POUGHKEEPSIE
MAN TO MAN

Prostate Cancer Education & Information Support Program since July 1993

(Entering our 12th yr) **December 2, 2004 Issue 12 (Meetings to date # 152)**

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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 December 2, 2004 in the Central Hudson Electric Company Auditorium-♿, Rt.9, Poughkeepsie, NY. There were 75 in attendance including 7 new M2M members and14 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
December 3, 2004
GUEST SPEAKER:
DR MICHAEL B SCHACHTER
SUMMARY OF TALK

Dr. Schachter is chief of the Schachter Center for Complementary Medicine in Suffern, NY. Phone number is 845-368-4700 and website is www.schachtercenter.com. Dr. Schachter has been involved in complementary medicine for 30 years and combines conventional treatment with holistic techniques. He has treated many patients with cancer and has achieved good results, as will be seen later ,with case history discussions.

Dr. Schachter started out by going over the many handouts he brought. One, in particular, was on the OPMC bill, before the govenor for his signature. This bill guarantees due process for any doctor who thinks he is wrongly accused. It also has the effect of weeding out marginal practitioners and preserving the name of good doctors. We were urged to call the number given and register our opinion.

We then took an informal survey, by show of hands that addressed all the different protocols that our PCa audience used. This is always informative, since the audience was large and has experienced every treatment known to conventional medicine.

The Center's philosophy is that the body has a strong ability to heal itself under the right circum-

stances. Factors in helping this are recognizing; biochemical individuality of the patient; importance of environmental toxicity; nutritional factors; energy medicine; injectable programs; mind-body approaches; and, an overall team approach. These will all be discussed. The Center treats all sorts of intractable health conditions, but here we will concentrate on PCa.

The current PCa. treatment list includes: prostatectomy, brachytherapy, external beam radiation, cryotherapy, HIFU, hormonal therapy, alternative medicine, naturopathic healing, and, watchful waiting.

The value of conventional treatment protocols was explored. PCa is generally a slow growing disease that allows many men to die of other diseases rather than PCa. Diagnosis is more frequent with the advent of PSA and this, in turn, triggers many more DRE's, ultrasounds and biopsies. Even when the clinical evaluation shows no evidence of spread of the disease, during surgery 25 to 50 percent of the time, the disease actually turns out to have spread beyond the prostate.

Does treatment have any value if it is no better than doing nothing? A Swedish study in 1997 showed a 15- year survival rate with/without RP (81%). Another study, which was randomized, showed no difference in survival at 23 years, with or without RP. (Scan.J.Urol-Neph 1995) Three more studies, done in the 1990's, showed no difference in survival, whether the patient had RP, radiation or watchful waiting. This points out the different approach to treatment, between the USA and Europe, where aggressive treatment for PCa is much less common. Many patients now refuse conventional treatment and opt for CAM (Complementary and Alternative Medicine methods). What it all boils down to, is that those with high grade disease may not be helped much with conventional treatment and those with low grade disease may have no survival advantage with conventional treatment. The message, seems to be, that instead of just watchful waiting, one could use aggressive CAM, closely monitoring the disease, while always having the option of turning to a conventional protocol , if one wished.

Alternative therapy assumes the body can heal itself. It places less emphasis on killing cancer cells and more emphasis on preventing the spread of the cancer, while improving quality of life (QOL). In other words, treat PCa as a chronic disease that can be controlled, similar to the way diabetes is managed.

Alternative strategies include: avoiding toxins; eating whole foods, preferably organic; using oral supplements, receiving injectable treatments (Vit C, Amygdalin); detoxification (chelation, colon cleanse etc); exercising; receiving acupuncture; and utilizing mind-body work. The aim is to use non-toxic methods to inhibit cancer cells without damaging normal cells. Also, the body's natural immunity is strengthened. Many events lead to a cascade of steps that result in the development and progression of PC. The trick is to block as many of these steps as possible. Therefore, a good program will use many blockers that often work synergistically.

Very high doses of intravenous (IV) Vit C (25-100 grams) drips is one form of treatment.Treatment lasts 2 to 3 hours and is done from one to five times a week at the beginning and gradually is tapered to once a month for maintenance, sometimes being stopped after a year or two. High dose IV C induces hydrogen peroxide in all cells in the body. While normal cells easily convert this to oxygen and water, cancer cells are deficient in the enzymes that accomplish this and instead breaks down the hydrogen peroxide to a hydroxyl radical, which may then kill the cancer cells. Oral ingestion of Lipoic Acid, Selenium and Vit K lowers the cancer cells threshold and can lead to greater kill. Oral Vitamin C can be helpful, but cannot reach high enough levels to accomplish the task of killing cancer cells in this manner.

Another treatment uses Amygdalin, sometimes called Laetrile or B-17. This can either be used orally or by IV or both. The molecule contains cyanide, which of course is toxic when released, but is harmless when locked in the molecule. Cancer cells possess large quantities of the enzyme necessary to release the cyanide, while normal cells have much smaller amounts of this

enzyme. At the same time, normal cells have other enzymes that detoxify the cyanide, while cancer cells lack this enzyme. The result is that amygdalin will tend to kill cancer cells, while leaving normal cells alone. Amygdalin is found in many food sources, such as the seeds of the prunasin family (apple seeds and apricot kernels), millet and buckwheat.

Next, Dr. Schachter spoke of the work of the late molecular biologist, Mirko Beljanski PhD who did basic research over a 50-year period. Some of his areas of research included : mechanisms of gene activation, cell division, DNA, RNA and destabilization of the DNA Double-Helix. He also developed some products that appear to be capable of killing cancer cells, while not harming normal cells. Some of the handouts discussed the work of Dr. Beljanski.

Dr. Beljanski came up with four substances, available as nutritional supplements, which may be helpful to some cancer patients. They are Pao V FM, Rovol V, Ginkgo V and Real Build. The Pao and Rovol appear to have a killing effect on cancer cell lines. Dr. Aaron Katz (familiar to us all) showed research confirming this. The use of both extracts may have a synergistic effect..

The Ginkgo V, an extract of Ginkgo Biloba, reduces abnormal accumulations of enzymes that break down RNA (ribonucleases). Accumulation of ribonucleases is associated with abnormal scarring that may occur with radiation (fibrosis) and anecdotal clinical reports indicate that Ginkgo V may be useful in reducing damage from radiation. This extract is totally different from other commercially available Ginkgo Biloba products and is not associated with increased blood flow or bleeding.

Real Build promotes normal DNA synthesis and stimulates the production of white blood cells and platelets. It also supports patients undergoing radiation or chemo. These four extracts seem to be a real powerhouse in helping to manage cancer patients. One of the handouts about Dr. Beljanski's work is available on **Dr. Schachter's website: www.schachtercenter.com**.

Dr. Schachter then covered the eight procancer events described by John Boik in his book, "Natural Compounds in Cancer Therapy". They are: 1-gene mutation, 2-gene switching, 3-abnormal signal transduction, 4-abnormal cell communication, 5-new blood vessel formation, 6-invasion into tissues, 7-metastasis, and 8-immune suppression.

In genetic mutations the oncogenes are over-active and the suppressor genes are under active. Mutations may occur as a result of toxic exposure to heavy metals, pesticides or xenoestrogens, as well as radiation exposure. Insufficient protective factors that may play a role include: insufficient Vit A, C, E and Selenium, as well as insufficient exposure to sunlight (Vit D).

In abnormal signal transduction, growth factors (such as IgF1) stimulate cancer cells excessively as certain molecules (such as protein kinases) within the cancer cell transduce the signal to the nucleus of the cancer cell stimulating its growth. Protein kinases may be inhibited by EPA (mainly in fish oil).

Cancer cells break off communication with other cells and act as renegades, causing abnormal cell communication. Some substances, like melatonin and resveratrol, can help to reestablish communication among the cells.

Cancer cells require new blood vessel growth (angiogenesis). Cancer cells promote this. Shark cartilage and copper depletion can inhibit this growth.

Cancer cells secrete enzymes that break down the tissue matrix surrounding the cells, allowing the cancer to proliferate cause invasion of tissues. The tissue matrix may be strengthened by vitamins A, C and curcumin, while boswellic acid and proanthocyanidins can inhibit these enzymes.

Metastasis is a 5-step process. There is cell detachment and entrance into the blood stream, migration through the circulation, docking at a new location, exiting from the bloodstream into tissues, cell growth and new blood vessel growth. Proteolytic enzymes, EPA and Vit E, can inhibit

platelet aggregation, which helps the cancer cells to dock at a new location. The immune system can control cancer through natural killer cells and T cells and other mechanisms. Various natural substances enhance immune functioning. Cancer cells can be killed by apoptosis (programmed cell death) or necrosis (violent cell death). Apoptosis is preferred because the other causes large groups of cells to die, cells to rupture and inflammation, which can make the patient more ill. Apoptosis is gentler and better tolerated.

Next came the subject of PC SPES. All of us are very familiar with its history and demise so I will not spend much time discussing this. PC SPES consists of a mixture of 8 herbs. In many studies and in the field it proved very effective against metastatic PC. Breast enlargement and leg blood clots were the main side effects. The one drawback for many men was the cost which could run at least $500 a month. In 2001 contaminants were found in samples and the product was pulled from the market. Dr. Schachter believes that the contaminants had little to do with either the effectiveness or side effects of the PC SPES and that the herbal mixture did offer benefits to prostate cancer patients. Lawsuits were filed and continue to this day.

Fortunately Kurt Donsbach introduced a new product called PC Plus or Prostasol. It seems to be remarkably effective against PC. At the Cancer Control Society conference in September 2003, Dr. Ben Pfeiffer, of Switzerland, discussed his experiences with Prostasol, which he usually used with curcumin, Avemar and an herbal prostate formula. Dr. Pfeifer had previously used PC SPES with some success and began to use Prostasol with equally good results. He began his lecture with a description of 2 cases.

Case 1

- 70 yr old man first presented in 1999
- PSA=45 + chest tumors on chest x-ray
- Hormone blockade effective 12 months, but failed after that time; His PSA=999 in Sept 2001
- Bone mets
- Started Prostasol, Curcumin, Avemar 9/01
- All bone lesions and 80% of lung lesions cleared
- PSA<0.1 in 7/02
- As of 8/03 PSA undetectable and patient normal

Case 2

- 59 yr old man-2yr after RP-PSA=17.4
- Enlarged lymph nodes, blocked kidney, large lung mass
- Placed on above protocol
- Reduction of lymph size and lung lesion; PSA=2
- Over 1 yr period lung mass disappeared

Dr. Pfeiffer's Protocol included;

Prostasol—4 to 6 capsules daily with reduced dosage as improvement and stabilization occurred

Curcumin—900 mg 3x daily with 5 mg of Biopterin for absorption

Avemar Powder—9 gms daily

Using in vitro laboratory studies, Pfeiffer showed that Prostasol inhibits PC growth in a dose-dependent way, down regulates PSA and receptor activity, and sensitizes PC to heat and radiation.

Dr. Pfeiffer decided to seek approval to do a study on the effectiveness of Prostasol on advanced hormone refractory pc patients. A laboratory analysis of the product, done for government approval, showed zero contamination of any kind. The conclusion was that it could be used for studies and trials. The study, by Pfeiffer, was submitted for publication in June 2003. It involved 84 patients. PSA declined >50% in 2/3 of the patients and QOL improved in 2/3 of patients. Reduction of tumor related pain occurred in 28 of 42 patients reporting pain. Side effects were breast tenderness in 45 patients, dyspepsia in 9 and no clots whatsoever. Biopsies after 8 weeks of treatment showed apoptosis. Hormone blockade takes 6 to 8 months to show this. Three years of experience with 1250 patients show the same results as the short study.

Dr. Schachter Case Histories:

Case 1-PR: Dramatic Response to Prostasol after Failure of Alternative Rxs

57 yr old-Dx PC in 1/01; Gleason 9

PC SPES, Haelan, MGN3 for 1 month at another facility

Physically extremely active

PSA 2.3 on 2/01

PSA 30 on 11/02 tried many alternative modalities

On 4/03 on Careseng, PSA rose from 60 to 100
On 11/03 PSA 140
In 12/03,possible bone lesion was found on MRI
In 2/04 PSA 256 and rose to 711 by 6/04
On 6/04 started Prostasol, Avemar, Curcumin, some Haelan 951
On 7/04 PSA down to 11.8 in one month (from 711)
On 8/04 PSA down to 0.4
Decided to have HIFU recently
Follow up studies to be done soon

HIGH INTENSITY FOCUSED ULTRASOUND (HIFU): A New Treatment for Localized PCa

Some of the attributes are: few side effects, sonographically guided, short recovery, computer assisted, used worldwide and minimally invasive, but not FDA approved for use in USA, volume of prostate must be under 60 CC. European studies show PSA reduced below 1 in 88% of patients within 1 year of treatment. Lower incidence of erectile dysfunction and incontinence than with other techniques.

3D COLOR DOPPLER

Dr. Bard was unable to come and make his presentation on this subject but Dr Schachter, who feels this diagnostic technique is useful for helping to diagnose PC and evaluate responses to PC treatments, spoke briefly of this. Pluses are: noninvasive, risk free, no radiation, less than 60 minutes, no dyes.

DR. SCHACHTER'S ADDITIONAL CASES

Case 2-EB: 8-Year Follow-up with No Conventional Rx
62 YR old—biopsy 4/97—Gleason 5
Decided on own alternative protocol
Dr S started him on Amygdalin, Q10 and bovine cartilage
PSA=1, Urologist says he is fine-has 6 month checkups
On 5/03 PSA=1.2
Doing well after 8 yrs

Case 3-RH-2-Year Follow-up with No Conventional Rx
70 year old
12/02 Gleason 6, healthy
Already on many supplements
Started IV infusions, Amygdalin, Q10, Enzymes, Cod Liver Oil, MSM
Added many other supplements
PSA fluctuates around PSA 5
11/04 still doing well
No conventional treatment

Case 4-DH-No Radiation After PSA rises following RP
Age 48, RP on 10/99, PSA 5.5, Gleason 6
PSA rose to o.4 in 5/02
12/02 started IV drips plus many supplements
Decided against radiation suggested by urologist
1/04 PSA 0.29
Feels well continues program

Case 5-HB-Failure with Conventional Treatment
Age 76
PSA=9.7, Gleason 7 with invasion, on 11/99
Prostate huge-119CC
On 11/99 Started Lupron—PSA less than 1 in 2/00
Lupron stopped—PSA to 7 in 6/00
Again started hormone blockade—did not want only ALT. Prog.
In 2001 had external beam radiation and radiation seed implants
By 3/02 PSA rising, bone scan pos.
Would not stay on Dr S recommendations
11/02 PSA=0.96
On 4/03 PSA=265
Died 11/03—4 yrs after diagnosis

Case 6-LK: PSA > 40, No Biopsy, Response to Prostasol
Age 59—PSA 14-1999
No biopsy
Started Larry Clapp program
Started with Dr S
5/02 PSA=24; 4/03 PSA=30; 1/04 PSA 44; 3/04 PSA 43
5/04 Dr Bard spotted probable PC with 3D Doppler
Started Prostasol 5/04
11/04 PSA=3 but was down to 1.36 before he skipped doses
Will continue program

Case 7-EL: Elevated PSA 9 Years-Then Gleason 9; 14-Year Follow-up

Age 66 4/90; Elevated PSA in the teens
Didn't want biopsy, but PCa presumed
Drips and supplements
Biopsy in 1999: Gleason 9
Began CHB:PSA<1
2/03 PSA still below 1
Off CHB in 18 mos PSA rose to 5.7
Restarted Zoladex
As of 11/30/04 doing well 14 yrs after inferred PC

Case 8-RM; Decision to do RP, 7 years after original positive biopsy

Age 54, 10/97 Gleason 5; Alternative therapies started
3/02 PSA rising to 6.8
2003 started Careseng: PSA=10
4/04 Dr Lee biopsies-Gleason 7
Dr Lee recommends RP
Done at NYU
Pathology after RP good
Continues supplement program/feels well

Case 9-KM: 5-Year Failure of Alternatives with Response to Prostasol

Age 62
Saw Dr S 10/04
Diagnosed in 1999:Gleason 7
Used Larry Clapp,photo- luminescence, ozone therapy, removal of mercury teeth fill ings, hyperthermia over 5 year period
9/03 to 6/04 bladder involved, seminal vesicles, lymph nodes, kidney pressure
Started Prostasol, Haelan, Avemar, Super Curcumin in 10/04
PSA dropped 400 to 384 after one week and to 47 on 11/04
PAP continued to drop from 8/04 to 11/04
11/23 visited Dr S—using catheter since 9/02-looks good—added supplements
Will continue to monitor

Case 10-TD; Alternative Rx with Intermittent CHB: 17-Year Follow-up

Age, 68 4/96
Diagnosed with PC 1987
Refused RP or Radiation
Went on macrobiotics and glandulars
1991 cancer spread to seminals and bladder
Started on Lupron and remained intermittently till PSA goes to 58
Started C drips 1996
Started UVB 1997
PC SPES 1997-2002
PSA range 1996-2002: 1.48 to 58
PSA 13 in 11/96
PSA bounces all over but down to 11 on 9/04
Still alive 17 years after diagnosis with minimal conventional therapy

The final message is that PC patients can often get long-term survival with little or no conventional treatment. Various alternative treatments appear beneficial and the PC SPES-like herbal formulas should be revisited. Radiation may be harmful in the long run since there is no data to make a conclusion now. Careful monitoring must be done using the various imaging techniques now available and the blood markers.

Jim Kiseda, Poughkeepsie M2M

Newcomers & PCa. 101

1) He is 68 years old. His PSA is 11.1 with a GG of 4+3=7. He was diagnosed last month. He is taking Lupron only. Triple hormone therapy and intermittent hormone therapy were discussed by several of our members as a viable option.

2) He is 68 years old. He underwent a RP in Oct. 2002. His GG was 7. Following RP his PSA was 0.1. Two months later it rose to 0.7. He underwent external beam radiation. His PSA now 0.13 His doctor has recommended hormone treatment which was discussed.

3) He is 63 years old. He underwent a RP in 1997. His PSA at that time was 12. Seven years later he had recurring PCa with a rising PSA. At that time he underwent external beam radiation. He Is here for more information.

4) His age is unknown. His PSA is 4.8 with a GG of 7. His Doctor recommends seed implants. He is very concerned if this is what he really

wants. Additionally, his doctor has recommended hormone treatment and IMRT. He knows little about PCa and is here for more information.

5) He is 70 years old. He was diagnosed with PCa in August 2004. He has no knowledge of anything regarding PCa. He goes to a local VA hospital for treatment. The importance of obtaining all his records and test results was discussed along with a second opinion option. It was not quite clear what mode of treatment he has decided on. He is practicing watchful waiting.

Herb Ilker-PCa 101 M2M Poughkeepsie

ONE TREATMENT FITS ALL!?

In searching for literature on the treatment of prostatitis I came across an article written 4 years ago which is as relevant today as it was then. The article was written by a prominent contributor to the field of prostate cancer, Dr. Ron Wheeler, and it appeared in the PAACT Communicator Newsletter

Wheeler observed that in 1997 there were a record number of radical prostatectomies performed in America, with many offered only this treatment option. By implication, surgery should work effectively for all men. But, depending on who you talk to the success rate varies form 60 to 90% and then there is the potential for side effects. In spite of all this "many physicians continue to claim success even in the face of a rising PSA postoperatively," says Wheeler. Of course, a rising PSA following a particular procedure translates into a failure to properly select the right treatment.

Several years ago, Arnold Palmer, the famous golfer, had a radical prostatectomy at Mayo Clinic, only to be followed by salvage radiation therapy. Wheeler cuts to the chase: "This case demonstrates that our abilities to make proper judgments of who will be the best candidates for any treatment course are seriously flawed !"

Wheeler doesn't let up as he refers to the "dogma or arrogance" relating to the treatment decision process and the tendency of the physician to be "judge and jury" for what is best for the patient. "If we can't get it right at a premier institution of urologic excellence and care, attended by arguably the world's most brilliant minds and surgeons," he asks, "what then can we expect from other venues of prostate disease treatment around the country?" The author concludes, wielding a velvet-covered stick, that "maybe it's time to rethink" how we handle prostate cancer!

It is Wheeler's expressed opinion that "most men are pressured, intimidated, or even frightened" into what ultimately turns out to be the wrong choice or unnecessary mistake. While we can all make mistakes, doctors included, what is wrong with choosing the most conservative option first, he asks, where no bridges are burned and minimal side effects present themself.

The Journal of the American Medical Association published a study in 2000 where over 500 urologists were asked what they would do about a 65 year old with organ-confined prostate cancer with a Gleason score of 7. Ninety percent of the urologists recommended surgery. Then, 500 radiation oncologists where presented with the same case. The majority (He didn't give the figures.) went for external beam radiation and/or seeds! What's wrong with this, he asks? Why the rush to judgment? Wheeler continues to wonder: "As professionals, we certainly must have learned something from the travails of our patients."

I would ask that if the doctor was the patient, would he follow the 'party line' of his discipline when it came to deciding on a treatment? I do not know the answer but I suspect he would. This is not meant to be an indictment of the medical profession. Surely, there are many dedicated and empathetic professionals who are working under stressful conditions.

The landscape seems a little brighter than 4 years ago. Patient-sensitive doctors are making their mark, men like Lee, Strum, Myers Leibowitz

and Wheeler, to name a few. We, the cancer recipients, are becoming better educated and less accepting of dogma where one or two approaches fit all cases. Knowledge begets empowerment and a more positive direction. But we still have a long journey ahead.

Michael Kulla, Poughkeepsie M2M

PSYCHOLOGY OF CANCER IX
Coping and Personality Types

This is a continuation of the previous article on coping with cancer based on one's personality dynamics. The Well-Adjusted and Dependent person were the focus of the previous paper. This article will describe the coping methods of the Self-Defeating, Isolated and Control-Oriented personalities. No individual is a pure personality type, although one or more patterns may be dominant. Actually, a combination of personality characteristics are usually present. The following descriptions are strongly influenced by parental relationships during childhood.

The Control-Oriented or Rigid Type. The concept of rigidity stems from the tendency to hold oneself stiff -- with pride. Their head is held fairly high and the backbone straight. These might be positive traits but for the fact that the pride is defensive, the rigidity unyielding. The Rigid person is afraid to give in, equating this with submission, being used, trapped or looking foolish. Such people hold back from reaching out to being open. They can be stubborn but rarely spiteful.

Individuals with this character did not experience the severe traumas as some other personality designations. Underlying issues are fear of being swept away by deep currents of life, broken heart and falling on his/her face. Intimacy problem is not fully opening the heart in connection with sexuality.

Cancer threatens the self-control explicit in this psychological structure. They tend to become "rigid" in response to disease by seeking information about their condition from M.D.s, the Internet, libraries, etc. They respond best to detailed information and careful, methodical instructions. They like to participate in and have control, to the extent possible, in their care. Such individuals can be focused, goal-oriented, responsible and dependable and they follow their treatment regimen conscientiously.

Therapy issues: Expression of deep feelings from the heart in concurrence with sexuality; body/emotions need to soften, address issues from both parents around polarity of rigidity (defiance) to vulnerability to a middle ground, permitting one to be strong yet soft. Also work toward being able to love and still say "no."

The Self-Defeating or Masochistic personality. Masochism is identified by the public as a wish to suffer. He/she does suffer. But I do not think there is a deliberate wish to. The person often unconsciously creates situations that lead to failure. The Masochist complains or whines but remains submissive. The basic conflict is independence Vs closeness. If independent and free, he/she wont be loved. If opened to closeness, he/she will be smothered. This is expressed in the need to please (the parent) but with underlying spite. The Masochist is stuck in a morass.

As to cancer, they tend to see it as a deserved punishment and assume that the disease will win out no matter what they do. Beneath their self-effacement is anger.The therapy issues are to help the person experience and express negativity (stubbornness and spite) and work on issues of disengagement and contact, support the right to pleasure and deal with the notion that nothing they do is right; therefor nothing the therapist does is right.

The Isolated or Schizoid personality avoids intimacy and is removed or detached from contact. Sometimes people with these traits are reclusive and remote. Their self is diminished and their

contact and feelings are greatly reduced. The core developmental issue is the right to exist. Parental response is deep negativity. The history reveals a lack of any strong positive feeling of security or joy. Night terrors are common in childhood.

Cancer by its nature is intrusive. The Isolated person fears intrusion. To avoid this threat they may minimize or deny the seriousness of their illness or the may just opt to remain on the sidelines to avoid being intruded upon. Such people need reassurance that their privacy and integrity will be respected over the coarse of cancer treatment.

The Isolated person often doesn't come to therapy. Any feeling or show of aliveness brings underlying terror. As such they need to be helped to take in basic supports to feel the right to exist and make contact. Such people need to be supported over time to experience terror--murderous polarities while softening and connecting these inner splits.

The next Psychology of Cancer paper will continue where this one left off.

Dr. Michael Kulla, Psychologist,
Poughkeepsie M2M

Doug Menelly, son of the late Mario Menelly
Guest Speaker January 6, 2004
"Take Control of Your Destiny"

His presentation will focus on the late Mario Menelly's diagnosis, treatment options, his decisions for treatment, and how he literally took control of his destiny by researching, learning, and getting involved, all of which many men don't take the time to do. Frequently, men blindly listen to what their doctors advise and don't ask questions or investigate anything on their own. The end of the presentation includes some photos from the Prostate Cancer Mountain Climbs he did in Argentina and Africa to promote prostate cancer awareness.

Douglas Menelly is a 29-year old man, living in NYC, working in professional insurance. He has an entrepreneurial background focused on technology and software. He enjoys outdoor activities like hiking, golf, international travel, and mountain climbing around the world. He dedicates a significant amount of his free time to charity events, and educating and increasing Prostate Cancer awareness in his father's name. He values the relationship with his family, and plans to write a book about his father' prostate cancer experiences, including his father's daily journal entries from the first day of his diagnosis.

PCRI announces conference in
Washington for 2005
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

Joke Du Jour

I am really getting annoyed by these rain storms, thunderstorms, and hurricanes that cause electrical outages. The other night I had this attractive young lady up to my apartment and we were hugging and kissing and smooching. Just when we were just about to get down to some serious love-making the lights flickered and started to dim. My gal looked at me and said "honey, I think you're losing power!"

Herm London-M2M Poughkeepsie

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.

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 2005

Jan, 6- Doug Menelly, son of the late Mario Menelly will speak on:
"Take Control of Your Destiny"
Feb, 3- Dr. Bob Sullivan:-Good & bad diet oils
March, 3-TBA
April, 7-Change of meeting place to Vassar Bros Hospital
May, 5-TBA
June, 2-TBA
July, 7-TBA
August, 4-TBA
September, 1, TBA
October, 6-TBA
November, 3-TBA
December, 1-TBA

Attention ! Attention !

Change of Meeting Place April 7, 05

April---7 Meeting to be held at Vassar Brothers Medical Center, in the Joseph Tower Building Auditorium at 6: 30 p.m. Program to be announced. **Stay tuned**

Sons & Daughters Night

Special Notice: Man to Man & Side by Side Poughkeepsie Meets at 6:30PM in the Central Hudson Auditorium Doug Menelly son of the late Mario Menelly Guest Speaker January 6, 2005
"Take Control of Your Destiny"

Bring along your sons to this meeting and your daughters, too. Let them know how important it is for them to be aware of PCa. Remember our sons have a greater than 50% chance of being diagnosed with PCa because of our history with the disease. Ladies, our daughters should be made aware of how there is a correlation to Breast Cancer because their Dad has PCa.

Doug Menelly will inform us how he and his brother have taken steps to:**"Take Control of Your Destiny"**

Mario Menelly, was diagnosed with PCa at age 43, with a PSA of 100 a Gleason Grad of 9. He became a very big advocate for PCa. He passed away June 18, 2004 at the age of 51.

Please, do not miss this meeting.
This will be a very inspirational NonTechnical Meeting.

More Information on GCP

Source: University Of California, Davis - Medical Center
Date: June 4, 2001

Soy Extract Reduces Prostate Cancer Growth In Mice, Cell Culture, UC Davis

(SACRAMENTO, Calif.) — Studies performed by researchers at the UC Davis Cancer Center showed that genistein, a chemical found in soy, slowed prostate cancer growth in mice and caused prostate cancer cells to die. Ralph deVere White, director of the UC Davis Cancer Center and chair of the Department of Urology at the UC Davis Medical Center, presented the

results of these studies at the annual meeting of the American Urological Association in Anaheim on June 2-7.

Genistein is one of two compounds in soy that belong to a family of chemicals known as isoflavones. Isoflavones are phytoestrogens, plant-based chemicals that mimic the effects of estrogen in the body. Researchers theorize that the prevalence of soy in Asian diets may be one reason why men in Asia have a lower rate of prostate cancer than men in the United States.

For the UC Davis study, scientists tested a commercially made extract of genistein on mice bred to develop prostate cancer and on metastatic prostate cancer cell lines.

In mice, genistein reduced prostate cancer tumor growth. In tissue culture, genistein increased the production of p21, a gene that regulates cell growth, and it reduced the production of vascular endothelial growth factor (VEGF), a protein that helps cancer grow. These factors caused cancer cells to die, a process known as apoptosis.

"We've identified the mechanisms by which genistein may work in prostate cancer, and it's consistent with other studies of soy," said deVere White. "While we are encouraged by these results, we need to test genistein in patients with prostate cancer to be certain of its effectiveness."

UC Davis researchers are now evaluating the effects of genistein in men who have been diagnosed with slow-growing prostate cancer. The cancer center will ultimately enroll 70 men in the pilot study to see if genistein lowers levels of prostate specific antigen (PSA), a tumor marker for prostate cancer.

Men who have chosen not to receive treatment for prostate cancer or who have undergone treatment and whose PSA levels are rising slowly are eligible to participate in the trial. Volunteers, depending on their body weight, will take up to five grams of genistein daily for six months. Results will be known in a year.

It is unlikely genistein would become a stand-alone treatment for prostate cancer, said deVere White. "But we hope it could be used in conjunction with conventional therapy or as a preventive drug, if it indeed lowers PSA."

This story has been adapted from a news release issued by University Of California, Davis Medical Center.

Submitted by Danny Jakobs M2M Florida

F.Y.I.

"The best thing I ever got out of a Man to Man meeting was an attitude."

Today's health care has become something to consume. I asked a prominent doctor recently what the biggest change in his business was, thinking he would say managed care. He didn't. He said, "The biggest change in my business is today people come to me with the information.

They check out their symptoms. They check out possible diseases. They do the research. And then they come to me and talk to me about it."

Get an attitude. Get educated.
Regularly attend the
M2M meetings.
Submitted by Herm London

We would like to wish you all a very Happy holiday season and of course a Happy and especially Healthy New Year. This **July 2005 M2M and SXS** will be in existence **12 years (YIKES)** What a journey we all have been on. Without your continued attendance and support at our meetings newly diagnosed men and their families would not have received the necessary information to make an informed educated deci-

sion how to best treat or not treat their PCa. Keep up the great work!!!!!!! God Bless.

A special thanks to all the staff who help us out at the meetings, you know who you are and especially to **Lynne Beach** and the staff at **ACS Syracuse**, Lynne does the newsletter for us. To **Jen Ringwood** patient services person ACS Kingston (good luck Jen with the new baby and parenthood) and to ACS Eastern Division, for their continued Invaluable support these 12 yrs.

There are too many of you for the facilitators to send cards to so heres a card to you all!

MERRY CHRISTMAS
HAPPY HANUKKAH
HAPPY KWANZAA
HAPPY NEW YEAR
Yikes it will be 2005

Dennis & Jackie O'Hara
Paul & MaryAnn Totta
Jim & Virgina Kiseda
Mike Kulla

Volunteer drivers are always needed by the American Cancer Society to transport patients for treatment. This is a good cause. As little as an hour a week will make a huge difference in someone"s life. Contact our local ACS office at **452-2932** press #3 and then #10 mention M2M. Side by Sider's are welcome to volunteer.

Save the Date

Our Annual
Survivors Day Event
Sunday June 12, 2005
12 to 4PM Vassar Bros. Hospital
Speakers, free food, games for the kids, raffles entertainment
STAY TUNED