



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

September 2 , 2004 Issue 9 (Meetings to date # 149)

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Our web sites <http://www.geocities.com/charl2ep/Cancer/> or <http://www.boodrow.com>

Man to Man (M2M) is an educational, not for profit, prostate cancer support program of the American Cancer Society. It is a forum for discussing medical developments & experiences. Protocols discussed at M2M meetings are sometimes based on anecdotal information. It is always advisable to consult a physician before adopting any form of treatment

In This Issue:

- Program for M2M on August 5, 2004
- Newcomers & PCa. 101
- Organic Standards & Farmers Markets
- PCRI announces 2005 National conference
- Obituary for Lee Filerman,USTOO Leader
- British scientists identify PCa gene
- Testimonial letters
- Joke Du Jour & Quotes
- Guest spkrs Drs. Papadopoulos & Chu Oct. 7

A joint meeting of Man to Man (M2M) and Side by Side (SXS), the prostate cancer (PCa) support and education groups sponsored by the American Cancer Society, was held on September 2, 2004 in the Central Hudson Electric Company Auditorium-6, Rt.9, Poughkeepsie, NY. There were 46 in attendance including 2 new M2M members and 11 SXSs. Several of the new members were given our NEWBIE BOOK.

PLEASE NOTE Poughkeepsie M2M has back issues of our newsletters & information on PCa.

go to

<http://www.geocities.com/charl2ep/Cancer/>

or <http://www.boodrow.com>

PROGRAM GENERAL MEETING

Man to Man held its monthly meeting on Sept. 2 in the Central Hudson auditorium at 6pm. General topics covered were: new library books and periodicals, announcements, new studies, introduction of new men and the main presentation, on tape, by Dr. Stephen Tucker.

Two new books were added to the library, Chicken Soup for the Surviving Soul & MY Healing Companion. An audio tape covering Impotence Prevention & Treatment was added. The 2 latest issues of Life Extension magazine, which covers many health subjects, were also available.

Everyone was once again reminded of our annual dinner on Sept. 30th. We have reached our quota of people who have signed up and we encourage all to take part in the friendly atmosphere and fun time. Time is 630 pm at the Villa Borghese restaurant on Widmere Road.

There will be a PCa screening at Vassar Brothers Hospital on Sept. 29; time is from 8 to noon. This is only open to men not under a doctors care for PCa and those uninsured. Reservations will be taken by the ACS. We ask for a few volunteers to help with check-in and to pass out M2M and ACS literature.

NEWS SQUIBS

Linoleic Acid--In a study of middle aged men, high intake of linoleic acid, an unsaturated fatty acid, found in certain plants and vegetables, seemed to lower the risk of prostate cancer.

The investigators studied 2000 men for thirteen years. In that time 46 men developed PC. Men who ate the highest amount of linoleic acid were 45% less likely to get PCa. Substitution of linoleic acid for saturated fat seems a good recommendation.

SOURCE; International Journal of Cancer, Sept. 1, 2004.

Malaria Drug---Several compounds modeled on ancient Chinese folk remedies show promise in fighting PC. These compounds are called trioxides and they mimic the active agents in Artemisia and Wormwood. These elements have been used to fight disease for thousands of years in Chinese medicine.

In an experiment, trioxane was three times as effective in attacking PCa in mice as the two leading chemo drugs, Gemzar and Adriamycin.

SOURCE: Meeting of American Chemical Society, Aug 24, 2004 in Philadelphia.

Research Budget---Americans were robbed of \$87 million in research funding over the last 5 years as the National Institutes of Health reported that its largest arm, the National Cancer Institute, spent less money on finding a cure for prostate cancer than it previously agreed to with Congress.

This came about because the NIH provided a budget but no plan for 2004. Several advocacy groups are up in arms about this and are pursuing a plan of action to avoid this type of disaster.

MAIN SPEAKER

A presentation was made on tape by Dr Stephen

Tucker of The Compassionate Oncology Lab in Los Angeles. The tape lasted one and a half hours and was too jam packed to try to record everything. I will briefly paraphrase what was said. The tape is in our library for review.

Dr. Tuckers main point was that 70% of PCa is systemic and it is inappropriate to treat most patients with local therapy, which is usually surgery or radiation. There are plenty of references to prove this. We have seen these outcomes plotted as percentage remission rate versus a five year span. In general, for both surgery and radiation, the average relapse rate is 48%. This is usually plotted as three curves which represent minimum, medium and aggressive cancers. Even at five years the curves are not bottoming out but continue on in a rate of relapse. The radiation numbers only include open beam therapy and do not reflect seeds, which have to accumulate a lot more data points for a chart of this kind.

Of course, what do we then do? Drs. Tucker and Leibowitz recommend triple hormone blockade followed by intermittent treatment. This is a systemic treatment and although it has its own side effects, they are reversible, unlike those of the localized treatment. Triple blockade consists of a Zolodex or Lupron shot, 3 Casodex pills a day and a 5 mg pill of Proscar once a day. This is carried on for 13 months and then everything is stopped with the exception of the Proscar which is used for maintenance.

Over the years 150 patients have opted for this therapy rather than surgery or radiation. Ninety percent of them are still in remission. Those who relapsed had high grade PCa to start with. They are usually not restarted on hormone blockade but are given other protocols which could include thalidomide or very low dose chemo or some other tailor made treatment for that individual.

The talk shows us a different way of looking at treatment and seems to have a large number of proponents spread through the USA. By the way,

a lot of people keep saying that this is too new and more info is needed. This is simply not true. This has been written up in prestigious peer reviewed journals and, in addition, has all this clinical data for the last 7 to 8 years.

Jim Kiseda Poughkeepsie M2M

Newcomers & PCa. 101

1) He is 60 Years old. Last year his PSA was 5.0. A biopsy was negative. His Dr. recommends a RP. He is here for more information.

2) His age is unknown. In 2001 his PSA was 6.3. He had radiation therapy in 2002 and now has blood in stool. His Dr. wants him to use suppositories for the rest of his life. His PSA now is 0.0. He is here for more information.

Herb Ilker, PCa 101

ORGANIC STANDARDS & FARMERS MARKETS

In a previous article I wrote about the US Department of Agriculture's (USDA) action to undercut their own organic standards and their subsequent flip flop in reversing this action, due I believe, to public pressure. Still, the USDA National Organic Program needs strengthening.

Since the Program began in October 2002, products carrying the green and white certified organic seal have been seen in grocery departments in increasing numbers. This rapid growth, 20% a year, has been a boon to the family farmer. The food giants, not to be caught napping, have seen the potential profit in this market and so are now competing with the local organic producers. Companies like Philip Morris/Kraft, Coca Cola and Heinz to name a few, are getting into the act.

I hear humane standards for farm animals is a boost to consumer confidence, but such guidelines are presently lacking. When the organic precepts were created, only minimum standards

were set, and they are vague, leaving a great deal open to interpretation.

For example, the present standards allow animals to have "access to outdoors." Undefined is the size of the outdoor area, the length of time required outdoors, or if its a pasture, pen or dry lot. The guidelines don't ban certain kinds of confinements such as feedlots for cattle, gestation crates for pigs or battery cages for chickens. Many other welfare issues are also not addressed.

Clearly defined standards are good all around, for the consumer and the small family farmer, as the playing field would be the same for all organic producers.

Given the problem in standards, we should look toward farmers markets as one viable solution for wholesome foods. What better way is there than to have fresh food straight from the farm, something you can't find in the supermarket. An added benefit is that the consumer can ask the farmer how they grow their produce and raise their animals.

Some farmers markets allow poultry or other meats to be sold, such as the Rhinebeck NY farmers market. When they do it's usually required that the cuts be frozen to comply with food safety and health ordinances. In general, freezing is done right after butchering so as not to compromise the quality of the meat. It's a good idea to bring a cooler if you plan to buy meat, poultry or eggs.

In a following article I will suggest some questions to ask the farmer so as to make the best choices especially when buying meats, eggs and cheese. For instance, you will want to know how the animals are raised, what they eat and under what conditions antibiotics are used. The more humane the farm is to its animals the better the consumer is nourished.

**A more in depth discussion will follow.
Mike Kulla, Poughkeepsie M2M**

SAVE THE DATE!

**National Conference on Prostate Cancer
June 16-19, 2005**

Omni Shoreham Hotel – Washington, DC

Moderator – Dr. Charles “Snuffy” Myers

Over 20 PC Experts will be Speakers

Special Father’s Day Program

Details will be posted as available

Sponsored by FCRE and PCRI

**More details to be announced as
we receive them**

Obituary for Lee Filerman

From early days Lee was dedicated to helping people. He was a true social worker. Although he primarily worked as an administrator he never lost his need to work directly with people

He got involved with USTOO at the end of 1996 when he was diagnosed with PCa and saw a flyer in the waiting room of the MSKCC urology dept. He attended and became involved. He was a member of one of the USTOO support groups and was soon invited to join the Board of Directors. Shortly after, Lee was asked to be Chairman when Rich Freiberg, the Chairman at that time, relocated to California.

Lee had multiple duties as Chairman and one of his favorites was leading a support group at the USTOO meetings. He shepherded USTOO in its transition from MSKCC to NY Presbyterian-Cornell where it revised its name to USTOO New York because its many members were drawn from the Greater Metropolitan area.

Lee worked in an administrative capacity for the NYC Division of Homeless Services and was not responsible for providing direct services to the shelter men. But Lee identified a need, presented it to the top administration of the Agency, and persuaded them to allow him to provide male

shelter residents with direct education about prostate cancer.

He faithfully visited shelters with the help of a dedicated prostate cancer volunteer who did not work for the Agency and they continued after Lee retired in 1998. At that time he convinced the Agency to provide testing to the men who requested it. He was part of a group dedicated to improving the life of the homeless. Lee spent his life championing people in all walks of life.

EDUCATION

Training Institute for Mental Health NY, NY.
Certificate in Group Psychotherapy, 1995
University of Chicago, School of Social Services
Administration - Illinois - M.A., 1961
University of Minnesota, Minneapolis - BA, 1955

SUMMARY OF EXPERIENCE

City of New York, NY, NY, 1984 to 1998
Social work and social service agency administrative positions until retirement in 1998
Various Administrative and Planning positions in private industry and government social service agencies, 1955- 1984
Special Services to Children, 1984 - 1987
Department of Employment 1987, - 1988
New York City’s Department of Homeless Services, 1988 - 1998

British scientists identify PCa gene

**Finding will help in development of test to ID
aggressive tumors
June 08, 2004 LONDON**

British scientists have identified a gene that plays a crucial role in prostate cancer and which could lead to a test to detect the most aggressive tumors. Researchers at the Institute of Cancer Research and the University of Liverpool in northern England found that a gene called E2F3 that is overactive in prostate cancer tumors.

“A test to distinguish between aggressive tumors, the tigers, and those that are pussycats has been the holy grail of prostate cancer research,” Professor Colin Cooper of the Institute of Cancer Research said on Tuesday.

“Now we know that the E2F3 gene is implicated in prostate cancer and that it is key in determining how aggressive the cancer is, we hope to be able to develop such a test within the next five years,” he added in a statement.

Prostate cancer is one of the most common male cancers. It accounts for about 200,000 deaths worldwide each year.

The only test for prostate cancer measures PSA, prostate specific antigen, a protein made by the prostate gland. A raised PSA level can be a sign of the disease or something less serious.

Cooper and his colleagues, whose findings will be reported in the journal *Oncogene*, believe the protein produced by the gene is a key to determining how aggressive the cancer is.

An overactive gene means too much protein is produced which leads to excessive proliferation and the development of a tumor.

• **What's your risk for prostate cancer?**

In a study comparing healthy and cancerous prostate cells, the scientists found that 67 percent of PCa cells they examined had an indication of the presence of E2F3. A worse prognosis was linked to a higher level of the protein.

“We now find ourselves in the unique and exciting position of being able to test new early markers of prostate cancer progression, which previously had not been possible,” said Professor Peter Rigby, the chief executive of the Institute of Cancer Research.

“A rapid and immediate expansion of our research in this area is required so that our scientific advances can be translated into patient

benefit without delay,” he added.

Submitted by Danny Jakab M2M Florida

New prostate cancer therapy improves survival

• **The Associated Press**

Study: Combination treatment likely to become prevalent - Men with prostate cancer that doesn't appear to have spread have better survival chances when they get short-term hormone treatment along with standard radiation, rather than radiation alone, a small study found.

Almost 5 years after treatment, 6 men in the radiation-only study group died of prostate cancer; none of the men who got combined treatment died of PCa. The study involved about 200 men.

Of the more than 200,000 U.S. men diagnosed each year with the disease, nearly half have the kind cancer involved in the study: An exam and imaging indicates it hasn't spread but other tests indicate it might have.

• **Likely to become prevalent**

Treatment for such men often involves radiation alone or radiation combined with long-term use of hormone-fighting drugs, often for as long as three years or more. But long-term drug use may cause thinning bones, heart abnormalities that can lead to sudden death and impaired mental function.

The study found that using hormone-blocking drugs for six months had the same survival benefits as long-term use but without the potential health risks. Some men did have side effects including impotence, but that can occur with other prostate cancer treatments, including surgery and radiation.

“It's a very important and useful study and should

have nearly immediate impact on the fashion in which men are treated," said Dr. Durado Brooks, director of prostate cancer programs at the ACS. "Significant numbers of men are getting radiation only," Brooks said. That's partly because many men reject hormone-suppressing drugs when they learn about all the bad side effects from long-term treatment, he said.

Brooks said radiation plus short-term medication is likely to become prevalent given the study results.

Researchers studied 206 men aged 49 to 82 randomly assigned to receive about seven weeks of daily radiation treatments, or radiation plus six months of medication overlapping the radiation treatment. Six of those only on radiation died from prostate cancer while none of those getting combined treatment died from prostate cancer. More than twice as many radiation-only men had evidence of cancer recurrence, 46 versus 21 in the combined treatment group.

The study by researchers at Boston's Brigham and Women's Hospital and Dana Farber Cancer Institute appears in Wednesday's Journal of the American Medical Association.

The patients had prostate cancer that physical exams and imaging tests indicated had not spread. But they also had high blood levels of PSA — prostate specific antigen — and high Gleason scores, which measure the degree of abnormality found in cancer tissue.

The high levels raise the possibility of cancer elsewhere, said lead author Dr. Anthony D'Amico, a radiation oncologist at both institutions. The drug treatment studied involved flutamide pills three times daily with periodic injections of either leuprolide acetate or goserelin. The drugs suppress production of testosterone, which can fuel prostate cancer growth.

Men in the drug-radiation group had more severe impotence and more breast tissue enlargement

than the radiation only group. But they had no obvious evidence of the potentially more debilitating complications of long-term treatment. Although those weren't specifically measured, they usually don't appear until after at least a year of treatment, D'Amico said.

In a JAMA editorial, Dr. Thomas DeWeese of Johns Hopkins University, said the study did not address how the drug treatment affected patients' quality of life. He also said the radiation dose was lower than is frequently given, which might explain the differing survival rates. Still, he called the study "extremely important" because of the survival advantage shown.

Submitted by Danny Jakab M2M Florida

Testimonial letters

Dear Dennis.

I have your M2M newsletter in front of me. That is the greatest thing I have ever seen!!!! You deserve a lot of credit. I hope you are OK. I know you are enjoying yourself.

Me, I am still around. I went to the hospital and they were going to do all sorts of procedures to me. I left there after they did a minor surgery Last time I talked to you, you said, " VJ you are going to die from something else, not prostate cancer!"

Since I saw you I have sold my motor home, broken my back, broken my ankle, have diabetes bad. I get up two to three times a night to void and check my sugar. I have had several mornings when I was unconscious (I find three paramedics over me) I'll be 83 (1-3-21).

I have had five bypasses, a valve in my aorta and a defibulator, so I'm bionic. Keep up the wonderful work you are doing. I send this to you so you can get the "well done" you deserve!!!!

(the names and places have been changed to protect the innocent and the guilty)

Your old friend- VJ, M2M

Information for M2M members

I am a Type II diabetic when I became aware of cancer about 7 or 8 years ago and was on oral medication. My doctor on my yearly exam found something in my prostate, he sent me to a urologist who did a biopsy which was positive. The urologist referred me to a radiation oncologist at a local hospital. As not wanting to operate due to diabetes they gave me 40 shots of radiation with no further problem with prostate. But due to the radiation it stopped my pancreas from working and I became a Type I diabetic and I am on four shots of insulin a day. Since then I have had cancer of the bladder two times and due to diabetes have had my left leg removed three times because of blood circulation which is now healed up but left me in a wheelchair. I wish I had my prostate removed and I might be walking yet.

This information is good to know if you are a diabetic. It may not affect other men like it has me.

HJ M2M Poughkeepsie

Joke Du Jour

A young boy was kneeling by his bed saying his prayers and asked God to make him a good boy.

The boy's father, passing by the bedroom, overheard his son praying, "And make me a good boy if You can, and if You can't don't worry about it, cause I'm having fun the way I am.

Author Unknown

QUOTES

Have you heard a good quote lately? Send it to us and we will print it if it's apropos. A grand prize will be awarded at the end of the year for the best quote. The prize will be a new prostate.

Here is one from me!

"If you always do what you always did you always get what you always got."

Dennis O'Hara editor M2M Poughkeepsie

Guest Speakers Oct 7

**Dimitrios P. Papadopoulos, M.D. &
Ken Chu Ph.D., D.ABR, P.Eng.
Radiation Oncology, both are from, Vassar
Brothers Hospital, Poughkeepsie, N.Y, 12601**

HIGHLIGHTS OF QUALIFICATIONS

**Dimitrios P. Papadopoulos, M.D
November 2000 – Present- Medical Director,
Vassar Bros Hospital, DysonCancer Center**

Education:

1986-1987, Chief Resident

1984-1986, Residency

1983-1984, Internship,

University of Kansas Medical Center

Department of Radiation Oncology

Medical School:

1976-1982, Aristotelion University of
Thessaloniki, Greece

Medical License:

State of New York since 1992

State of Connecticut 1987-1992

National Board Exams: ECFMG 1983

FLEX 1984

**American College of Radiology 1987
Board Certified in Radiation Oncology**

HIGHLIGHTS OF QUALIFICATIONS

Ken Chu PhD

Chief Medical Physicist, Vassar Brothers Medical Center, Poughkeepsie, N.Y. (March 2002 to present)

Principal Investigator on Varian Medical Research Grant for \$100,000

Medical Physicist, Vassar Brothers Hospital, Poughkeepsie, N.Y. (Oct. 2000 to March '02)

Sylvia Fedoruk Prize in Medical Physics runner-up for best paper in 2000 by a Canadian.

Medical Physicist, University Hospital, Stony Brook, N.Y. (March –October 2000)

Assistant Professor, Dept. Rad.Oncology, Univ. Hospital, Stony Brook, N.Y.(June-Oct. 2000)

Medical Physics resident (Feb.1998-Mar. 2000) under supervision of Jake Van Dyk in a large

cancer center with 7 linear accelerators, 1 cobalt unit, 1 HDR, 2 LDR

American Board of Radiology certified (2002)

**The title of K. Chu presentation is :
"Physics and dosimetry: Guaranteeing your
Radiation Treatment is Correct"**

Outline of talk by both Drs.

- 1. Radiation in general**
- 2. 3D conformal treatments**
- 3. IMRT plans and what it involves**
- 4. IMRT at Vassar Brothers Medical Center**
- 5. Research programs in Radiation Oncology**

Co Facilitators Honored

Jim Kiseda & Paul Totta co facilitators of M2M Poughkeepsie were honored at the Annual Meeting & Recognition Breakfast, 2004 hosted by our local American Cancer Society.

Both Jim & Paul were recognized by ACS staff, Board Members and many guests at this annual breakfast for their outstanding service to Dutchess County. They were presented with Certificates of Appreciation Awards from the ACS.

Thanks to you both for your continued leadership and dedication to M2M Poughkeepsie.

ed-note

Dutchess County Legislature issues a Proclamation: Prostate Cancer Awareness Month

The Dutchess County Legislature, spearheaded by County Legislature Bill McCabe (also a M2M member) issued a proclamation officially recognizing September as prostate cancer awareness month in Dutchess County.

They recognized, M2M Poughkeepsie, in association with the ACS of Dutchess County as having been actively promoting awareness and treatment of PCa since 1993, and has provided essential support to men who have PCa, as well

as to their spouses and families.

The Legislature also recognized the significant contributions of co facilitators Jim Kiseda and Paul Totta along with facilitator emeritus Dennis O'Hara, as men who have tirelessly given their time as facilitators and speakers about PCa in Dutchess County. Each of the three facilitators received copies of the Proclamation. M2M would like to thank Legislature Bill McCabe and the Dutchess County Legislature for presenting the proclamation to our group and for officially recognizing September as Prostate Cancer Awareness Month.

TO ALL RECIPIENTS OF OUR NEWSLETTER.

If you are experiencing any problems with receiving the newsletter, possibly your name, address or zip code are wrong. If you are receiving duplicate or triplicate issues or if you know of any other members who are experiencing mailing problems, contact Peter & Teresa Hardin, phone: 845-897-9667, e-mail: <hardin.pt@verizon.net>, or regular ground mail: Peter Hardin, 12 Penn Street, Fishkill, NY 12524

Meetings and Speakers for 2004

October 7th (Dr. Papadopulus VBH Medical Director, Dyson Cancer Center, & Ken Chu PhD Chief Physicist, & Radiation Oncology VBH. Their topics will include Physics & Dosemetry & IMRT Guarenteeing your Treatment is Correct"
How the beam is delivered.

Nov. 4, Dr. Ken Bock-Alternatives & PCa.

Dec. 2, Dr. Schacter from Schacter Institute

Attention: M2M Meeting cancellations

In the future we will base our decisions whether to cancel a M2M & Side by Side meetings dependent on what the school systems in our area do. When the schools either delay or close the schools in our area, we will probably cancel. Call the local ACS at 845-452-2932, press 3, then 10 to reach the operator or answering machine. Listen to the local radio stations; they will also announce cancellations of M2M meetings. You can also call our own hot line 297-7737 and listen to message.