



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

April 1, 2004 Issue 4 (Meetings to date # 144)

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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

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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 April 1, 2004 in the Vassar Brothers Hospital Auditorium Joseph tower BLDG. 5, Rt.9, Poughkeepsie, NY. There were 100 in attendance including 3 new M2M members and 26 SXSs. Several of the new members were given our NEW-BIE 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

**April 1, 2004 M2M MEETING
AT VASSAR BROTHERS MEDICAL CENTER
GUEST SPEAKERS, DR. MICHAEL MARESCA
AND DR. KEN CHU**

Dr. Michael Maresca is from Hudson Valley Hematology/Oncology followed by Dr. Ken Chu Chief Physician at VBMC, Dyson Cancer Center, Hudson Valley Radiation.

Dr. Maresca is involved in Chemo treatment for all cancers but he contained his remarks to prostate cancer. He stated, that, he becomes involved in the patient's treatment usually after failure of the primary treatment and then some sort of salvage therapy. At this point the patient is started on hormone blockade. When the patient becomes hormone refractory (immune to the blockade) one of the protocols is Chemotherapy.

In the past, Chemo has had a low success rate for PCa along with toxic side effects that affected quality of life. Dr Maresca pointed out that, in the last 3 years, newer drugs have arrived on the scene and they have lower toxicity and higher effectiveness. In addition, trials, using 2 or 3 drug combinations that act in synergy, have been accepted. These new protocols offer the patient a much better option than he had in the past. Also, some of the older drugs have been revived and provide more effective

tiveness when used in combinations.

All in all, Dr Maresca summarized, by saying the new Chemo treatments are giving PCa patients a new lease on life with the expectancy of better quality of life and more effectiveness.

Dr. Ken Chu gave us a brief rundown on the radiation lab. The lab has added more doctors and scientists to the staff in the last 5 years. This has allowed the lab to pursue full accreditation as a top Radiation Center and to actually achieve that goal. He explained the extremely rigorous quality control that he and his staff go through. This starts with the delivery of these new complex systems and the continued maintenance on them. He pointed out that many centers only do a cursory check of the new machines and depend on the manufacturers tests before putting them on line. But, at the Dyson Cancer Center, he actually does all the calculations himself and tests the machine for compliance before it is put on line. This attention to detail makes the Dyson Cancer Center one of the top radiation centers for patients.

The bulk of the radiation treatment at the Dyson Center at VBMC is 3D Conformal with the IMRT work being done at the Fishkill Cancer Center. The recommendation of the center is to use 3D but if the patient requests IMRT then it is done. The IMRT requires an extremely dense convergence of individual beams to a very small area. Since there has to be a margin around the target to account for positional errors mainly due to uncontrolled prostate movement, the target margin becomes smaller than that used for 3D with the 6 field scan.

To summarize, the VBMC, Dyson Cancer, Radiation Center has become a center of excellence for this treatment, due to their training program, high quality control and several years of experience using the latest techniques available.

The meeting was well attended. There was a total of 100 people. A large buffet of pizza, salad, cookies and drinks were served, by the hospital, at the beginning of the meeting. Only a very short amount of time was spent going through announcements, new research, library topics and introduction of

new men. This was to accommodate the busy schedule of two speakers and a tour of the Dyson Cancer Center Radiology rooms, looking at both the radiation planning computer rooms and the actual treatment rooms. The 3D Conformal Radiation treatment was explained starting with the computer planning which outlined the prostate and calculated the directions of the 6 field exposure along with the dosage of each field. The explanation was enlivened by one of our members volunteering to lie on the movable table beneath the radiation machine (of course beam off). He was then placed in a restrictive jig, which kept his body from moving so that the position of the prostate would be fairly stable. Next, the laser alignment beams were turned on and everyone could see the beams on his body and where the crosshairs intersected to denote each of the 6 beam targets. The huge beam head was then rotated to each of the 6 positions to show how the beam is fired into the body. The whole event, for a patient, is so efficient that most patients are in and out in 15 minutes. Depending on the cancer type, 30 to 45 treatments are given at a rate of 5 days per week. This allows 2 days for normal tissue to recover. Our members were very impressed by the tour and had many questions that cleared up their concept of radiation treatment.

**Jim Kiseda
Poughkeepsie M2M**

Newcomers & PCa. 101

- 1) He 68 years old.** He underwent brachytherapy in 1998 and his PSA has been rising. He is now taking Casodex only and his PSA is coming down.
- 2) No age given.** His initial PSA was 6 and has gone up to 10. He is presently in a watchful waiting mode. He is here for more information.
- 3) His PSA is 6.** He was diagnosed in December of 2003 with a GG 4+3=7. He underwent a RP in February. His latest PSA was less than 0.1. He is here for more information.

PSYCHOLOGY OF CANCER

(Part V of a series)

Stress

To summarize the previous article, I discussed psychological factors one researcher linked to the onset of cancer: Inability to express negative feelings, strong self-dislike and most importantly, despair. Care in applying these criteria to men with prostate cancer was discussed. It was proposed that our mental state effects the start and progression of all cancers.

Hans Selye was the scientist who developed the concept of stress and its effects on the body. At age 65 Selye developed a type of cancer whose "cure" rate is extremely low (reticulum cell sarcoma). This would seem to be the ultimate of stressors, but he reacted to it in a special way. He refused to feel "like a miserable candidate on death row and whimper away" the time he had left. Instead, Selye decided to squeeze as much from life as he could. A year went by, then two and three. He turned out to be a "fortunate exception."

Experiencing stress is very subjective. The same stressor can be detrimental to one person and neutral and even beneficial to another. Thus, horrendous events to the observer such as bereavement and poverty are not associated with illness, if not felt as stressful. In Selye's case, his ability and willingness to cope with his stress may well have made the difference in the course of his illness.

To illustrate the devastation that stress can wrought, three groups of rats were injected with live tumor cells. Two of the groups were later subjected to electric shock. One group could not avoid the shock while another group could escape it. Of the helpless rats 73% came down with cancer, while in the other group 37% developed cancer, slightly better than the control group who got no shocks. It has been observed that the loss of a central relationship is a factor in the origin of cancer. Thus, it might be predicted that the highest cancer mortality rates should be

with the "widowed," the next highest among the "divorced," followed by the "married." The lowest cancer mortality rate should be found with the "single" group, as they would have least often established and lost a central relationship. The predictions were borne out by a number of studies. Dr. Bernie Siegel had a little different perspective. According to him, divorced people have higher rates of cancer as well as heart disease, high blood pressure and accidental deaths than either widowed, married or single persons.

Within the married group there are those who have children and those who don't. Suppose that the relationship between husband and wife has lost its original meaning and closeness, which is frequently the case. The couples with children have the possibility of funneling their emotional ties to their children. Thus, we could predict that the cancer mortality rate is higher with the childless couples than with those with children. This prediction was confirmed for both sexes on the total population of Australia from 1919 to 1923.

It's Dr. Larry LeShan's opinion that any situation that disrupts the formation of strong and meaningful ties can be predicted to result in higher cancer mortality rates.

Society has a significant bearing on stress. Cultures that place a premium on individualism and competition are more stressful than close-knit communities in which supportive, loving relationships are the norm, and the elderly retain an active role. Bernie Siegel also observes that "religious faith and a fairly open, accepting attitude toward sexuality" are another form of a less stressful society. A relationship has been found between cancer and societal stress.

Close, structured societies in which members know what is expected of them even when deviation from the norm is not tolerated, have lower rates of disease. Examples of such societies in the US are the Mormons, Seventh Day Adventists and the Mennonites.

TESTOSTERONE AND OLDER MEN

There is fascinating data in regard to second generation Americans who have much higher cancer deaths than either first or third generation citizens. First generation immigrants still have the mores and viewpoint of their country of origin to bind them together. Third generation citizens have acquired the norms and standards of their new culture. The second generation, however, is caught between their parents and the present culture and is the least cohesive of the three generations.

Psychologists are learning that infants are far more perceptive than heretofore imagined. It wouldn't surprise Bernie Siegel if early childhood cancer was "linked to messages of parental conflict or disapproval perceived even in the womb."

Finally, here is a dramatic example of the impact of stress on a 19-year-old woman with Hodgkin's disease. Her only symptoms were small scattered nodes on her neck. One day the nodes had greatly increased in size and new ones had appeared. Asked by the doctor if anything unusual had recently happened, she related that she told her fiance for the first time that she had Hodgkin's disease. He wanted children, and feeling that he could not have any, broke off the engagement. Shortly after, her neck began to swell. The fiance, having recovered from the shock of the news, realized that her illness really didn't matter to him; marrying her did and he told her so. Within three days the nodes returned to their previous size. No other treatment had been used during those three days.

Thus, we see that stress has multiple origins. It can come from inside or outside the person. But wherever it originates, its significance depends on how we conceive it and how we handle it. In any event, a relationship between stress and illness, I believe, has been solidly made.

**Dr. Michael Kulla, Psychologist
Poughkeepsie Man to Man**

This is an addition to the two-part article I recently wrote on testosterone. It has been well documented that testosterone levels decrease as men get older. Adequate levels of testosterone are important at the very least for the sexual well being of both sexes. Men who have low testosterone due to disease or other nonage related factors have been able to increase (fat-free) body mass and increase muscle size and strength with testosterone supplementation.

Researchers have now begun to study testosterone treatment with older men. One of the first studies done in 1995 showed that testosterone given to 6 men, ages 64 to 69 who had low testosterone levels, caused a "meaningful" increase in skeletal muscle protein synthesis and strength. A more recent study in 2002 examined the effects of boosting testosterone in 10 men ages 60 to 78. The results showed an increase in fat-free mass, improved exercise endurance and better balance.

The scientific literature is full of articles demonstrating that testosterone is necessary for good prostate health and metabolism. Testosterone's relationship to muscle mass is a relatively new finding. The Institute of Medicine, a government-supported nonprofit organization, cautiously acknowledges that "Testosterone therapy may improve strength, sexual function, cognitive function and general well-being" in aging men. Left out of the Institute of Medicine's report is that testosterone therapy also protects against osteoporosis, anemia and heart disease which previous studies have shown. Dr. Bob Leibowitz believes that older men with testosterone values between 600 and 1100 have "almost invariably" felt better and stronger than men with low testosterone levels.

For a more extensive and intensive look at the role of testosterone in older men please refer to my two previous articles on the subject.

**Mike Kulla
Poughkeepsie Man to Man**

Press Release
Re: Consumer Participation on Scientific
Peer Review Panels

For Immediate Release April 9, 2004

SCIENTIFIC PEER REVIEW OF PROSTATE
CANCER RESEARCH PROPOSALS FOR THE
DEPARTMENT OF DEFENSE

Prostate cancer advocates Paul Totta, Jim Kiseda and Dennis O'Hara recently participated in the evaluation of research proposals submitted to the Prostate Cancer Research Program (PCRP) sponsored by the Department of Defense. Paul Totta, Jim Kiseda and Dennis O'Hara were nominated for participation in the program by the American Cancer Society Poughkeepsie NY Man to Man Prostate Cancer Education & Information Support Program. As consumer reviewers, they are full voting members, along with prominent scientists, at meetings to determine how Congress' appropriation of \$85 million will be spent on future prostate cancer research. This funding program is managed by the U.S. Army Medical Research and Materiel Command (USAMRMC) Congressionally Directed Medical Research Programs (CDMRP) at Fort Detrick, Frederick, MD. Since 1997, congressional appropriations for the PCRP have totaled \$565 million.

Paul Totta, Jim Kiseda, Dennis O'Hara and other consumer advocates represented the collective view of prostate cancer survivors and patients, family members, and persons at risk for the disease. The consumer reviewers assessed the research proposals for relevance to issues such as disease prevention, screening, diagnosis, treatment, and quality of life after treatment. Two review sessions will be held during the week of April 18 to 23 Paul Totta, Jim Kiseda and Dennis O'Hara will return home after 3 days of providing comments and voting on the research proposals. Commenting on their roles as consumer reviewers, they said that "this was a very rewarding experience to be able to channel funds where as

survivors we feel the research is most needed."

Consumer advocates and scientists have worked together in this unique partnership to evaluate the scientific merit of prostate cancer research proposals since 1997. This year, 43 consumer reviewers joined 260 scientists in the review process. Colonel Kenneth Bertram, M.D., an oncologist and Director of the CDMRP, expressed his appreciation for the consumer advocates' perspective in the scientific review sessions. "They have provided valuable insight into funding decisions and helped the scientists understand the consumers' perspective of innovative research. Likewise, the consumer advocates have been enriched by learning more about prostate cancer through discussing proposed research with scientists and seeing the future hopes of successful research."

Over 800 research proposals were submitted to the 2004 program cycle. Proposals were received in response to a program announcement that encouraged innovative multidisciplinary prostate cancer research aimed at the elimination of prostate cancer. Proposals were solicited across all disciplines, including the basic, clinical, social, and psychosocial sciences, as well as public health, economics, quality of life, alternative therapies, occupational health, nursing research, and environmental concerns.

Following scientific merit review by consumer advocates and scientists, the proposals then move to programmatic review. Proposals judged scientifically meritorious are evaluated by an advisory council of researchers and consumer advocates to determine their programmatic relevance. This process provides a priority list of prostate cancer research proposals recommended for funding that is submitted to the Fort Detrick Command staff for final approval. The entire review process will be completed by June 30, 2004. More information about the CDMRP is available at the Website of the USAMRMC at <http://cdmrp.army.mil>.

Through this beneficial partnership between the consumer advocacy and scientific communities, the Department of Defense serves as an effective vehicle for responsible progress in the application of science to our national health concerns.

Contacts for Consumer Program information:

Dr. Isabelle Bisceglia, (301) 619-7794
Dr. Merry Ward, (301) 682-5501
<http://cdmrp.army.mil/consumers>

Joke Du Jour

I stumbled into a rehearsal of a symphony orchestra just as the conductor was calling a ten-minute break. One musician put down his stringed instrument and closed his eyes for forty winks. He was the tiredest violinist.

One musician put his sticks on the head of the drum and grabbed a half of a sandwich for a snack. He was the hungriest percussionist.

One musician got up from his keyboard and ran directly into the men's room he was the *pianist!*

Herm London-M2M Poughkeepsie

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

MARK YOUR CALENDERS
Survivors Day Celebration
SUNDAY June 13, 2004- 12-5PM
VBH MEDICAL CENTER
BE READY TO VOLUNTEER TO SET UP TABLES, CHAIRS, REGISTRATION, AND HAVE A GREAT TIME!!
call 877-729-2444 to register to attend.

Meetings and speakers for 2004
May---6 Video from Burbank "Incontinence"
June---3 ((Fred Pescatore, MD., M.P.H., Active Hexose Correlated Compound (AHCC) adjunct therapy cancer, hepatitis & immune enhancer.
July---8 (TBA)
August--5 (TBA)
September--- 2 (TBA)
October----7 (TBA)
Nov,---4 (TBA)
Dec---2 (TBA)

Attention:
We always meet the first THURSDAY OF THE MONTH UNLESS OTHERWISE SPECIFIED
Next meeting Thurs,
May 6, 2004 at 6pm held at
Central Hudson Auditorium Rt 9
in Poughkeepsie--
SXS Joins us For Directions Call
452-2932 press 3 and then 10 to reach
Byllye the local receptionist

The American Cancer Society announces a
M2M Facilitator Training Session
When-May 12th-10am-3pm
Where-The Office of the Aging-Senior Center
180 Rt 6 Mahopac, NY 10541
Lunch will be served, call Jennifer Ringwood at
845-331-8308 XT 39 for details