for PSA can cause elevated readings. Many physicians do not know this: Blood should *always* be drawn *before* the DRE is performed. Stimulation of the prostate by DRE will most likely cause PSA to be elevated.

The bottom line is that any activity that might stimulate the prostate gland should be avoided for several days before a PSA blood test is conducted. Many doctors are surprisingly unaware of this fact, or otherwise fail to communicate this information to their patients. I have spoken with numerous men who reported their doctors typically

Tip: If your PSA is rising, even if not outside the normal range, consider having a free-PSA test in order to predict the likelihood of a positive biopsy. It might help you avoid the cost and discomfort of a needle biopsy.

Free-PSA is generally expressed in percentages. The higher the percentage, the lower the probability one has prostate cancer. If f-PSA is higher than 25 percent the likelihood of prostate cancer is less than 8 percent. If f-PSA is below 10 percent the likelihood of cancer is greater than 50 percent.

The following table shows how PSA and f-PSA relate to the probability of one's having prostate cancer. As you can see, when both are used together, the predictability improves. In my case, I had a PSA of 7.9, which indicated a 25 percent probability. A f-PSA of 7 percent predicted a better than 56 percent chance of my having prostate cancer. You may recall that I had two previous biopsies with negative results. I wasn't anxious to have a third. However, when the f-PSA results came in, I agreed to the biopsy, which ultimately proved to be positive.

<i>PSA</i>	<i>Probability of Cancer</i>
<i>0-2 ng/mL</i>	<i>1%</i>
<i>2-4</i>	<i>15%</i>
<i>4-10</i>	<i>25%</i>
<i>>10</i>	<i>>50%</i>

<i>% f-PSA</i>	<i>Probability of Cancer</i>
<i>0-10</i>	<i>56%</i>
<i>10-15</i>	<i>28%</i>
<i>15-20</i>	<i>20%</i>
<i>20-25</i>	<i>16%</i>
<i>>25</i>	<i>8%</i>

This was originally presented in the *Journal of the American Medical Association*, JAMA 279:1543, 1998

Digital Rectal Exam (DRE)

The DRE, in conjunction with the PSA test is a valuable tool in helping to detect prostate cancer. Because PSA is a relative

Appendix A

Terms and Abbreviations

Active Surveillance	Formerly referred to as “watchful waiting,” active surveillance is the process of monitoring the cancer without any immediate medical intervention.
Adenocarcinoma	This is the most common cancer of the prostate. It begins in the glandular cells that produce prostatic fluid.
Apoptosis	This refers to programmed cancer cell death following radiation.
Biopsy	This procedure involves the removal of multiple tissue samples from the prostate using a spring-loaded needle. Six to 20 samples are typically taken. Local anesthesia is recommended to minimize discomfort. Some blood is often found in the urine and semen for days or weeks following a prostate biopsy.
Bone Scan	Bone Scan is a 2-Dimensional image of the skeleton using a radioactive tracer. This is a common test to detect cancer that has spread to the bone, a favorite site for prostate cancer to go to.
BPH	Benign Prostatic Hyperplasia. A non-cancerous condition of the prostate gland. It typically refers to an enlarged prostate that may cause a pinching of the urethra and restriction of urine flow. This is a common condition in older men.
Brachytherapy	Seed-implant therapy. Radioactive seeds are implanted in the prostate, destroying cancer by radiating the gland from within. There are two types of brachytherapy, LDR (low dose rate) permanent seed implant, or HDR (high dose rate) temporary seeds that are not left in the patient.

Chest X-Ray	Chest X-Ray (CXR) is a 2-dimensional image of the lung, ribs, and back bone using X-rays. A CXR is commonly used to detect the spread of cancer to the chest area and for screening for other diseases.
Cryosurgery, Cryoablation	Extremely low temperature liquid nitrogen freezing of the prostate and tumor. Becoming more popular as a focal treatment as whole gland cryosurgery often results in erectile dysfunction and incontinence.
CT Scan	Computerized Tomography is a 3-dimensional image of the body using X-rays. CT is a commonly used 3-D imaging tool to help detect cancer that has metastasized (spread) beyond the tissue or organ where it started from. CT is useful when looking for the spread of cancer into the nearby bone and lymph nodes.
DRE	Digital Rectal Examination. A gloved finger is inserted into the rectum to feel the prostate gland to determine if there are any abnormalities.
EBRT	External Beam Radiation Therapy, generally thought to be photon, or X-ray radiotherapy, but it also includes other forms of radiation, including proton.
Free-PSA (FPSA)	Refers to the percentage of unbound PSA to bound PSA. The higher the <i>Free-PSA</i> percentage, the lower the probability of prostate cancer.
Gleason Score	Refers to the measure of the aggressiveness of the cancer and an indirect predictor of the likelihood the cancer has spread beyond the prostate capsule. Six to 20 tissue samples are taken by needle biopsy and are examined under the microscope. Two areas where cancer is found are graded on a scale of 1 through 5. The two grades are added together to yield the Gleason Score, which ranges from 6 to 10.
HIFU	HIFU (high intensity focused ultrasound) is a procedure that uses high intensity, focused ultrasound to heat and destroy diseased tissue. It is more widely used as a focal treatment.

High-dose Rate Brachytherapy	Seeds are removed after treatment. Usually combined with external beam radiation.
Hormone Therapy	Also known as Hormone Ablation Therapy (HAT) or Androgen Deprivation Therapy (ADT). This treatment, often used in conjunction with other therapies, is intended to shut down the production of male sex hormones (androgens), such as testosterone.
Immuno-therapy	Treatment designed to enhance the immune system's ability to fight cancer
Impotence	Inability to have an erection sufficient for intercourse.
IMPT	Intensity Modulated Proton Therapy. Also known as pencil beam or active beam scanning, an advanced form of proton therapy.
IMRT/IGRT	Intensity Modulated Radiation Therapy (or Image Guided Radiation Therapy), an advanced form of X-ray, or photon, external beam radiation therapy using advanced targeting methods.
Incontinence	Inability to hold urine without leakage. Fecal incontinence is the inability to control bowels.
Libido	Sex drive.
Metastatic Cancer	This is cancer that has spread beyond the prostate to lymph nodes or bones. Cancer that has moved outside the prostate within the prostate bed is not considered metastatic.
Morbidity	In the context of evaluating prostate cancer treatment alternatives, the term “morbidity” refers to side effects. These can be further characterized as Grade 1, 2 or 3 gastrourinary or gastrointestinal morbidity.
MRI	Magnetic Resonance Imaging is a 3-dimensional image of the body using magnets and radio waves that is very different than a CT. Some of our tissues and organs are seen better by a CT, some by MRI, and some by combining both. MRI is useful to detect the spread of cancer in the soft tissues.

Multiparametric MRI	Mp-MRI is an advanced MRI procedure that provides very precise images of the prostate and can often determine the presence or absence of prostate cancer, or if the cancer is spreading.
PBT	Proton beam therapy or proton treatment
PET Scan	Positron Emission Tomography scans use radioactive materials to determine the presence of tumors. Whole body PET scans are commonly done to detect cancer.
PIN	Prostatic Intraepithelial Neoplasia. This is a pre-cancerous stage of tissue, observed from prostate biopsy, that may become cancerous in the future. Some pathologists do not consider PIN significant.
Prostatitis	A common inflammation or infection of the prostate.
PSA Test	Prostate Specific Antigen Test. This measures the amount of PSA in the blood in billionths of a gram per thousandths of a liter. It is not an absolute indicator of cancer. Prostate cancer may be present at low PSA levels and absent at high PSA levels. PSA is a relative indicator, at best, and should be used along with other measures and observations before any treatment is ordered. PSA is often used as an indicator of cancer recurrence following treatment for prostate cancer.
PSA Velocity	The rate at which PSA is rising, usually expressed in terms of “PSA doubling time.”
RP	Radical Prostatectomy or surgical removal of the prostate
SBRT	Stereotactic Body Radiation Therapy. This is a form of external beam radiation therapy, which is highly focused using 3D coordinates to target the exact location of the target volume. Typically, SBRT is delivered in higher doses over a shorter period of time than other radiotherapy options.
Testes, testicles	Housed inside the scrotum. Men’s reproductive organs and the primary source of male hormone, testosterone and sperm.

Testosterone	Male hormone or androgen, which is essential for sex drive and fertility.
TRUS	Transrectal Ultrasound. High frequency sound waves are used to determine if there are any abnormalities in the prostate. The TRUS-guided (“blind”) biopsy represents the older, less precise, and most common method of determining the presence of prostate cancer.
T-Staging	This typically refers to the size of a nodule within the prostate as determined by digital rectal exam and is also known as clinical staging. There are two staging systems: ABCD and TNM. The TNM is more commonly used today, with the N referring to possible lymph node involvement and M representing distant metastasis.
TURP	TURP: Transurethral Resection of the Prostate. This is surgery to remove tissue obstructing the urethra. The technique involves inserting an instrument called a resectoscope into the urethra and is intended to relieve obstruction of urine flow due to enlargement of the prostate.
Ultrasound	An imaging process that creates a picture using high-frequency sound waves. It is usually done transrectally to determine the size of the prostate and to direct the needle used for biopsies.
Urethra	The tube that serves as a conduit for urine and for secretions from the ejaculatory ducts and the prostate.

Appendix B

Proton Patient Testimonials

Terry Wepsic, MD

Diagnosed at age 61 in 2003

Treated at Loma Linda Univ. Cancer Center, Loma Linda, CA

Dr. Wepsic is a physician/pathologist with a specialty in cancer biology and tumor immunology

When I was diagnosed with prostate cancer in 2003 at age 61, as a pathologist, my first inclination was to “cut it out; examine it; and be done with it.” But after considering the potential complications of major surgery, I decided the risks were too significant and surgery may also be “overkill” for my early-stage disease.

I considered brachytherapy because it could be done quickly. But, because the seminal vesicles, margins and prostate bed wouldn’t be treated with seeds, and I had concerns about side effects due to overlapping radiation, I continued my research.

Fortunately, I found my way to proton therapy at Loma Linda University Cancer Center. I later wrote, in a letter to *The Wall Street Journal*, about my treatment choice:

Proton beam therapy is totally different from any other form of radiation therapy. Energy from the proton is released only when it stops traveling. Eighty-five to 90 percent of the protons go to the target (the prostate). Only 10 percent goes to adjacent tissue. This contrasts with an effective dose of 60 percent for gamma radiation. Protons can be precisely targeted by exact positioning of the patient and the beam. Radiation can include the area surrounding the prostate capsule and the seminal vesicles. These are two areas where tumor spread can occur, even in early stages of disease ... The cure rate for prostate cancer is comparable to all other forms of treatment, but with proton therapy, the side effect profile for erectile dysfunction

Appendix C

Proton Treatment Centers in the US As of January 2020

Operating Proton Centers in the U.S. (Including Date Opened):

1. James M. Slater, M.D. Proton Treatment and Research Center at Loma Linda University Medical Center, Loma Linda, CA (1990)
2. UCSF Medical Center, Davis, CA (low-energy system, treats only ocular tumors), (1994)
3. Francis H. Burr Proton Therapy Center at Massachusetts General Hospital, Boston, MA (2001)
4. M.D. Anderson Cancer Center's Proton Center, Houston, TX (2006)
5. University of Florida Health Proton Therapy Institute, Jacksonville, FL (2006)
6. Oklahoma Proton Center, Oklahoma City, OK (2009)
7. Northwestern Medicine Chicago Proton Center, Chicago, IL (2010)
8. Hampton University Proton Therapy Institute, Hampton, VA (2010)
9. Roberts Proton Therapy Center at UPENN, Philadelphia, PA (2010)
10. ProCure Proton Therapy Center, NJ/Metro NY, Somerset, NJ (2012)
11. SCCA Proton Therapy Center, Seattle, WA (2013)
12. S. Lee Kling Proton Therapy Center at Barnes-Jewish Hospital, St. Louis, MO (2013)
13. Provision CARES Proton Therapy, Knoxville, TN (2014)
14. California Protons Cancer Therapy Center, San Diego, CA (2014)

Appendix D

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Appendix E

Helpful Prostate Cancer Websites

Ackerman Cancer Center, Jacksonville, FL	<a href="https://www.ackermancancercen
ter.com/">https://www.ackermancancercen ter.com/
American Cancer Society	www.cancer.org
Baptist Hospital Cancer Institute PTC, Miami, FL	<a href="https://baptisthealth.net/cancer-
care/treatments-and-
services/radiation-
therapies/proton-therapy">https://baptisthealth.net/cancer- care/treatments-and- services/radiation- therapies/proton-therapy
Beaumont Health Proton Therapy Center, Detroit, MI	<a href="https://www.beaumont.org/servi
ces/oncology/proton-therapy">https://www.beaumont.org/servi ces/oncology/proton-therapy
Brotherhood of the Balloon	www.protonbob.com
California Protons Cancer Therapy Center, San Diego, CA	https://www.californiaprotons.com
Cancer Care	<a href="https://www.cancercare.org/diag
nosis/prostate_cancer">https://www.cancercare.org/diag nosis/prostate_cancer
Cincinnati Children's Proton Therapy Center, Cincinnati, OH	<a href="https://www.uchealth.com/cance
r/centers-programs/proton-
therapy/">https://www.uchealth.com/cance r/centers-programs/proton- therapy/
Emory Proton Therapy Center, Atlanta, GA	<a href="https://winshipcancer.emory.edu
/proton-therapy-center/">https://winshipcancer.emory.edu /proton-therapy-center/
Francis H. Burr Proton Therapy Center at Massachusetts General Hospital, Boston, MA	<a href="https://www.massgeneral.org/ca
ncer-center/radiation-
oncology/treatments-and-
services/proton-therapy">https://www.massgeneral.org/ca ncer-center/radiation- oncology/treatments-and- services/proton-therapy
Hampton University Proton Therapy Institute, Hampton, VA	<a href="http://www.hamptonproton.
org/">http://www.hamptonproton. org/

James M. Slater, MD Proton Treatment & Research Center, Loma Linda Univ. Cancer Center	www.protons.com
Johns Hopkins Sibley Memorial Hospital, Washington DC	https://www.hopkinsmedicine.org/sibley-memorial-hospital/
Kantor & Kantor Law Firm. Relief from insurance denials	https://www.kantorlaw.net/
Laurie Proton Center of Robert Wood Johnson University Hospital, New Brunswick, NJ	https://www.rwjbh.org/rwj-university-hospital-new-brunswick/treatment-care/radiation-oncology/proton-therapy/
Maryland Proton Treatment Center, Baltimore, MD	https://mdproton.com/
Mayo Clinic Proton Beam Therapy Center, Phoenix, AZ	https://www.mayoclinic.org/departments-centers/proton-beam-therapy-program/sections/overview/ovc-20185491
Mayo Clinic Proton Beam Therapy Center, Rochester, MN	https://www.mayoclinic.org/departments-centers/proton-beam-therapy-program/sections/overview/ovc-20185491
McLaren Proton Therapy Center, Flint, MI	https://www.karmanos.org/karmanos/proton-therapy-center
M.D. Anderson Cancer Center's Proton Center, Houston, TX	https://www.mdanderson.org/patients-family/diagnosis-treatment/care-centers-clinics/proton-therapy-center.html

Medstar Georgetown University Hospital PTC, Washington, DC	ps://www.medstargeorgetown.org/our-services/cancer-care/treatments/proton-therapy-center/
MedicineNet	https://www.medicinenet.com/prostate_cancer/article.htm
MedlinePlus	https://medlineplus.gov/prostatecancer.html
Memorial Sloan Kettering Prostate Cancer Cure Rate Prediction Tool (Nomogram)	https://www.mskcc.org/nomograms/prostate/psa_doubling_time
National Association for Proton Therapy	www.proton-therapy.org
NIH National Cancer Institute	https://www.cancer.gov/types/prostate
Northwestern Medicine Chicago Proton Center, Chicago, IL	https://www.protoncenter.nm.org
Oklahoma Proton Center, Oklahoma City, OK	https://www.okcproton.com/
OncoLink	https://www.oncolink.org/
Orlando Health Proton Treatment Center, Orlando, FL	https://www.orlandohealthcancer.com/centers/proton-therapy-center
Particle Therapy Co-Operative Group	https://www.ptcog.ch/
Partin Tables, Johns Hopkins Medicine	https://www.hopkinsmedicine.org/brady-urology-institute/specialties/conditions-and-treatments/prostate-cancer/fighting-prostate-cancer/partin-table.html
Patient Insurance advocacy	www.patientadvocate.org

Phoenix 5 Glossary of Terms	www.phoenix5.org/glossary/glossary.html
ProCure Proton Therapy Center, NJ/Metro NY, Somerset, NJ	https://www.procure.com/
Prostate Cancer Blogs	https://www.healthline.com/health/prostate-cancer/best-blogs-of-the-year#1
Prostate Cancer Foundation	www.prostatecancerfoundation.org
Prostate Cancer Glossary	https://www.webmd.com/prostate-cancer/guide/prostate-cancer-glossary#1
Prostate Cancer Research Institute (PCRI)	www.prostate-cancer.org
Prostate Cancer Wikipedia	https://en.wikipedia.org/wiki/Prostate_cancer
Provision CARES Proton Therapy, Knoxville, TN	https://provisionhealthcare.com/locations-2/knoxville/?utm_source=GMB&utm_medium=organic
Provision CARES Proton Therapy, Nashville, TN	https://provisionhealthcare.com/?utm_source=GMB&utm_medium=Organic
Roberts Proton Therapy Center at UPENN, Philadelphia, PA	https://www.pennmedicine.org/cancer/navigating-cancer-care/programs-and-centers/roberts-proton-therapy-center
SCCA Proton Therapy Center, Seattle, WA	https://www.sccaprotontherapy.com/

S. Lee Kling Proton Therapy Center at Barnes-Jewish Hospital, St. Louis, MO	https://siteman.wustl.edu/treatment/siteman-approach/radiation/proton-beam-therapy/
Stephensen Cancer Center, Oklahoma City, OK	https://stephensoncancercenter.org/
St. Jude Red Frog Events Proton Therapy Center, Memphis, TN	https://www.stjude.org/treatment/services/radiation-oncology/proton-therapy.html
Texas Center for Proton Therapy, Irving/Dallas, TX	https://www.texascenterforprotontherapy.com/
UAB Medicine Proton Center, Univ. of Alabama, Birmingham	https://www.uab.edu/home/
University Hospital Seidman Cancer Center, Cleveland, OH	https://www.uhhospitals.org/locations/uh-seidman-cancer-center
University of Florida Health Proton Therapy Institute, Jacksonville, FL	https://www.floridaproton.org
Us Too Support	www.ustoo.com
Willis-Knighton Proton Therapy Center, Sheveport, LA	https://www.wkhs.com/cancer/cancer-treatment-services/proton-therapy
You Are Not Alone	www.yananow.net

Appendix F

Premier Pathology Labs in the U.S. For Second Opinion on Biopsy Pathology Slides

Jonathan Epstein	410-955-5043
Johns Hopkins Hospital	410-614-6330
Baltimore, MD	

David Bostwick, M.D. M.B.A.	800-214-6628
Bostwick Laboratories, Glen Allen, VA	

Dianon Laboratories	800-328-2666
Stratford, CT	

To arrange media interviews, personal appearances,
or special assistance the author may be able to provide,
send an email to Deb Hickey at

DHickey@protonbob.com

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"All men concerned about prostate cancer should study this book and all physicians who treat Prostate cancer should read this book and offer it to their patients."
~ Nancy Mendenhall, MD, FASTRO, Med. Dir. U. of FL. Health Proton Therapy Institute

"This book has EVERYTHING you need to know about prostate cancer."
~ Arnd Hallmeyer, MD, PhD, DSc, Prostate Cancer Survivor, Berlin, Germany

"Every prostate cancer patient should read this book before making a treatment decision."
~ Joseph J. Busch Jr. MD, Oncological Radiologist, Kathy Busch BS, RT, CNMT

"This is a must-read for any man facing a diagnosis of prostate cancer."
~ Carolyn Vachani, RN, MSN, AOCN, OncoLink, Penn Medicine, Abramson Cancer Center

"This book will help you understand your diagnosis, and sort through all treatment options."
~ H. Terry Wepsic, MD, Prof. Pathology, U. CA, Irvine, Research Prof. Long Beach VA Hospital (Ret.)

"If you've been diagnosed with prostate cancer . . . you owe it to yourself to read this book."
~Sameer Keole, MD, Medical Director Proton Therapy, Mayo Clinic, Phoenix, AZ

". . . written in a style which is blessedly free of the jargon and acronyms which so often dominates the medical literature . . . an excellent resource which I recommend unequivocally."
~Carl J. Rossi MD, Medical Director, California Protons



Robert J. Marckini

ABOUT THE AUTHOR

Bob Marckini is a former Management Consultant and Senior VP. for a Fortune 500 Company. He holds a B.S. in Chemical Engineering, an MBA, is a Registered Professional Engineer and a graduate of the MIT Sloan School Executive Development Program. Bob is a director on two boards. He and his wife are active in local church and community activities.

Bob is a strong advocate for prostate cancer awareness and early detection. He founded and now manages, with his daughter Deb Hickey, the Brotherhood of the Balloon, a 10,000-person organization with members in 39 countries that provides education and support to prostate cancer patients around the world and raises money for prostate cancer research.

An avid boater and "average" golfer, Bob lives with his wife, Pauline in Mattapoisett, Massachusetts. They have two daughters and one granddaughter.

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