



# THE SLOW ROLL



CHARTERED #921  
Since DEC. 1974

**President—Frank Moskowitz**  
**Vice President—Tony Quist**  
**Treasurer—Gene Peterson**  
**Secretary—Rusty Fried**

## MAY 2009

**Editor—Bob Purdy**  
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*The Slow Roll is published by the Sun Valley Fliers  
By and for its membership to all others interested in the  
building and flying of radio control aircraft*



**Inside this issue:** Cover Photo by Marty Jones...Prez report... Minutes... MAY B'Days & Treasurer Report....Toledo Photos...SVF Members photos....XX For Men Only XX ....TX Batteries....D.Pits AWOL.....& MORE...ENJOY! **Please attend the MAY meeting and cast your vote for your SVF OFFICER!**



# THE PRESIDENTS CHANNEL

**FRANK MOSKOWITZ**

**MAY 2009 SLOW ROLL PRESIDENTS LETTER**



Welcome to May's Slow Roll.

I'd like to start out by reminding everyone to please vote in the upcoming election.

This will take place during our May 6<sup>th</sup> club meeting. Ballots will be available at the meeting and a **sample ballot** showing whose running is included in this edition of the Slow Roll. All of our current club officers; (President, Vice President, Secretary and Treasurer) will be running again for their same positions at this election. Five of our existing board members terms are up. Four of them are re-running. It's my personal opinion that your present club Officers and Board members have done an outstanding job. And if all are re-elected will continue to make Sun Valley Fliers the best RC flying club in Arizona. When making your decision on voting for a new candidate for BOD, remember to consider that persons past involvement with the club; Have they been active at all our events, have they offered positive comments to help us move forward as a club. The Board of Directors helps shape our future growth in this valley and is quite an important job. Use good judgment on your selections.

Field cleanup day will be Saturday May 9<sup>th</sup>. Ron Long will bring his crews in at 6 a.m. and work until 11 a.m. Since they will be dragging the dirt areas; park flying and parking lot, the field will be closed to all flying. By noon that day it should be OK to fly.

Remember our next club meeting is **Wednesday May 6<sup>th</sup> at 7:30 pm. This is our annual elections meeting.** If you want to eat I suggest you arrive no later than 6:30 pm. Location is Deer Valley Airport Restaurant. (7th avenue and Deer Valley Road).

The Club meetings get better every month. For added fun we have show and tell. We will always have more than one raffle prize and the 50/50 could make you very happy \$\$\$\$. You never know what might happen, and you don't want to miss it.

Have fun out there!

*Frank Moskowitz*

**President**



**FIELD CLEANUP MAY 9  
Saturday 6 AM to 11 AM**



**Edit Dept screwed up last month!  
Cover photo is Ward PT-23, not PA-22.  
Article on scale model trimming is on  
RUBBER BAND models. No comments!**



## Sun Valley Fliers Club Meeting Minutes April 1, 2009

The meeting was called to order at 7:30 pm by President Frank Moskowitz.

**Guests:** none

**New Members:** Welcome to **Mike Hass** and **Mike Curry**.

**New Solo Pilot:** none

**Secretary's Report:** Voted and approved

**Treasurer's Report:** Gene Peterson. Voted and approved

**Safety Officer Report:** Tony Holden. None

### Old Business:

The kitchen for the 1/8<sup>th</sup> AF earned the SVF \$876.00, the 1/8<sup>th</sup> still has not paid as of yet for the field rental.

Cactus Classic IMAC event earned the club \$1902.00 for the event.

**Rusty gave a contest report:** *Editor; see results on the SVF Website*

Many thanks to **Jack Jasperson**, **Lou Pfeifer**, **Cole Cunningham**, **Mitch Tauber**, **Howard Kennedy**, **Eric Stevens** and **Charlie Beverson** all did a great job in the kitchen. I want to thank **Dean Bird** for his super job as chief judge. **Wallace Balfour** and **Mike Austin** did a super job keeping the lines running without any delays. Thanks to **Joy Jacobsen** and her sister for doing the scoring. Last but far from least **Tony Quist** did a perfect job helping running the event.

At the event we had 52 pilots and out of 52 pilots only 4 were on ? 2.4 frequencies.

**Lou Pfeifer gave a great talk about volunteering to help at club events.**

**As of this meeting we have 289 paid 2009 members.**

**1/8<sup>th</sup> reported they had 81 registered pilots. Sunday was a blowout with high winds. At the 1/8<sup>th</sup> it was even balance of 2.4 radios to discreet frequencies radios.**

### New Business:

Elections for board members and club officers will happen at the May's meeting. The floor nominations for board are as followed.

**Board nominations:** Nate D'Anna, Jay Steward, Howard Kennedy, Lucky Mitchell, Lou Pfeifer

**Officers nominated:** President Frank Moskowitz, Vice President Tony Quist, Secretary Rusty Fried, Treasurer Gene Peterson.

**SVF float fly division run by Howard Kennedy** is planning a float fly April 12 & 13.

The event is up in the air because of high water and no beaches.

**Rusty gave an event report on the Electric Expo. The club will have a booth next year. Please contact John Geyer to volunteer. John Geyer** is the SVF community affairs officer

**Mike Rauchle** a club member and an FAA employee gave a talked. Mike is a modeler and a full scale pilot of 23 years. Mike is a safety officer at the FAA, his presentation was based on how full scale and model aviation should react. He gave all present a hand out for standards of what the Feds expect form model aviation. If you were not at the meeting see someone who was there and get a copy of the handout. Mike did a great job on his presentation.

**Door Prize Winners:** Fuel Mike Rauchle, Shirt Eric Stevens, Shirt Jim Goessling, Shirt Gary Hedges, Shirt Lou Roberts, Fuel Jack Jasperson, Shirt Joe Kiszczak, Shirt Mike Peck, Shirt Lou Pfeifer  
Shirt Ray P., Shirt Lucky Mitchell

### **50/50 Drawing Winner:**

Won by **Ron Thomas** a Hugh amount of \$50.00 for his retirement.

**Show & Tell (none)**

**Ron Petterec** has a ¼ scale cub for sale.

**Meeting adjourned at: 8:44pm.**

*Rusty Fried, Secretary*

# \$ TREASURERS REPORT \$ with *Gene Peterson*

## TREASURERS REPORT MAY 2009



May 6th is the next SVF General Meeting and Election of Officers is going to take some of the agenda for this meeting. Hope you considered running for one of the open offices on the board and if not come and vote for your candidate.

SVF Treasury has grown with the Spring Events and puts is in a good position to handle normal club expenses for the rest of the year.

The Board is looking at a "Generator Expansion" project which we could use to enhance our electricity needs at the field. More on this later.

May should bring some more good flying weather, so get out there and have some fun, and I'm sure the wind will cooperate this month.....

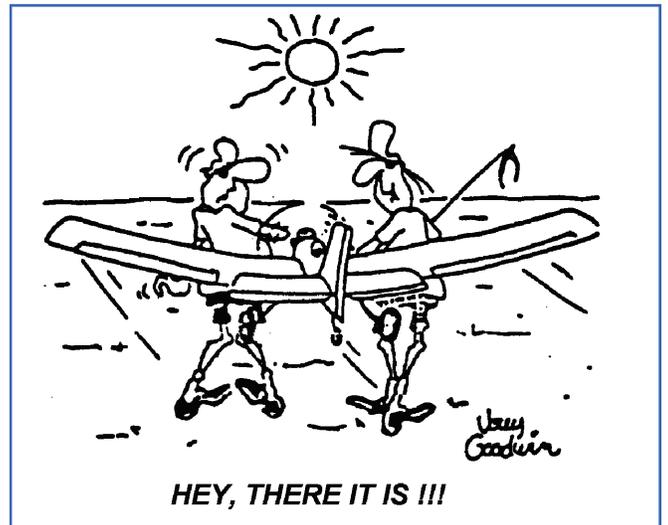
Have a nice month and fly safe.

Regards,

*Gene Peterson, Treasurer*

### MAY SVF BirthDay Boys

First name	Last name	Member type	Dob
Robert	Vogel	Regular	05/03/1958
Richard	Polkinghorn	Senior	05/06/1943
Troy	Overby	Regular	05/09/1968
Warren	Segal	Senior	05/10/1933
Ervin	Nemec, Jr.	Senior	05/10/1942
Dave	Borrow	Regular	05/11/1970
Jim	Erekson	Regular	05/13/1950
Ronald	Norris	Senior	05/14/1930
Michael	Mriss	Regular	05/18/1944
Bob	Wainman	Regular	05/19/1947
Kevin	Cook	Regular	05/19/1953
Paul	Clifton Jr.	Regular	05/22/1964
Thomas	Firth	Senior	05/26/1925
Bud	Tillack	Senior	05/26/1930
Scott	Okerstrom	Regular	05/27/1957



# 2009 SVF BALLOT

**President:**        \_\_\_ Frank Moskowitz  
(Vote for one)    \_\_\_ \_\_\_\_\_(write-in)

**Vice-president:**    \_\_\_ Tony Quist  
(Vote for one)    \_\_\_ \_\_\_\_\_(write-in)

**Secretary:**        \_\_\_ Rusty Fried  
(Vote for one)    \_\_\_ \_\_\_\_\_(write-in)

**Treasurer:**        \_\_\_ Gene Peterson  
(Vote for one)    \_\_\_ \_\_\_\_\_(write-in)

**Board of Directors:**  
(Vote for five)

- \_\_\_ Paul Steinberg (incumbent)
- \_\_\_ Mike Peck (incumbent)
- \_\_\_ Eric Stevens (incumbent)
- \_\_\_ Ron Thomas (incumbent)
- \_\_\_ Nate D'Anna
- \_\_\_ Howard Kennedy
- \_\_\_ Lucky Mitchell
- \_\_\_ Louis Pfeifer
- \_\_\_ \_\_\_\_\_ (write-in)

**SAMPLE BALLOT**  
Please come to the meeting and cast your vote  
**SVF MEETING MAY 6, 2009**  
**7:30 PM**

## Lite Ply Replacement

My favorite material is "door skins" to use in place of Lite Ply. You can purchase these at your local building supply company for around 5 bucks. The sheets are 36-inches wide by 80-inches high and about 1/8-inch thick. I have used this in place of Lite Ply in fuselage sides, hatches, landing gear mounts, servo mounts, etc., and have never had a failure.

## Plywood on the cheap

Also along those lines, cabinet makers have birch- and oak-faced ply pieces in different sizes 1/4-inches thick, that they will sell to you for a reasonable price. I use these for firewalls, gear mounts in bigger airplanes, and you can double them up to make firewalls for gas engines.

## Hardwood

For spars, I use 1/4 x 8 feet poplar or maple. One board can be carefully cut in a table saw with a fine blade (be safe when you use power tools). You can cut these in 1/4 x 3/8, 1/4 x 1/2, etc. and make enough sticks to last for years!

all from the First State R/C Club, Willmington, Delaware

# SVF MEMBERS PAGE



*Photos by M. Jones, J. Balabon., J. Wright.*



**SVF Ryan Archer came from Toledo, was met by SW pilot Marty Jones (SVF) and where headed for Phoenix.**



**L to R Justin Young, Mike Marranca, son Joey & Adam**



**Bob Beaubien Shoestring**



**Dave Linne with his new modified Gee Bee**



**Don't know boys. Gotta get names cameras!**

# SVF MEMBERS PAGE



Photos by Marty Jones



Ron Peterec and Mike Rauchie



Dustin Young new Aero Works Extra 260 with smoke



Dustin foamy



Mid air with this big brute hitting that little trainer!

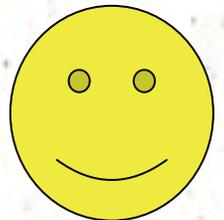
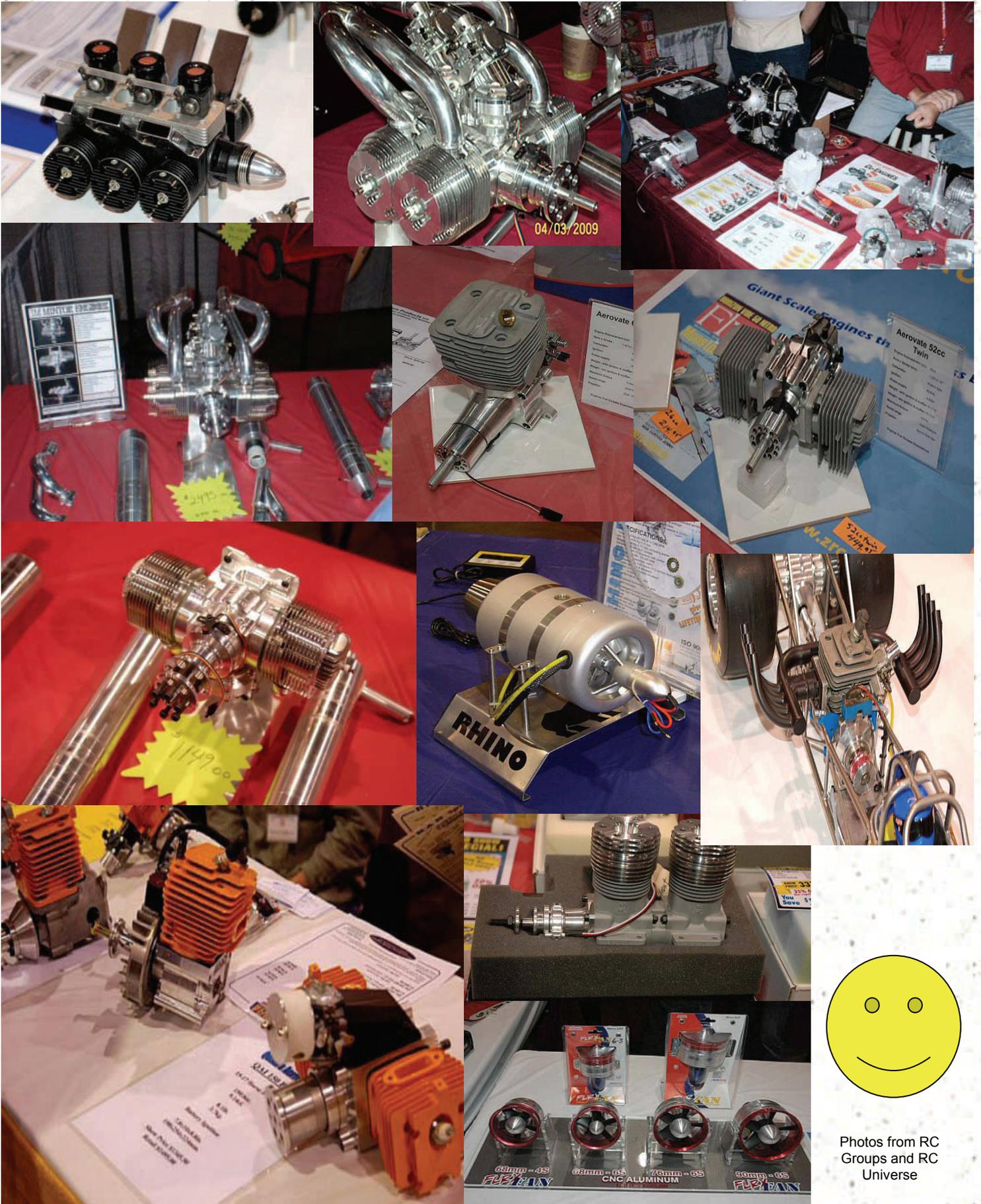


# TOLEDO RC SHOW 2009



Photos from RC Groups and RC Universe

# TOLEDO RC SHOW 2009



Photos from RC Groups and RC Universe

# TOLEDO RC SHOW 2009



Photos from  
RC Groups  
And  
RC Universe

# Prostate Health: What Every Man Needs to Know

By Michael Marranca(SVF), MBA, MS, PA-C

Mayo Clinic  
Phoenix, AZ

There is good evidence, according to the Centers for Disease Control and Prevention (CDC), that the current prostate specific antigen (PSA) test approved in 1986 by the Food and Drug Administration to screen for prostate cancer can detect the disease in its early stages. Evidence, however, is mixed and inconclusive about whether early detection actually saves lives. A study published in the Jan. 9, 2006, issue of the Archives of Internal Medicine found that screening with the PSA test does not cut down on deaths from the disease. Moreover, it is not clear whether the benefits of screening outweigh the risks of follow-up testing and cancer treatments.

At the same time, evidence, such as a drop in the prostate cancer death rate--which some say could be due to improved treatments--suggests that early PSA testing may be saving lives. There are no definitive answers.

According to the National Cancer Institute (NCI), other than skin cancer, prostate cancer is the most common form of cancer and the second leading cause of cancer-related deaths among men in the United States. But doctors' recommendations on screening for the disease vary. Some encourage annual screenings for men older than age 50; others recommend against routine screening. American Cancer Society (ACS) Screening Director Robert Smith, Ph.D., says that the January Archives of Internal Medicine study "isn't strong enough to say definitively that prostate cancer screening isn't valuable."

## Understanding Prostate Changes

The prostate is a walnut-shaped gland found only in men. It lies in front of the rectum, sits just below the bladder where urine is stored, and surrounds the tube that carries urine from the body (urethra). The gland functions as part of the male reproductive system by making a fluid that becomes part of semen, the white fluid that contains sperm.

Three main problems can occur in the prostate gland: inflammation or infection, called prostatitis; enlargement, called benign prostatic hyperplasia (BPH); and cancer.

Prostatitis is a clinical term used to describe a wide spectrum of disorders ranging from acute bacterial infection to chronic pain syndromes affecting the prostate, says Regina Alivisatos, M.D., a medical officer in the FDA's Center for Drug Evaluation and Research (CDER).

There are four main types of prostate syndromes. Acute bacterial prostatitis, although the least common of the four types, is the easiest to diagnose and treat. This form, Alivisatos says, is caused by bacteria and comes on suddenly. "It's not something a doctor or patient would miss. It hurts, and there are a lot of white blood cells and bacteria in the urine," she says.

Symptoms include chills and fever, pain in the lower back and genital area, and burning or painful urination.

Chronic bacterial prostatitis also is caused by bacteria, but does not come on suddenly. The only symptom a man may have is bladder infections with the same bacteria that keep coming back. The cause may be a defect in the prostate that allows bacteria to collect in the urinary tract. Usually, the prostate is normal or somewhat tender on exam.

Chronic (nonbacterial) prostatitis-chronic pelvic pain syndrome is the most common, but least understood, form of prostatitis. Found in men of any age from the late teens on, the symptoms go away and then return without warning, and may be inflammatory or noninflammatory. In the inflammatory form, urine, semen, and other fluids from the prostate show no evidence of a known infecting organism, but do contain the kinds of cells the body usually produces to fight infection. In the noninflammatory form, no evidence of inflammation, including infection-fighting cells, is present.

Asymptomatic inflammatory prostatitis is the diagnosis when there are no symptoms, but the patient has infection-fighting cells in the semen. It is often found when a doctor is looking for causes of infertility or is testing for prostate cancer.

According to the NCI, prostatitis is not contagious, and the vast majority of cases are not spread through sexual contact.

Only a doctor can tell one form of prostatitis from another.

BPH, or benign prostatic hyperplasia, is the second main problem that can occur in the prostate. "Benign" means "not cancerous"; "hyperplasia" means "too much growth." The result is that the prostate becomes enlarged. The gland tends to expand in an area that doesn't expand with it, causing pressure on the urethra, which can lead to urinary problems.

The urge to urinate frequently, a weak urine flow, breaks in urine stream, and dribbling are all symptoms of an enlarged prostate. Because the prostate normally continues to grow as a boy matures to manhood, BPH is the most common prostate problem for men older than 50. Older men are at risk for prostate cancer as well, but it is much less common than BPH.

A doctor will do a digital rectal exam (DRE) to check the size and condition of the prostate by inserting a gloved finger into the rectum. The doctor also may need to do special X-rays or scans to check the urethra, prostate, and bladder. BPH can lead to urinary problems like those with prostatitis. By age 60, many men have signs of BPH. By age 70, almost all men have some prostate enlargement. At its worst, BPH can lead to a weak bladder, bladder or kidney infections, complete blockage in the flow of urine, and kidney failure.

It is true that some men with prostate cancer also have BPH, but the two conditions are not automatically linked. Most men with BPH do not develop prostate cancer. But because the early symptoms for both conditions could be the same, a doctor would need to evaluate them.

Different prostate problems sometimes have similar symptoms, according to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). For example, one man with prostatitis and another with BPH may both have a frequent, urgent need to urinate. A man with BPH may have trouble beginning a stream of urine; another may have to urinate frequently

at night. Or, a man in the early stages of prostate cancer may have no symptoms at all.

But according to the NCI, one prostate change does not lead to another. For example, having prostatitis or an enlarged prostate does not increase the chance for prostate cancer. It is also possible to have more than one condition at a time. This confusing array of potential scenarios makes a case for the importance of all men, especially after age 45, to have a thorough medical exam that includes the PSA test and DRE every year.

The most common concerns of men with prostate problems include the frequent need to urinate (particularly at night), the inability to delay urination (urgency), and the inability to urinate at all. Getting up to go three, four, or even five times every night or having to get up in the middle of a movie--these things can interfere with a man's lifestyle. And since all treatments [for prostate problems] have side effects, it's important for men to evaluate the effects of the different therapies so they can know what to expect.

### **A Roundup of Treatments**

For men who are having prostate problems, the good news is that many new and effective treatments are available.

Prostatitis caused by an infection is treated with antibiotics, but there are no drugs approved to treat chronic pelvic pain syndrome. This condition is often treated with anti-inflammatory drugs and analgesics.

Although BPH cannot be cured, FDA-approved drugs can often relieve its symptoms. Such drugs to treat BPH currently include two major classes. The 5 alpha-reductase inhibitors shrink the prostate gland and include Proscar (finasteride) and Avodart (dutasteride). These drugs work by blocking an enzyme that acts on the male hormone, testosterone, to boost organ growth.

When the enzyme is blocked, growth slows down and the gland may shrink. This treatment may not produce a positive effect until after six to 12 months of treatment. It also works best for the larger prostate.

Alpha-adrenergic receptor blockers, which work by blocking adrenergic nerve receptors in the lower urinary tract, basically help relax the smooth muscle of the prostate and bladder neck to relieve pressure and to improve urine flow. These drugs, which do not shrink the size of the prostate, include: Cardura (doxazosin), Flomax (tamsulosin), Hytrin (terazosin), and Uroxatral (alfuzosin). For many men, these alpha-blockers can improve urine flow and can reduce symptoms within days. Possible side effects include dizziness, headache, fatigue, and a lowering of blood pressure.

### **Non-Surgical Treatments**

Because drug treatment is not effective in all cases, and different surgeries are often associated with serious complications, researchers have developed a number of procedures, including transurethral--accessing the affected area through the urethra--using FDA-approved or cleared medical devices to relieve BPH symptoms. These procedures are considered minimally invasive, non-surgical treatments:

**Transurethral microwave thermotherapy (TUMT).** Uses microwaves sent through a catheter to heat and destroy excess prostate tissue. For most TUMT devices, a cooling system protects the portion of the urethra that goes through the prostate during the procedure. The TUMT procedure takes about one hour and can be an option for men who should not have major surgery because they have other medical problems. Microwave therapy does not cure BPH, but it reduces urinary frequency, urgency, straining, and intermittent flow. It does not completely correct the problem of incomplete emptying of the bladder. TUMT has limited long-term effects. Up to 40 percent of men treated may need re-treatment a few years later. Though rare, there have been cases reported of incontinence and impotence with this procedure. Although microwave thermotherapy has been demonstrated to be safe and effective, the FDA has been concerned in the past about unexpected procedure-related complications that occurred since these devices were marketed.

**Water-induced thermotherapy (WIT).** Uses a device to treat urinary symptoms of BPH. The device uses hot water circulated through an inflated balloon catheter to heat the inside of the prostate, causing adjacent tissue to die. Over time, some tissue is either expelled through urine or absorbed internally.

### **Surgical Treatments**

A number of devices with different modes of action have been cleared by the FDA to perform transurethral surgery that usually relieves any obstruction and incomplete emptying of the bladder. Less tissue is removed in these procedures, which is either ablated or vaporized, rather than cut. They are considered minimally invasive surgeries:

**Transurethral needle ablation (TUNA).** Delivers low-level radio frequency energy through twin needles to burn away a well-defined area of the enlarged prostate.

**Transurethral vaporization of the prostate (TUVP).** Uses electrical current to vaporize prostate tissue.

**Laser surgery.** Uses side-firing laser fibers to vaporize obstructing prostate tissue. The doctor passes the laser fiber through the urethra into the prostate and then delivers several bursts of energy lasting 30 seconds to 60 seconds. The laser energy destroys prostate tissue and causes shrinkage. Laser surgery requires anesthesia and a hospital stay. One advantage of this laser evaporating surgery may be that it causes little blood loss. It also allows for a quicker recovery time. This procedure may not be effective on large prostates. Its long-term effectiveness is unknown.

**Transurethral resection of the prostate (TURP).** Considered the gold standard for treating BPH, and accounts for 90 percent of all BPH surgeries. The doctor passes an instrument through the urethra and trims away extra prostate tissue. The tissue is sent to the lab to check for prostate cancer. This surgery requires anesthesia and a hospital stay. Recovery from TURP is much shorter than with open surgery, but TURP and other procedures for BPH remove only enough tissue to relieve urine blockage.

**Transurethral incision of the prostate (TUIP).** Similar to TURP but, instead of removing tissue, widens the urethra by making a few small cuts in the bladder neck, where the urethra joins the bladder, and in the prostate gland itself, which relieves pressure without trimming away tissue. This procedure is often done on smaller prostates. The NIDDK says that although people believe that TUIP gives the same relief as TURP with less risk of side effects, its advantages and long-term side effects have

not been clearly established.

**Open prostatectomy.** Removes the prostate through a cut in the lower abdomen or between the anus and scrotum. This procedure is done only in rare cases when the prostate is very large with severe obstruction, or when other procedures can't be done. General or spinal anesthesia is used, and a catheter remains for up to seven days after the surgery. This surgery carries a higher risk of complications, such as incontinence and impotence, than medical treatment or less invasive surgeries. Removed tissue is sent to the lab to check for prostate cancer, and periodic follow-up is recommended.

All of these procedures, whether less invasive or not, often require patients to wear a catheter for three to four days after surgery, and carry some risk of urinary incontinence and impotence. The CDRH says that the more invasive the procedure, the more risks are involved. Because all of these procedures involve the removal of some, but not all, of the prostate, regular follow-ups are necessary to watch for cancer.

An alternative treatment that has become popular is an herbal pill--saw palmetto--used by millions of men in the United States to treat BPH. Saw palmetto, however, was recently found to have no effect in reducing the frequent urge to urinate or other annoying symptoms of an enlarged prostate. Published in the Feb. 9, 2006, *New England Journal of Medicine*, the yearlong study found that the plant extract was no more effective than inactive pills (placebos) in easing symptoms of BPH.

Experts agree that the best protection against prostate problems is to have regular medical checkups that include a prostate exam.

### **Prostate Cancer and the PSA Tests**

The third major problem that can occur in the prostate is cancer. It grows quietly for years, giving most men with the early disease no obvious symptoms. So, most men with a nodule or elevated PSA aren't going to know it. The FDA approved the PSA test for use in conjunction with a DRE to help detect prostate cancer in men 50 and older, and for monitoring prostate cancer patients after treatment. According to scientists in the FDA's Center for Devices and Radiological Health (CDRH), the finger examination can detect cancer in the form of a nodule or hardness, normally when it is about 50 percent advanced and not curable. PSA detects cancer when the finger exam appears normal in about 35 percent to 40 percent of cases, in the early stages of disease.

Indeed, the NCI and the ACS agree that checking people for some cancers, such as breast and colon, even when they have no symptoms, can reduce deaths by finding tumors at an early stage, when they are easiest to treat. But when it comes to prostate cancer, the argument isn't so clear-cut.

"Prostate cancer is generally a slow-growing cancer. For those men who do not have slow-growing cancer that will threaten their lives, there is no sufficient information that PSA or DRE testing prior to or after diagnosis would distinguish such men from those who will have cancer, but will not die from that cancer."

So what's the harm in being tested? Sometimes screening for prostate cancer finds tumors that wouldn't cause any problems if left untreated. Many professional medical organizations agree. But there's no good way at this time to tell which cancers need treating and which don't. Therefore, many men who are diagnosed with prostate cancer likely will be treated, but also may experience unnecessary and harmful side effects that could lower their quality of life. About 15 percent to 50 percent of men treated for prostate cancer by surgery, radiation therapy, or hormonal therapy will have urinary incontinence and sexual impotence, and in extremely rare cases, scarring of the intestine.

While a more specific and sensitive marker is needed, questioning the validity of early screening puts men at risk. Physicians should discuss the risks and benefits of prostate cancer screening on a yearly basis with men 50 to 75 years of age, and earlier if they are African-American or have a family history of prostate cancer." Screening should include both a PSA test and DRE. Because so much remains unknown about how to interpret the PSA test, its ability to discriminate between cancer and non-cancerous conditions, and the best course of action if the PSA is high, the magnitude of the test's potential risks and benefits also is unknown.

In its early stages, prostate cancer stays in the prostate and is not life-threatening. But without treatment, cancer eventually spreads to other parts of the body, often resulting in death.

Doctors have several ways to treat prostate cancer. The choice depends on many factors, such as whether or not the cancer has spread beyond the prostate, the patient's age and general health, and how the patient feels about the treatment options and their side effects. According to both the NCI and the ACS, approaches to treatment include: watchful waiting to see whether the cancer is growing slowly and not causing symptoms; surgery to remove the entire prostate and surrounding tissues; and internal and external radiation therapy, both of which use high-energy rays to kill cancer cells and shrink tumors. Hormone therapy and chemotherapy drugs are approved to treat the various advanced stages of cancer.

The gold standard for treating early, localized prostate cancer is radical retro-pubic prostatectomy. The whole prostate and seminal vesicles are removed. At Johns Hopkins Hospital in Baltimore, the surgery has improved over the years with the development of a nerve-sparing procedure. This procedure, says the CDRH, in most cases, avoids sexual impotence. The same technique has been used in the last decade by many urologists in the United States and throughout the world.

Computer or robot-assisted surgery was cleared by the FDA in 2005 for use in all urological procedures, including the removal of the prostate (radical prostatectomy) because of cancer. Even though the prostate is surrounded by nerves and muscles that affect urinary, rectal, and sexual functions, doctors say that improved vision and flexibility of the instruments allow for magnification of the prostate during this procedure. "It's too early to tell if this will equate to more precision and better outcomes," adds Thrasher.

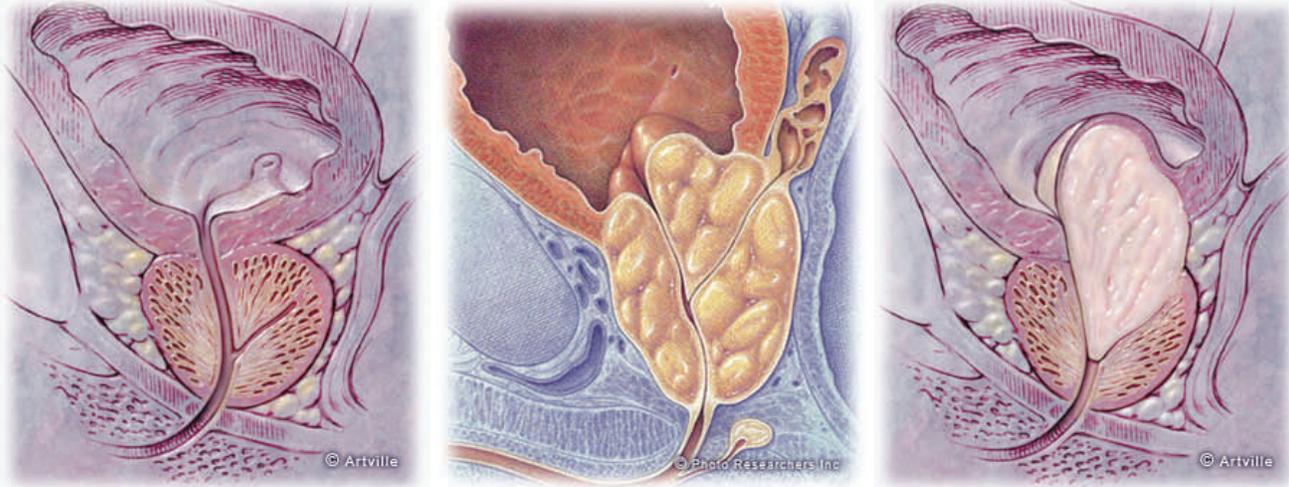
Regular checkups are important even for men who have had surgery. BPH surgery does not protect a man against prostate cancer, because the prostate is not completely removed.

Research is under way to evaluate new approaches to finding even more effective treatments for prostate and urinary disorders.

### The Science Behind Prostate Specific Antigen

Prostate specific antigen (PSA) is a substance made by the prostate gland. Although the substance is mostly found in semen, a small amount is also present in the blood. According to the American Cancer Society, most men have levels under 4 nanograms per milliliter of blood (ng/ml). When prostate cancer develops, the PSA level usually goes above 4ng/ml but in some cases, the cancer can be present at levels lower than 4. A PSA rise does not automatically mean cancer. PSA also rises when the prostate is enlarged because of benign prostatic hyperplasia, or BPH, and sometimes with prostatitis. If the level is borderline range between 4ng/ml and 10ng/ml, a man has about a 25 percent to 35 percent chance of having prostate cancer. PSA higher than 10ng/ml could mean between a 40 percent and 50 percent chance for cancer, and the risk increases further as the PSA level increases. PSA is an ideal marker for prostate cancer because it is basically restricted to prostate cells.

Most PSA tests measure "total PSA," or the amount that is bound to blood proteins. But some tests measure not only total PSA, but another component called free PSA, which floats unbound in the blood. Free PSA above 25 percent is a stronger indication that cancer is not present. Comparing the two helps doctors rule out cancer in men whose PSA is mildly elevated from other causes.



**Normal**

**Enlarged**

**Inflamed**

### Drilling Bolt Holes (Not related to the above article)

By Rick Giannini, Desert Hawks R/C Club

On most of the glow engines we use today, the **propeller reamers** that are currently available usually work for propeller hole enlargement. However, when we move up to larger engines, there is a need for a hole larger than the reamer is capable of making.

If you have a drill press, try this:

Move the drill plate off to the side a few degrees so the hole is not under the bit chuck.

Drill and tap a hole for a 1/4-20 bolt.

Thread a 1/4-20 bolt up from the bottom of the plate roughly 1/4 to 3/8 of an inch.

Bevel the end of the bolt with a 1/4-inch bit.

Set a new propeller over this short alignment pin (bolt) and accurately drill the larger propeller hole.

Center the pin using the beveled tip of your drill bit to align it.

Drill about halfway down the propeller hole, move your plate back to the regular position, and continue to drill through the propeller.

Hold the spinner firmly to prevent spinning.

If your engine uses a multibolt hub, the front plate usually has a short-threaded post for a spinner bolt. This post is conveniently the same size as the factory centered hole on a big wooden propeller. Put the front plate on the propeller with the post in the hole and drill the outer holes as needed.

I suggest that if you are drilling larger propellers, you use a drill press. If you try this by hand, it is practically impossible to get an accurate hole, and on larger propellers, you get a lot of vibration from an inaccurately cen-





## An Invitation to RC Clubs

From Grand Canyon Valle Airport  
April 2009

Dear Gene,

I would like to offer you the opportunity to take advantage of our airport! We are Grand Canyon Valle Airport (40G), located 25 miles south of the Grand Canyon at 8000 feet. We're a small privately owned General Aviation airport and the Planes of Fame Museum is located at the airport. Valle airport is the home of a 1929 Ford Tri-Motor, a 1928 Travel Air, and a 1927 Stinson Detrolter, which would be available for viewing at no cost.

We are interested in developing more activities at the airport and feel that radio controlled models would be a great addition to our location, while at the same time, offering RC Clubs an excellent location to hold events and meetings.

We have a lot of open space, the museum, a collection of Vintage cars, meeting room and the nearby Grand Canyon. At this time, we have several open dates to schedule your club events. If you are interested in further information on the airport, you can check our website [www.valleairport.com](http://www.valleairport.com) and [www.planesoffame.org](http://www.planesoffame.org).

Grand Canyon  
Valle Airport (40G)

Bring your event to our  
beautiful facility!

We will be more than happy to  
visit with you on how Valle  
Airport can accomodate your  
club activities.

Home to the Planes of Fame  
Museum and some of the  
most awesome historic  
airplanes and vehicles in  
Northern Arizona.

We welcome the opportunity  
to have your club at Valle  
Airport!



Planes of Fame Museum located at Grand Canyon Valle Airport.



1928 Travel Air



1927 Stinson Detrolter

Thanks for giving us your consideration and we hope to hear from you soon. If you would like to contact us, please call (928) 635-5280.

Sincerely,

Norm Gebell  
Valle Airport Manager



# FRANK'S Hobby House

12008 N. 32 ST. M, T, F. 10-6  
 Th 10-7  
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 FAX 602-788-3440



8058 N. 19th Ave. 602-995-1755 Phoenix  
 M-F 9:30-8PM, SAT 9:30-6PM 11-5PM  
 4240 West Bell Rd. 602-547-1828 Glendale  
 M-F 9:30-9PM, SAT 9:30-6PM, SUN 11-5PM

**Next month Issue**

Have no idea what will happen next month. If you got something going let me know. Be the SR field reporter, great job and good benefits, like free fresh air. Maybe we can throw in some sun screen lotion. See you then.

Would you like to be notified when the *SLOW ROLL* new issue is available? Give Gene your e-mail address.  
[AZ49ER@COX.NET](mailto:AZ49ER@COX.NET)

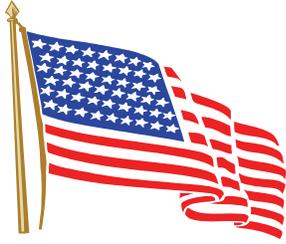
Hope you will enjoy it. Bob [rcbobsvf@aol.com](mailto:rcbobsvf@aol.com)

**This Month Issue**

Not much from the SVF'ers this month so we had to call out for help. Got a great article FOR MEN ONLY! Do show it to your wife, girlfriend, etc. Did you see the photos of the midair crash? Keep your caller near by!

Send those articles and photos in!

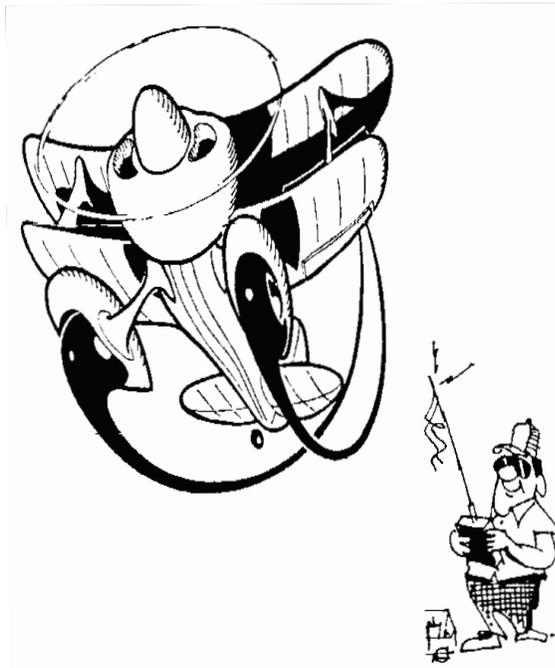
Remember to ZOOM the PDF page to see more.



# THE SLOW ROLL

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**Tony Quist, Vice President**  
**Gene Peterson, Treasurer**  
**Rusty Fried, Secretary**  
**Walt Freese,**  
**Website Supervisor**

**Please check your  
 Membership list for  
 Phone numbers.**



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**To:**



**SINCE DECEMBER 1974**