



POUGHKEEPSIE MAN TO MAN

Prostate Cancer Education & Information Support Program since July 1993

January 4 & February 1, 2007 Issues 1&2 (Meetings to date # 176 & 177)

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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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Joint meetings of Man to Man (M2M) and Side by Side (SXS), the prostate cancer (PCa) support and education groups sponsored by the American Cancer Society, were held on January 4 & February 1, 2007 in the Central Hudson Electric Company Auditorium-6, Rt.9, Poughkeepsie, NY. There were 30 in January , including 1 new M2M member and 9 SXSs. The February meeting had 45 including 4 new M2M members and 9 SXS.

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

<http://www.boodrow.com>

Program for Jan 4, 2007

This was an open discussion meeting with lots of participation from the audience. Several men discussed various aspects of their treatment. Megace was mentioned to stop hot flashes from hormone treatment. The color doppler technique for locating prostate cancer was also discussed. A green light laser technique was mentioned without many details, but this person will elaborate at the next meeting.

Some additional comments from participants

In 1987, Dr. Robert Kowalski published "The 8-week Cholesterol Cure" which was on the NY Times Best Seller list for many weeks. Dr. Kowalski had discovered that, like many others, he could reduce his fat intake to zero and still have high cholesterol. This is because some people produce cholesterol internally.

In his book, he outlines a three prong solution to bring cholesterol and triglycerides under control. (Aren't all solutions in 3 parts?) These are: 1) reduced fats, 2) oat bran and 3) timed release Niacin. The oat bran, which has more soluble fiber than oat meal or any other food for that matter, counters the cholesterol consumed and the niacin counters the cholesterol produced internally. The process takes, as the book title indicates, about eight weeks. I have been on this regime for about 15 years and have had great success.

My doctor even told me that I needed to raise my cholesterol! There is a caveat, however. Some people can not tolerate the high level of niacin called for -- 500 mg. twice daily. The niacin is a potential problem for the liver so it is very important to monitor the GGTP when starting to take the high levels of niacin to be sure that you can handle it. Also, because the dosage of niacin is so high, consuming it in the timed released form it very important. The side effect of a high dosage is a temporary flush. I have avoided this entirely by using the Carson brand. The product is Carson Niacin Time. It is available at Vitamin Shoppe.

The oat bran is available at health stores. I get mine at Mother Earth and pay only 79 cents per pound for it. I mix it with milk and some golden raisins. A single serving is three tablespoons of oat bran mixed with just under three ounces of milk. I cook it in a microwave for two minutes and then serve it with maple syrup. One serving a day is all that you need. It is quite filling, by the way.

Dr. Kowalski's book can be purchased at Amazon for as little as \$3.50.

Herb Sweet M2M Poughkeepsie

Newcomers and PCa January 4, 2007

1) His PSA rose from 3 to 5 in one year. He had a biopsy which was positive. His GG was 3+4=7. He is considering triple hormone therapy.

Herb Ilker Poughkeepsie M2M

Feb. 1, 2007 M2M Program

DR. EVAN GOLDFISCHER

" Prostate Clinical Trials and Incontinence"

Dr. Evan Goldfischer from the Hudson Valley Urology group has spoken at Poughkeepsie M2M many times in recent years, so it was a

pleasure to welcome him back once more. His talk was in two parts: recent clinical trials for PCa treatment, & urinary incontinence treatment.

Dr. Goldfischer is a graduate of Cornell Medical College. He interned and did residency at University of Chicago hospitals. He also did a fellowship at Long Island Jewish Hospital before joining Hudson Valley Urology. He has approximately 100 lectures, papers and presentations to his credit as well as numerous radio and TV appearances.

CLINICAL TRIALS - Dr. Goldfischer has been involved in 42 clinical trials in all areas of urology. Some that he thought might be of interest to the group are the following:

- **G.P. Pharma**(Spain) has developed an LHRH agonist similar to Lupron which is essentially a reduced dose drug to suppress the testosterone but fight the side-effects (hot flashes, muscle deterioration, libido loss, etc.). This may be of interest to those experiencing disease recurrence or who are on continuous Lupron treatment.

- **Oakwood Pharmaceuticals** is trying to reduce the osteoporosis effects of long term hormone suppression with a sub-cutaneous injection of a drug instead of the intravenous injection drip of bisphosphanates like Zometa or Aredia.

- **A polypeptide drug** is on trial to avoid the muscle deterioration associated with long term hormone suppression. This drug blocks myostatin degradation of muscle and could be considered by people who have a depressed and stable PSA for 6 months, and want to rebuild muscle or prevent further deterioration.

INCONTINENCE - Some men who have had prostate problems may not realize that they have a bladder problem as well or instead of a prostate problem. For example, there is a condition called "overactive bladder" when the bladder muscle can squeeze too often or when you don't

want it to (when the bladder is not full).

There are two kinds of incontinence: urge (when you feel that you have to urinate but may or may not make it to the toilet on time) & stress incontinence (when sneezing or lifting causes leakage). In urge incontinence the bladder contracts while the sphincter at the bottom of the bladder relaxes.

Women are more subject to urge incontinence, perhaps related to the damage and stretching occurring during natural childbirth. They may be treated with a drug like Ditropan which suppresses overactive bladder.

Urge in men is better treated with Flomax which is highly advertised for countering the desire to go all the time, day and night. Men may also be helped by Ditropan. It was also pointed out that some other drugs used for allergy control like Sudafed can be useful in suppressing urinary urge. Too much of these drugs in some prostate patients may totally stop urination, so they must be taken with care. There are seven known drugs which act on the M2 and M3 receptors of the bladder.

Stress related incontinence is often a physical condition in the urinary tract due to surgery or muscle deterioration. Kegel exercises may help to train or strengthen the muscles in the lower abdomen which control urination. They are easy to do and should be tried by people with incontinence problems, particularly stress related.

As previously discussed in a recent M2M meeting with Dr. Solliday, also from Hudson Valley Urology, there are surgical implants such as the artificial sphincter and the Sling which may be used in extreme cases.

DISCUSSION TOPICS:

Alcohol & caffeine are diuretics which will fill the bladder faster. They should not be taken in the evening if you want to minimize getting up at night.

There was a discussion about what is the normal frequency of urination – day and night. As many as eight urinations per day is still considered normal for an older person. Greater than eight is abnormal and may call for treatment. A middle aged person might expect to get up once during the night. A mid-seventies person might get up 3 times. Whether that is a problem or not depends on how readily the person goes back to sleep.

These days laser ablation is used instead of rotating cutters for the TURP procedure when BPH or other pressures squeeze the urethra. Three different kinds of lasers, including the green laser, may be used for the ablation. One man reported that his doctor used a green laser on him to ablate the inside of a "ball valve" obstruction where the top of his prostate protruded into his bladder. When his bladder filled, the pressure on the prostate restricted his urethra, just as in BPH. Removal of the inside of the prostate projection, the ball valve, relieved his problem.

Finally there was a discussion about frequent nocturnal urination being driven, in part, because the legs are essentially horizontal in bed and more leg blood is pumped by the heart through the urinary system; hence, more extraction of waste and urine.

Paul Totta, Poughkeepsie M2M

Newcomers and PCa February 1 , 2007

- 1)** He is 70 years old. He underwent an RP. He attended our meeting for information.
- 2)** He is 81 years young! He was diagnosed with PCa and is taking Casodex and Flutemide.
- 3)** He was diagnosed with PCa and had a RP. He also underwent 37 sessions of radiation, (external beam?) He is experiencing symptoms of ED, and is contemplating an implant. His PSA is 0.1.

4) He is 55 years old. He underwent an RP 3 years ago. His PSA is 0.1 He also attended the meeting for information.

Herb Ilker Poughkeepsie M2M

Subject:
Comments from a reader regarding last months article on Avastin

Dear Dennis: That was an excellent newsletter. I have one small comment to offer on the article on drug prices by Mike. He wrote: "Take Avastin, a newer drug to treat colorectal cancer, geared to give patients a few more months it now sells for about \$50,000 a year."

The problem arises when you closely examine how they do the math. It's not that everyone who takes Avastin gets only a few more months of life. It's that the survival curves for these drugs is far from linear; it's more like a so-called hockey stick. What really happens is that some men benefit from these drugs and most men don't. The statistic about having a few more months of life arises because they look at the median value of life extension. Unfortunately, the median strongly devalues the results of the successful men and of the unsuccessful men. This measure of increase is small, as Mike reports. However, if you are in the group for whom the drug works, then you are a big time winner. No one can tell us beforehand which group we are in and that's where the cost really bites the patient.

This inability to identify applicability to a particular patient very much influences our costs. In order for the group which is affected to get their large benefit, they have to give the drug to many times too many patients. Drug companies make huge profits, and patients are given the wrong drugs for their particular situation.

The other issue with Avastin is that it has not achieved stand-alone anti-angiogenesis effects. Instead, Avastin is used with chemo agents. Avastin seems to enhance the killing of key mediating paths which supports the growth of the can-

cer. For a particular patient one might reasonably ask which chemo agent is the best match for my particular cancer. However, at this time no one knows. So, once again patients are put into a pool of uncertain waters that also has a big impact on costs.

My only point is that men should not avoid drugs like Avastin based on problematic math which make a patient think that it's pointless to try the drug in your particular case for the sake of a few more months. For you it may be a lifesaver.

part two

Here's another Avastin example to illustrate my point. A family friend, a very dear man, was diagnosed with pancreatic cancer. He was told that there was nothing to do and he had about 2 months to live. He was asked whether he would accept Avastin therapy, and he agreed. He lived 2 1/2 years.

The point is that medical science is very early in the process of using these new drugs. It's not right to say that Avastin is a colorectal drug. The manufacturer gets drug approval for a particular disease. It's too expensive to run trials for every disease if you have to follow FDA rules. They then depend on doctors to innovate with endless off-label applications.

Recall that Dr. Judah Folkman's original work on angiogenesis was not disease specific. It was an argument that the mutated cells cause pathways to emerge that support cancer. In principle, drugs like Avastin should apply to all kinds of cancer. We are the guinea pigs in the development process, but we have no choice if that is what our medical condition demands. All of this costs a lot of money and has many opportunities for doing the wrong thing. But the upside payoff even in hopeless cases can be as large as from 2 months to 30 months as in my example, or much more. That's not meaningless.

In warm friendship, Jules Syracuse M2M Ed Note

Jules is a long time survivor and a long time member of M2M Syracuse, . He writes many articles for notable PCa publications. We welcome his comments and invite others to comment as well.

Cancer Survivors Day Event

As you know every June on the first Sunday of the month, there is a Cancer Survivors Day event held throughout the USA. Here in Poughkeepsie our event will be held June 10th, the second Sunday. We host this event on the second Sunday due to logistics.

Our local medical center, Vassar Bros. Medical Center, has been the back bone of this event for the past 12 years. The committee is made up of staff who volunteer their time and talents. There is only one non-staffer on the committee. Funds to finance this event (which by the way is totally free to all attendees), have been very difficult to raise for the past several years. Because of this we have decided to have a "Fund Raiser." We are having a custom motorcycle built with a Cancer Survivors theme etched on the bike. Please consider purchasing a ticket or two or three or more. Perhaps you would be so kind as to post the enclosed flyer any place you feel will boost sales. (See last page)

Thanks, Dennis

Joke du Jour

A very elderly gentleman (mid nineties), very well dressed, hair well groomed, great looking suit, flower in his lapel, smelling slightly of a good after-shave, presenting a well looked-after image, walks into an upscale cocktail lounge. Seated at the bar is an elderly looking lady (mid eighties).

The gentleman walks over, sits alongside of her, orders a drink, takes a sip, turns to her and says, "So tell me, do I come here often?"

Mike Kulla, Poughkeepsie M2M

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 for 2007:

- **March 1st Amy Wen Director of Patient & Family Services ACS**
- **April 5th (TBA)**
- **May 3rd DR. Aaron Katz & DR. Samadi Columbia Presbyterian BPH/Robotics**
- **June 7th (TBA)**
- **July 12th DVD Series selection**
- **August 2nd (TBA)**
- **September 6th (TBA)**
- **October 4th (TBA)**
- **November 1st (TBA)**
- **December 6th (TBA)**

We have not completed our speakers program. As soon as we have it done, we will print it.

ATTENTION PLEASE READ & RESPOND

Many of our readers are computer literate (although sometimes I wonder including myself). Those of you who are, are very well aware of how both helpful and a pain in the butt the information highway is and how computers for the most part, work very well. But there are times that no matter how good you think you are, problems arise.

Such is my story! As I was attempting to send an e mail including the latest meeting notice to our local members (Poughkeepsie area), for some unknown reason the local M2M address book was erased. I am asking those of you who are local Poughkeepsie M2M members or readers to contact me with your e-mail addresses so I can rebuild the local network. If you don't you will be missing out on lots of earth shattering news regarding PCa.

For readers out of the local area, throughout USA and abroad, and would like this service kindly send me your e mails and I will make sure you are on our list.

TA TA for Now.

**Dennis O'Hara,
e-mail< IGGY41@AOL.COM>**

Win a

CUSTOM BUILT MOTORCYCLE!



COURTESY OF
BULLDOG CUSTOMS

Help Support A Great Cause!

*National Cancer Survivors' Day
2007 at
Vassar Brothers' Dyson Center for
Cancer Care*



THE MOTORCYCLE WILL BE ON DISPLAY IN THE LOBBY
AT
Vassar Brothers Medical Center

Tickets are on sale NOW at The Dyson Center for
Cancer Care, 45 Reade Place, Poughkeepsie, NY.

To purchase tickets by credit card, please call 1-877-
729-2444.

•Tickets are 1 for \$100, 3 for \$250 or 6 for \$500.

Details! Details! Details!

Frame: 38 degree rake, 3in stretch on backbone, stock stretch on
downtubes, 1 3/8in on frame tubing

Bike Build Components: DNA 240/250 modified
prostret softtail frame, DNA Chrome front end, DNA Crome 80 spoke
18 x 5.5 rear wheel & 21x 2.15 front single disc wheel, 84-99 Billet
hubcaps, 3/4 in axle, Metzeler ME880 90/90-21 front tire & ME 880
240/40-18 rear tire, Chrome headlight/mounting bracket & kickstand,
gas tank, front & rear fenders, DNA Chrome shocks & mesh pulley,
Stainless mesh rotors and custom chemical etching in oil tank courtesy
of Akron Metal Etching.

Drawing will be held June 10th, 2007 at 3 pm. Winner need not be present. All proceeds
to benefit the National Cancer Survivors' Day 2007 event at Vassar Brothers Medical Center.