POUGHKEEPSIE

MAN TO MAN

Prostate Cancer Education & Information Support Program since July 1993

Issue 12 December 4, 2003 (Meetings to date # 140)

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Man to Man (M2M) is an educational, not for profit, prostate cancer support program of the American Cancer Society. It does not dispense medical advice. 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 December 4, 2003 in the Central Hudson Electric Company Auditorium-♿, Rt.9, Poughkeepsie, NY. There were 64 in attendance including new 2 M2M members and 15 SXS. 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 www.geocities.com/charl1ep/Cancer/ or http://www.boodrow.com

PROGRAM

M2M Dec. 4, 2003 Meeting

A video of Dr. SNUFFY MYERS LECTURE at the PROSTATE CANCER SYMPOSIUM BURBANK, CA-SEPT 2003

Dr. Myers lecture covered the gamut of detection, grading, local treatments, spreading and immune boosting.

Of course PSA is the first number that is looked at and the doubling time is very important. Short doubling times of a year or less can quickly accelerate the PSA to high levels and this is associated with tumor growth. PSA's of ten or greater are looked at as being more aggressive; this has to be confirmed by biopsy. There is a small subset of men who have PSAs of 4 or less who do have aggressive PCa.

The Gleason score, which has a scale of one to ten, is used to grade the PCa. A number is assigned to the most aggressive cells seen on the pathology slides and a second number is assigned to the next most aggressive cells. The two numbers are added to give the final Gleason Grade. Dr. Myers considered a 6 or less to be favorable and 8 to 10 to be quite aggressive, with a 7 in between. Of course, some of the 6's can be

aggressive and have large vascular supplies that feed the PCa. fortunately, these can actually be seen through the use of 3D Color Doppler Ultrasound which was shown on tape with 3 patients getting the actual procedure and the pictures shown to the audience in real time. (A previous meeting).

In order to set a treatment program, the PCa must be shown to be localized or systemic. Spreading occurs first to the lymph nodes. The old method of determining this had only a 15% effective rate. The new method of Advanced Prostascint Scan has an 80% true positive rate. The new method, as opposed to the old, uses a CAT or MRI scan overlay on the Prostascint scan to give a remarkable picture. Briefly, the Prostascint Scan uses a mono-clonal anti-body that is injected intra-venously and only attaches to cancer cells. The anti-body has attached to it a radioactive isotope. After the injection, the patient waits 5 days for all the major organs to clear excess anti-bodies. A radioactive scanner then looks at the whole body and shows the cancer spots as glowing. When this is then overlaid with a CAT scan of the body you have a true geographic picture of cancer cells and where they are. For systemic disease other than lymph nodes, MRI's and bone scans are still used.

Dr. Myers next outlined the method of how PC spreads to other parts of the body. The first spreading starts at the adjacent lymph nodes that are just outside the prostate. The cancer then proceeds up the lymph node chain and over the back of the left shoulder to the front of the shoulder where it enters the venous system. The cells, which are much larger than blood cells, are pumped into the lungs which are hostile to their growth. They get stuck because of their size so they lay dormant and can be there for years. Some eventually get broken into smaller particles and get released to flow into the heart and dump into the aortic system, where they can now be dispensed throughout the body and lodge in other organs. Lodging in the liver is possible but again, this is a hostile area for growth, and dormancy exists. The most fertile area is in the bones and this is generally the end of the line for spread. The dormancy condition can possibly explain why a person in remission can relapse years later.

The main local treatments are surgery and radiation. But, even these do not offer sure cures. He explained the failure rate of surgery by going over the results published by Dr. Patrick Walsh, one of the premier PCa surgeons in the world. Dr. Walsh picked patients as the best candidates who had PSA's of less than 10, with low Gleason scores, an age less than 70 years old and in good health. The data show that at 5 years 20% of the men relapsed; at 10 years the relapse rate was 40%. So, it is evident that even with the best screening, PCa that seems to be localized is really systemic and those cells that have escaped detection were either dormant or were active and not found. To date, radiation therapy shows the same results on outcome as surgery. Long term seed implant data has to be confirmed yet.

Hormone blockade is a therapy that can be used adjuvant with surgery or radiation. The great fear by many, that you cant stay on hormone treatment because you eventually will go refractory (become immune). Studies were quoted by Dr. Myers that showed this is true only for a small subset of men and that most could go for a long time without going refractory. This is valuable, because studies now show that men who go through surgery and start early hormone blockade afterward, have much lower remission rates than those who wait for symptoms to show and then start blockade. In addition, the seed implant data of Dr. Dattoli and others have shown good results with a combination of radiation and hormone blockade. But, better still, Dr. Myers posed the question of "Why not use hormone blockade as a primary treatment"?

Dr. Leibowitz, speaking at the same conference, has presented striking data that shows this is a viable primary treatment for those wanting to

avoid surgery or radiation. Better yet, you don't have to stay on hormone blockade in perpetuity but can go on an intermittent protocol that allows you to have off periods to recover from side effects and to prolong cell dormancy by taking Proscar in the off time.

There are randomized studies that show anti-oxidants can be valuable in preventing PCa. But, you say, I already have PCa , what good is that. Well, (and these are my words but it was implied by Dr Myers even though not stated) think of being treated and then being in remission. This is like starting over and trying to avoid getting cancer. So, any data that shows cancer prevention is applicable to a man who has PCa but is now in remission. The randomized trials of thousands of men followed for years, showed that those who took vitamin E and Selenium had 40% less PCa than those who did not take the vitamins. Therefore, it is very apparent that a persons diet, with the attendant vitamins, is very important in fighting this disease. At the same conference, Dr. Heber has a presentation on this very subject and we will be showing the DVD to the group at a future meeting. Dr. Myers mentioned a study on Lycopene (a carotenoid found in tomatoes). A group of men scheduled for surgery were given Lycopene for 6 weeks prior. After surgery, the prostates of all the men were sectioned and studied. The Lycopene group had a high cancer cell death rate. Apparently, this is an area for much study.

In conclusion, Dr Myers, in one hour, summarized what every man should be looking for in his initial diagnosis and gave a guideline of what happens next. Of course, each of these areas he mentioned, can be expanded in detail but I think we all agree that this was a fine lecture that received many good comments from the audience.

Jim Kiseda Poughkeepsie M2M

Newcomers & PCa. 101

1) He is 70 years old. He was diagnosed in October of this year with a PSA of 4.8 & GG 3+3=6. He is here for more information. His doctor (urologist) has recommended RP . Several more options were discussed with him including hormone treatment and its side effects.

2) He is 78 years old. He was diagnosed last year with a PSA of 7 & a GG 4+3 =7. He is presently on CHT. His PSA is 0.7

Herb Ilker PCA 101
Poughkeepsie M2M

Newsletters On A CD

My name is Nelson Boudreaux. I was diagnosed with prostate cancer in July, 2000. The treatment was started in September and completed in November. My PSA was 8.6 ng/ml and my Gleason was 7. My treatment was ProstRcision.

I started a prostate cancer web site several months after my treatment. The web site has grown with many valuable articles and newsletters. I have four prostate cancer groups that allow me to publish their valuable monthly newsletters. The groups are Baton Rouge, LA -Poughkeepsie, NY - Kingston, NY - and Sarasota, FL.

I created a "Prostate Cancer" CD which contains all the material on the web site plus all the newsletters from the prostate cancer groups. The CD offers several advantages over viewing the Prostate Cancer web site.

1. It is much faster than viewing on a dial up server.
2. It offers all the newsletters from the Prostate Cancer Groups that are available.
3. It is easier to view from the CD ROM than from the Internet.

I sell the CD for $5.00.To order a CD please send

$5.00 along with your name and address to the following:

Nelson Boudreaux
Baton Rouge M2M
12206 Chester Drive
Baton Rouge, LA 70810

Please write me at nel@boodrow.com if you have any questions.

CANCER TREATMENT

If and when I ever need further treatment for Prostate Cancer, I will be looking at the philosophy of containment and control, though advancing technology can cause me to modify my thinking at any time in the future. This thinking is based on that fact that once most cancer is metastatic, there are few cancers that are curable. Prostate Cancer is certainly one that isn't curable once metastatic. At the same time, hormonal treatment with life expectancy still over 20 years, allows sufficient time to become refractive. I would, therefore, be looking at anti-angiogenesis. Bob Leibowitz is not afraid to push back the envelope for leading edge treatments. He wrote the short white paper shown at the following web site.

http://www.prostatepointers.org/prostate/leibowitz/2002/cocktail.html

Leibowitz is currently treating refractive patients with a combination of Thalidomide, Cox-2 Inhibitor (Celebrex), Proscar, warfarin, Zomita (or Aridia), Counadin, Curcumin and some other "ingredients". These ingredients are selected, for the most part, based on their anti-angiogenesis properties (that is their ability to cut of the blood supply to the cancer cell).

He is over simplifying the process in his paper, but I believe this provides a basic treatment protocol that can be modified depending on the specific case to which it is being applied. For instance, a combination of Proscar and Curcumin may be implemented for someone with a relatively inactive Prostate Cancer, but the full "cocktail" may be applied in the case of a high risk patient. Each of the ingredients would require careful study before being included, based on each individual's situation. This white paper provides no insight in to how that might be approached, but it is certainly plowing ground not covered by the general medical community.

There is also a problem in my mind with Proscar, since it is one of the drugs than may cause mutation of cancer cells. At least that is implicit in statements made by Dr. Eric Small at UCSF. This is a good example of not taking Dr. Leibowitz's paper too literally, but rather as a starting point for a possible basis for individualized treatment for many metastatic cancers.

Jerry Hill
Atascadero, CA

POTPOURRI

VACCINE

Scientists have developed a prostate cancer vaccine that could be available within two years. Patients are injected with cancer cells that spur their immune systems to fight the disease. It acts the same as a vaccination which stimulates the body to recognize harmful cells and attack them.

British scientists have demonstrated that the vaccine works in a large percentage of patients. Trials are already in advanced stage.

REDUCE BIOPSIES WITH SCORING SYSTEM

A scoring system, developed by doctors in Oregon, could eliminate 25%of biopsies. Only 1 in 4 of men referred for diagnosis have cancer. Many unnecessary biopsies are done on benign conditions. About half of biopsies are triggered by rectal exam and the rest by PSA.

A nomogram is made of four categories: the texture of the prostate and it's size: the appearance on an ultrasound: a ratio of PSA to the density of the prostate: and the man's age, since older men are at more risk. The more points a man gets, the higher his odds of cancer.

Dr. Garzotto and his team tested 1237 men who had undergone a biopsy and identified correctly 95 percent of those with cancer. This rate is as good as the available tools now in use. Refinements are being made to even improve those scores.

A report of the findings appears in the October issue of Cancer.

CANCER DRUG

Procyon Biopharma Inc. has received positive interim results for PCK3145, a potential treatment for hormone-refractory prostate cancer, a condition for which there is currently no effective therapy. The drug is in Phase 2 clinical trial. No drug related effects have been seen. A reduction in PSA and tumor markers was noted. Phase 3 trials, with a larger population and blinding, is in the offing.

NEW DIAGNOSIS METHOD

Scientists at Northwestern University have developed an ultra-sensitive technology to detect PSA at extremely low levels. This protein detection method could be used to monitor patients following surgery, when a movement in PSA could be seen way before other methods.

The method is a million times more sensitive than conventional methods. Results are published in the Sept. 26 issue of the Journal of Science.

The system involves using magnetic and gold nanoparticles that attach to the protein target, PSA. DNA is trapped in a sandwich which can be removed and stripped down to just the DNA in a strip which can be read like a bar code using standard DNA detection methodology. This allowed reading of 20 PSA molecules in a 10 microliter sample, an illustration of extreme sensitivity. Thus, instead of detecting PSA directly DNA is detected.

PROSTATE CANCER TEST

Diagnocure Inc. will start selling its test to detect a gene specific to prostate cancer. The company is in a deal making phase with testing labs and the FDA and expects completion within 2 months. At that time trials could then be started. The test, which is based on urine, is expected to be more specific than tests now in use.

Jim Kiseda M2M Poughkeepsie

Reported by Susan Aldridge, Ph.D., medical journalist

Certain variants in a detoxifying gene are more common in men with prostate cancer. Researchers at Wake Forest University and Johns Hopkins University have been looking at variants in a gene called CYPIBI in men with and without prostate cancer. CYPIBI has a dual role in the body - it detoxifies cancer-causing chemicals, but it may also activate hormones and make them into cancer causing agents.

In this study, the scientists surveyed 13 different variants of CYPIBI. They found that one cluster of variants was more common among men who had prostate cancer, with no family history of the disease. This suggests that these men might be more prone to the damage caused by carcinogenic chemicals. Meanwhile, another combination of CYPIBI variants was more common among men who did not have prostate cancer and could be indicative of protection against the disease. This information may help doctors identify those men who are at high risk of the disease so they can be advised on ways of preventing its development.

Source: British Journal of Cancer 14th October 2003
Submitted by Danny Jacobs M2M Florida

Dr. Lee and Color Doppler

Regarding Dr. Lee and his Color Doppler Ultrasound procedure: Many of us have wanted a side by side comparison between the color and the gray scale images. Well to put that issue to rest, go to the web site for PCRI at www.prostate-cancer.org . On the second line at the top of their home page, click on "PCRI Insights". This will provide a menu of all previous Insight Newsletters which can be accessed.

Note that they will appear as ADOBE files, and that program can be downloaded without charge if you do not already have it on your computer. Select November 2002 for an article on Doppler Color, and the comparison picture is on page 7. You may wish to browse through some of the other articles and issues of the Newsletters since they are all very good. This is a scientificly based Newsletter that provides timely reports on the latest procedures for diagnosing and treating prostate cancer.

A few of us joined over 250 other people at a Lancaster, PA. Support Group on September 9th. to hear Dr. Sodee present his findings on using CT or MRI and ProstaScint Merged Images. This technique converts a test from being very difficult to interpret, with questionable validity, to becoming a very viable and effective diagnostic tool. The CT or MRI scans provide the anatomy details and the ProstaScint scan indicates just where the cancer cells are located within the displayed anatomy. That August 2003 issue is also available, and it contains an excellent overview of many treatment options along with advantages and disadvantages of each therapy.

Submitted by Bob Carter M2M, N.J.

LUTEIN: THE CAROTENOID WORTH LOOKING AT

Submitted by Greg Arnold, October 22, 2003, Abstracted from "FloraGlo Lutein" in Total Health Magazine, July 2003 issue, Volume 5 Number 3.

When talking about the role of nutrition in the prevention of disease, one cannot forget to include carotenoids in the conversation. Carotenoids are a class of natural fat-soluble pigments that play a critical role in photosynthesis. Hence, they are found principally in plants, algae, and photosynthetic bacteria. They also occur in some non-photosynthetic bacteria, yeasts, and molds, where they may carry out a protective function against damage by light and oxygen.

Carotenoids have already proven their worth. They've been shown to help protect against ischemic stroke (3), breast cancer (4), and coronary heart disease (5). One of the more potent carotenoids is lutein.

Present in a wide variety of fruits and vegetables, lutein may impart a yellow color to the plants it's found in, such as corn, but its concentration is particularly high in leafy green vegetables such as spinach, collards and kale. Lutein is also present in some animal products such as egg yolks due to plant products eaten by animals. Although there is no Recommended Dietary Allowance for Lutein, American adults, on average, consume 1–2 mg of lutein per day, with the highest consumption seen in African Americans at 3 mg per day (7).

Lutein has started to establish a strong correlation between levels in the body and eye disease since reported concentrations of lutein are often highest in ocular tissue. Also, lutein has chemical properties that may slow down the high levels of oxidation that occur in the eye, due to the intense light exposure, by limiting the degree to which oxygen penetrates membranes. This high level

of oxidation causes cataracts, which is the most common cause of blindness worldwide, and age-related macular degeneration, which is the most common cause of vision loss in the elderly (6).

Lutein also gives you more "bang for your buck" because, when comparing bioavailability of lutein versus other carotenoids, lutein has been found to have a bioavailability five times that of beta-carotene (1).

References:

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than that of ß-carotene. American Journal of Clinical Nutrition 1999; 70:
261 – 268
2. James H. Dwyer JH. Oxygenated Carotenoid Lutein and Progression of Early
Atherosclerosis:The Los Angeles Atherosclerosis Study. Circulation 2001; 03: 2922 – 2927
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Danny Jacobs M2M Florida

Deceased Shellman Brown M2M Member

Shellman Handy Brown Jr., a resident of Hyde Park, New York since 1961, died Nov. 30, 2003, at the age of 78. During World War II, after a brief tour of duty in the ASTP program, he served as a BAR (browning automotic rifle) man in Company C, 1st Battalion, 394th Infantry, 99th Division, U.S. Army. (He volunteered to carry the 20-pound BAR because of its firepower.) He saw combat in Belgium. He was captured by the Germans while fighting holding action in the Battle of the Bulge at Losheimergraben. After completing military service he went to Yale, graduating in 1950. While at Yale, he rowed bow on the Junior Varsity Crew. After college, he worked in the Blast Furnace Division of Bethlehem Steel in Bethlehem, Pennsylvania for ten years. In 1960, he left Bethlehem for a job with IBM in New York City, at a time when IBM was beginning a whole new aspect of their business. He retired in 1990 after 30 years in Fortran and Systems Programming in various locations in the Hudson Valley and Stockholm, Sweden. In 1961, Mr. Brown married Marilyn Leavitt Buckner in Plainfield, New Jersey. Shellman and his wife Marilyn were active members of Poughkeepsie M2M & SXS.

Memorial donations may be made in his name to Hospice Foundation Inc., 374 Violet Ave., Poughkeepsie, NY 12601. Arrangements by Sweets Funeral Home Inc., Hyde Park.

Poughkeepsie Journal Subclassification: OBITUARIES Published 12/3/2003

Subject: Statins May Improve Responses to Radiation Therapy in Localized Prostate Cancer

November 5, 2003 12:00:00 AM PST , Acurian

Source: 411Cancer.com "Cancer Experts leading the way to optimal cancer care."

According to results presented at the 45th annual meeting of the American Society for Therapeutic Radiation and Oncology, statins, which are agents used to lower lipid levels, may improve responses to radiation therapy in patients with localized prostate cancer.

Prostate cancer is the second leading cause of cancer deaths in American men, with 1 out of every 6 men being diagnosed within their lifetime. Localized prostate cancer refers to cancer that has not spread from its site of origin. Patients with localized prostate cancer may be stratified into low, intermediate and high-risk groups, depending upon specific features of their cancer. The risk groups indicate the probability of cancer recurrence and/or spread and are becoming important in deciding upon treatment decisions. Surgery, radiation therapy, watchful waiting and/or hormone therapy are all accepted treatment approaches for localized prostate cancer, with no definitive approach proving clear superiority to another at present. The prostate is a walnut-sized male sex gland that is responsible for producing a component of semen. Screening for prostate cancer is typically offered to men beginning at the age of 50 years, which includes prostate specific antigen (PSA) testing! . Prostate specific antigens are proteins normally shed by the prostate; however, in the presence of cancer, or progression of cancer, levels in the blood are elevated. Therefore, PSA levels are measured during and following treatment as one way to determine response to therapy. Researchers continue in their quest to improve upon available therapeutic modalities for the treatment of prostate cancer.

Researchers from the Memorial Sloan-Kettering Cancer Center (MSKCC) recently conducted a clinical study evaluating the use of statins in men with localized prostate cancer. The study included 905 men, 153 of whom were taking statins at the time of prostate cancer diagnosis. All patients received similar radiation regimens for treatment of their cancer. Analysis included sub-grouping of patients into low, intermediate and high-risk patients, depending upon PSA levels and Gleason scores (aggressiveness of cancer). The most benefit from statins was achieved in the intermediate and high-risk patients, with an 18% reduction in cancer recurrences based on PSA levels at approximately 5 years following therapy, compared to those not taking statins. Upon analysis of several variables among patients, those that were associated with improved PSA levels were the following: statin use, radiation dose, Gleason score, high levels of cholesterol, PSA levels prior to treatment and extent of cancer.

The researchers concluded that if these results can be reproduced in future larger trials, the use of statins may provide considerable anti-cancer benefit when combined with radiation for the treatment of localized prostate cancer, particularly since they are associated with few side effects.

Reference:

Katz MO, Zelefsky MJ, Yamada Y, et al. Proceedings of the 45th Annual ASTRO meeting. International Journal of Radiation Oncology Biology Physics. 2003.57; No.2, Supplement. Abstract number 1016,p s271.

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Submitted by Jerry Hill
Atascadero, CA

RETHINKING GARLIC

Republished with permission from the Food Safety Network, October 16, 2003, Source: National Post, Christine Doyle

New studies suggest, according to this story, that garlic can help protect against flu, ulcers and coronary disease -- but not everyone is convinced. The story says that there is a long-held belief that the broken-down constituents of gar-

lic can protect against heart disease by thinning the blood and helping to lower cholesterol.

This could, according to researchers, reduce the risk of blood clots and elevated blood pressure during cold spells. The blood thickens when exposed to cold weather, because the tiny blood vessels near the extremities contract to prevent loss of too much body heat. This leads to a more sluggish circulation and, for those at risk, an increased chance of clotting.

Sticky blood in the 48 hours after a cold spell is a little known cause of heart attacks, according to a European survey. So, in theory, a regular intake of garlic -- in the form of a supplement or eating it raw in salads or dressings -- could be, along with a flu shot, a major preventive strategy.

But it is important to eat the garlic swiftly -- its potency fades the more it is exposed to light, so young bulbs have greater health benefits. Garlic pills or powders are useful for those concerned about odor.

Garlic has been used since time immemorial as a culinary spice and medicinal herb. Many publications have shown that garlic supports the cardiovascular system.

Danny Jacobs M2M Florida

Under the Weather list.

Bob Smalley- At home

Sam Dimenico-VA Hospital

Joke Du Jour

A man goes to the doctor for his annual physical check-up. When he comes home his wife starts to interrogate him.
“Did the doctor measure your blood pressure?”
“Yes , it was fine.”
“Did the doctor weigh you?”
“Yes. I am not overweight.”
“Did he examine your eyes, ears, nose and throat?’
“Yes, dear. Everything was OK.”
“Did you discuss your impotence with the doctor?”
“No, the subject did not come up.”

An original by
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

E Mail Problems

To all who e mailed me, I had a computer problem and I lost some address renewals. ***Anyone who emailed me renewals in November should do it again.*** Not regular mail, just email renewals. Thanks.

Peter Hardin <hardin.pt@verizon.net>

TO ALL RECIPIENTS OF OUR NEWSLETTER.

JUST IN CASE YOU FORGOT TO DO IT LAST MONTH

Now is the time to renew your FREE subscription to the Poughkeepsie Man to Man newsletter. We are in the process of updating our mailing list and we need your input. Please take a minute to fill in the following form and send it back as soon as possible (or hand in at any of our meetings). Or you can email me the info. If you have a summer and winter address, list both and the American Cancer Society will automatically switch your address at the proper time so you won't miss any issues. All we need are the months spent at each address. What could be easier? Even if you have just started receiving the newsletter, please send in the form anyway.

The form is inserted in a separate page along with a pre addressed envelope. We have made it real easy for you to respond to this very important announcement. SO DO IT! NOW

National Cancer Survivors Day Celebration

The date of the 2004 National Cancer Survivors Day Celebration will be Sunday June 13, 2004

-Tentative time 12 noon to 5:00pm
-Location-VBMC
-Joseph Tower Auditorium with focus within the Dyson Center
-Theme-celebration, motivation, recognition of survivors
-Food: Same as last year (Caesar salad, fruit salad, rolls, chips, soda, cookies, coffee, etc)
-Speakers to be determined.

I will be calling on you folks once again to volunteer, you know who you are and I know where you live.

Dennis

Psychology of Cancer
(Part II of a series)

Summarizing the previous article, physical and mental were once considered to be separate entities; now the two are viewed interrelatatedly. An outgrowth of this is that cancer patients began being treated more as persons with feelings and less as disease entities. A brief description of the history of psychology's role with cancer was given.

Before going further, I acknowledge that cancer has many causes (inherited predisposition, carthogens, diet, etc.). The focus of this series however is on the psychology of cancer

Larry LeShan in “You Can Fight For Your Life” wrote with "with great certainty" that the presence of cancer means that something else is wrong in the person's life. He is referring to one's psychological makeup. Yet, Roger Granet in “Surviving Cancer Emotionally” opines that there is no solid research to show a clear connection between personality and the onset of cancer. Granet does however acknowledge that our emotional state probably affects how the disease progresses. But to separate cause and progression seems to many scholars an artificial barrier. They would argue that if a person is susceptible

to cancer based on his psychological disposition, the progression of his disease should be essentially similarly affected.

Getting back to Granet, a consulting psychiatrist at Sloan Kettering among other titles held, he believes in the notion that personality can cause cancer is not only unproven but has a destructive effect on people with cancer. What it does, he says, is to blame the recipient for getting the disease. The argument, if true (and he disbelieves it), suggests that if people have the right positive attitudes and dispel the wrong negative ones they will be less prone to getting cancer. But this is precisely what his detractors are saying.

Caroline Bedell Thomas of Johns Hopkins took personality profiles of 1337 medical students, tracking their mental and physical health every year for decades after graduation. She found that those who developed cancer had throughout their lives been restricted in expressing feelings, especially aggressive ones related to their own needs. She also found that using only the drawings they made as one of the tests, she could predict what parts of their bodies would develop cancer!

I include the psychology of cancer in the very broad sense to mean that it encompasses even "magical" cures. Let me approach this idea from the field of genetics. Genetic research is one of the most complex fields of scientific study. The number of variables to be considered is mind-bogling. A full explanation of why among 8 siblings 3 get cancer and 5 don't cannot be neatly explained. While genetics have made many inroads as to why we get cancer, it does not explain the fact that many cancer victims who are considered hopeless, continue to live on for many years, and that in some cases their cancers undergo a remission leaving them healthy again.

To be continued in the next newsletter.

Michael Kulla M2M Poughkeepsie

Meetings and speakers for 2004

Jan---8 Dr. E. Goldfisher, Update on PCa trials. Levitra and Provenge, also Dr. David Heber "Diet & Its Effect on PCa." Video from Burbank PCRI Conf.
Feb---5 Dr. Robert Sullivan, Marist College "Further Discussions of PSA testing and (Video) Dr. David Bostwick "PCa Pathology" from Burbank PCRI Conf.
March---Video from Burbank "The History and Future of PCa." Dr. Donald Coffey, Johns Hopkins Hosp.
April---1 Meeting to be held at Vassar Bros Hospital Pizza and tour of Dyson Center.
May---6 (TBA)
June---3 (TBA)
July---8 (TBA)
August--5 (TBA)
September--- 2 (TBA)
October----7 (TBA)
Nov,---4 (TBA)
Dec---2 (TBA)

Attention! Attention! Attention!
NEXT MEETING WILL BE JAN 8 NOT THE FIRST, BUT THE EIGHTH.

MERRY CHRISTMAS
HAPPY HANUKKAH
HAPPY KWANZAA
and
HAPPY NEW YEAR
Yikes it will be 2004
Dennis and Jackie
Paul & MaryAnn
Jim & Virginia

Peace On Earth

Attention:
We always meet the first THURSDAY OF THE MONTH UNLESS OTHERWISE SPECIFIED
Next meeting Thurs, Jan 8, 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 local receptionist**

Attention! Attention! Attention! NEXT MEETING WILL BE JAN 8 NOT THE FIRST, BUT THE EIGHTH.

ACS Poughkeepsie has lost 10 of its volunteer drivers this past year, mostly through attrition. Please help out those folks who depend on ACS arranging transportation for them for cancer treatment.

SEE BELOW

Celebrate the New Year

IN STYLE

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 **Byllye** at our local ACS office at **452-2932** press #3 and then #10 mention M2M. Side by Sider's are welcome to volunteer.