



# POUGHKEEPSIE MAN TO MAN



*Prostate Cancer Education & Information Support Program since July 1993*

Meetings to date 212

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.

January 7 and February 4, 2010

Issues 1 & 2

## GENERAL MEETINGS

Joint meetings of the Man to Man/Side by Side, the prostate cancer support & education programs sponsored by the American Cancer Society, were held the 1st Thursdays, January 7 & February 4, at 6:30 PM. Meetings are usually held in the Central Hudson Auditorium off of the Academy Street Exit, Rt 9, in Poughkeepsie.

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- Meetings **Changes** and speakers for 2010

### **Any Questions? We're here!**

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#### **Co-Facilitators:**

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### January 7 M2M Program

The meeting was well attended considering the **CCCOOLLDD** weather we had. As general meetings go this was one of the best. A lot of interaction on the part of the attendees. Some points of interest covered; Proton Beam Therapy, PSA, Biopsy, Restaging protocols, VitE, D3, OH25 Blood test (results should be close to 100 for PCa Survivors), Omega 3 and various sources from fish or supplements and the sun, Lyme Disease and our immune system, Tourette Syndrome and 5 Alpha Reductase (See article in newsletter,) Robotics, Seed implants, MRI, CT Scan.

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### **Newcomers and PCa January 7, 2009**

**There were no Newbies at this meeting**

**Herb Ilker, PCa 101, M2M Poughkeepsie**

**February 4, M2M Program  
Dr. Charles "Snuffy" Myers**

**" SECOND LINE HORMONE BLOCKADE "**

Dr. Myers made this presentation at the September, 2009 meeting of the Prostate Cancer Research Institute in Los Angeles, CA. The DVD shown was essentially the same presentation.

He opened his talk by describing what many people do when triple hormone blockade therapy no longer works. He was critical of those who go directly to chemo or clinical trials after allowing PSAs to grow to very high numbers. Unfortunately, these actions lead to early deaths too often. He proposes a different course, using "secondary line hormones," as a better path which leads to life extension. Second line hormonal therapy is often much less toxic than chemotherapy, can cause responses which are effective for years and can reduce the cancer enough to make chemo more effective. It is wrong to delay any treatment which suppresses cancer growth.

Why, then, is second line therapy neglected? It is more profitable for physicians. LHRH agonists & Taxotare are purchased wholesale & billed for profit. Reward for putting patients into clinical trials is thousands of dollars per patient. There is no profit for administering second line hormone treatments.

Ketoconazole was first discovered in 1976 and released in 1981. In 1982, the Canadians discovered that PCa was suppressed by the drug. Drs. Strum and Scholtz found the drug most effective at PSAs of 10 or less. Dr. Eric Small reported 70% effectiveness when combined with Leukine. However Ketoconazole is a fussy drug where details matter. Timing is important; it must be given every 8 hours or sooner. The stomach must be acid (soda, fruit juice or vitamin C). It can interact badly with a wide variety of common drugs. Drug clearance by the liver can differ dramatically among patients. Therefore, the drug and its use must be customized.

Estrogen use is very old therapy for prostate cancer. It works two ways: Estrogen reduces testosterone levels, and it activates estrogen receptor beta which leads to cancer cell death. He prefers Estradiol to DES. Estradiol is given by small skin patches. It causes fewer blood clots than DES. There are some disadvantages: Breast enlargement is found in 80%, and leg edema in 20-30%. The advantages: Estradiol replaces testosterone and the body cannot recognize the difference but the body health is better; and osteoporosis which comes from hormone suppression is remarkably reversed.

Leukine is a natural human hormone which stimulates the immune function broadly. It is used in the Provenge anti-PCa treatment now nearing approval. The action suppresses melanoma, non Hodgkin's Lymphoma, breast and prostate cancer. Control of advanced disease has been seen for as long as 5 years. Dr. Eric Small reported 70% response in the combination of Leukine and Ketoconazole which is better than Taxotare alone. The combination of Leukine plus Ketoconazole and Estradiol has shown the surprising healing of bone metastasis with restoration of the bone density.

Sandrostatin reduces brain growth factor and has been used for acromegaly for some time. It can also be used to play a role in restoring response to Lupron. However, it is very expensive and not covered by insurance.

Future options include Abiraterone which blocks both testosterone and estradiol. It responds even after chemo treatment with once-a-day dosing. Leukine combinations are very promising treatments: Thalidimide and Revlimide each slow PCa. Leukine also slows PCa. The combination of Leukine and Thalidimide or Revlimide cause a dramatic PSA decline in 20-30% of patients. Second line hormonal therapy offers response rates comparable to Taxotare with better quality of life. However it requires attention to details of

drug dose, schedule and drug interactions. Some exciting cancer research is being done in second line hormonal therapy.

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**Paul Totta, Co-Facilitator of M2M  
Poughkeepsie**

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**Newcomers and PCa February 4, 2009**

1) He is 52 years old, his PSA was rising 3 to 4 points a year. He was diagnosed with PCa in June 2009. An 8 core biopsy determined PCa with a GG= 8. He underwent a radical prostatectomy. His PSA dropped to 2.5. His margins were good. He has undergone hormone therapy, followed by IMRT. He has experienced some problems with Lupron. His PSA is presently at zero. A bone scan was negative.

2) He is 60 years old. For 10 years he has had high PSA levels, ranging from 5.5 to 11.5. A biopsy showed a GG=6. A second opinion on his slides showed a GG=7. He has experienced some minor problems while undergoing Hormonal Therapy, He is waiting to commence IMRT treatment.

**Herb Ilker, PCa 101, M2M Poughkeepsie**

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**Joke du Jour**

A guy visits Dutchess County to look at the Fall foliage. He sees this sign: "Talking Dog." He inquires. The woman in the house says that she is in the backyard. He sees this yellow lab on a lawn chair and he asks, "Are you the talking dog?" "Yes I am." He is startled. He looks for speakers and toward the bushes. "Amazing. How long have you been able to talk?"  
**"Since I was a puppy."**

"I had a very interesting life," the lab continues. "I did a lot of work for the handicapped with guiding eyes in airports where I was used to sniff out drugs and contraband. After 9/11 I was used extensively in the wreckage and I worked for the government in spying and espionage. I decided it was time to retire, and

just live a relaxing life."

He's impressed. He goes back to the woman, "He's a special dog," he exclaims. "He's for sale." How much?" "\$20." He's amazed. "That seems like a reasonable price." She leans over and half whispers, "You know, she really hasn't done half the things she says she has."

**Mike Kulla, Co-Facilitator M2M Poughkeepsie**

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**Worth Checking Out!**

**Tourette Syndrome (TS) is very tough to deal with. Its amazing how scientist researching the effects of 5-alpha Reductase on PCa may help those who have TS.**

**Therapeutic Action of 5-alpha Reductase Inhibitors in Tourette Syndrome**

Androgens and other neurosteroids are involved in the patho- physiology of several neuropsychiatric disorders. Cogent evidence indicates that Tourette Syndrome (TS) is significantly more prevalent in males than females. In addition, drugs that inhibit androgen activity have been shown to reduce tic intensity. Capitalizing on these premises, we have focused our research on drugs that inhibit 5-alpha reductase, one of the major proteins involved in the synthesis of neuroactive androgens. These drugs are currently used for the treatment of benign prostate cancers and male-pattern baldness, and have limited side effects.

After encouraging findings on animal models of Tourette Syndrome, we discovered that treating adult male TS patients with Finasteride, a drug that inhibits 5-alpha reductase, led to a reduction in tic severity and compulsive symptoms, with few side effects. Unfortunately, drugs that inhibit androgen activity cannot be used in children because they interfere with sexual development. Our long-term goal is to harness some of the critical neurobiological targets addressed by these drugs to develop novel, effective pharmacological strategies that could be used to treat children

and adolescents with TS.

This TSA funding will enable us to determine how 5-alpha reductase inhibitors function in the brain. Well-validated animal models of Tourette Syndrome will be used to identify the brain regions and neurotransmitter systems directly affected by these drugs. The outcomes of this work may have a significant impact on the identification of critical targets that can be addressed by novel therapies for Tourette Syndrome.

#### **Researchers**

**Paola Devoto, Ph.D.** University of Cagliari  
Monserato, Italy

**Marco Bortolato, M.D.** University of Cagliari  
Monserato, Italy

Source: Tourette Syndrome Association Inc.  
Medical and Scientific Programs  
Research 2009 2010

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TSA Research Awards 2009-2010

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### **“Watchful Waiting” Is Really “Wishful Waiting” for Many Patients by William J. Catalona, MD**

**Cheetahs are built for hanging out on a limb.  
For humans, it's an uncomfortable if not to  
say impossible situation.**

One option now offered to men who are diagnosed with seemingly less aggressive prostate cancer is active surveillance or “watchful waiting.” The idea is that some patients won't need treatment; their cancer will not progress and they can avoid surgery or other invasive treatment. The theory goes that if the cancer does progress, they can be treated at that time.

It's easy to see why the option is attractive. What man would want to have a radical prostatectomy or other invasive treatment if a “wait and see” approach would work. Unfortunately, in many cases, it doesn't. **The more appropriate name for “watchful waiting” is “wishful waiting.”**

We need to ask: Is cure necessary when possi-

ble? In my opinion, the answer, in most cases, is an unequivocal yes.

#### **Disadvantages of Active Surveillance**

At the time of diagnosis, no physician can tell a patient how his prostate cancer will progress unless it has the characteristic features of aggressive cancers: Gleason grade 7 or higher, extensive involvement of biopsy cores with cancer, or rapidly rising PSA.

One sure thing is that the patient has cancer in the prostate. Another is that what appear to be less aggressive and low volume tumors can change to aggressive and fast growing tumors in the midst of “watchful waiting.” **In those cases, the opportunity is missed to remove the cancer when cure was possible.**

#### **The main disadvantages of active surveillance are:**

It can delay prompt treatment of life-threatening tumors. It requires repeated biopsies that often make subsequent nerve-sparing surgery more difficult. It causes many patients anxiety about living with untreated cancer, thus diminishing their quality of life.

#### **No Validated Criteria**

Validated criteria for selecting patients to participate in active surveillance don't exist. In addition, no validated triggers for switching from surveillance to active treatment exist. Perhaps, with more refined tests and more genetic information, validated criteria will be established. But for now, the present “wait and see” just isn't good enough.

Our study, and others, show that some patients who would seemingly qualify for surveillance from their biopsy and other diagnostic information – but decided to be treated with prostatectomy – had aggressive tumor features in their prostatectomy specimens. If they had postponed treatment, the cancer would most likely have been advanced and cure would not have been possible.

## **Treatments After Active Monitoring**

In a Toronto study (Klotz L, Urol. Oncol, 2006), 200 patients in active monitoring were followed for up to 10 years. About 60% remained on active monitoring, but of patients who underwent RP because their cancer had progressed; 58% had tumor extension beyond the prostate and 8% had lymph node metastases.

In a Johns Hopkins study of 48 patients who had a radical prostatectomy after failing active surveillance, 35% had extraprostatic extension (EPE) of their cancer, the spreading of prostate cancer outside of the prostate; 15% had positive margins, cancer cells at the edge of tissue that's been removed; and 6% had seminal vesicle/lymph node involvement.

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## **Cancer Cells Divide Exponentially**

Cancer cells increase in number exponentially with each cell division: from 1 to 2 to 4 to 8 to 16 to 32 to 64 and so on to a rapidly increasing large number. While we know each subsequent cell division results in a doubling of cancer cells; we don't know the number of cancer cells multiplying – and the rate of that doubling – between each PSA or biopsy during the “watching.”

## **Some Patients Slip Through the Cracks!**

With both active surveillance and focal therapy (the lumpectomy of prostate cancer), potentially life-saving treatment may be delayed in some patients with initially understaged disease, meaning the initial biopsy did not reflect true involvement and aggressiveness of the cancer. Some of these patients will slip between the cracks and unnecessarily suffer and die from prostate cancer.

## **Not Proven**

In healthy men with potentially curable prostate cancer and a long life expectancy, active surveillance and focal therapy should be considered investigational.

More clinical research is needed to evaluate the

tradeoffs before they can be considered legitimate treatment options.

## **Source**

**Quest-Winter 2009 • Volume 18, Number 3**

**Pages 1&9**

**[www.drcatalona.com](http://www.drcatalona.com)**

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## **MEDICARE UNDER SIEGE**

### **Part 2**

Most M2M members have Medicare, hence, this series. Part 1 dealt with some of the financial problems confronting Medicare. This article suggests some solutions. Summarizing Part 1, Medicare is burdened with bills for nonexistent and bogus services and legislation mandating over-inflated prices for drugs including generics, thanks to influences by lobbyist so entrenched that it would take grassroots outrage to begin to shake the system up. But the major reason Medicare is in trouble (facing insolvency) is that many older people are unnecessarily getting sick. Hence, the focus is on crisis care when it should be on prevention, thereby nipping crisis medicine in the bud.

Despite its critics, Medicare's overhead is much lower than private insurance that pays large bonuses and salaries to its top cadre. Elaborating on preventive medicine, I saved thousands of dental dollars as my hygienist helped me to keep serious cavities in check. Cigarettes officially kill 440,000 U.S. citizens each year. Unofficial death toll is higher. Smoking-related illnesses are responsible for a huge portion of Medicare/Medicaid outlays, and this country can no longer afford it. For one thing, it is obscene to allow 18 year olds to buy this addictive product

Low blood levels of vitamin D are associated with increased incidences of virtually every human disease. A study in the New England Journal of Medicine found that patients with the lowest vitamin D levels had the most severe organ dysfunc-

tion and the most adverse outcomes. Such patients may linger for weeks and months in the hospital, costing Medicare \$2674 a day in ICU. Mandating optimal vitamin D levels could greatly reduce the number of Medicare patients requiring ICU care.

Today's medicinal "industry" doesn't want interference with their income stream and have no stake in seriously promoting preventive programs. Too many people abuse their bodies by physical inactivity, cigarette smoking, eating dangerous calories and insufficient intake of nutrients like magnesium, omega-3s and vitamin D. No wonder health care expenditures are bankrupting our country.

The federal government should aggressively take charge. The public needs to know that if they don't take responsibility for their health care there may be no monies available to cover their sick care. Diseases of aging are preventable. It will require a strong governmental public relations push to get America to follow healthier lifestyles. Partial source: Life Extension Magazine 9/09.

#### **ADDENDUM Medicare part 2**

A son, a chiropractor-nutritionist, after reading this article said 90% of diseases are preventable and the top 3 killers in the U.S. are reversible and preventable. The U.S. is a 33% obese society. Japan's rate is 3% -- an area rife for prevention.

**Re. my aborting cavities:** Bet you didn't know that dental disease is the no. 1 childhood disease and is associated with diabetes, stroke, heart, respiratory and even cognitive disorders. What can it cost us to care for our teeth, One future solution: Emphasize health care in grades 1 through 12.

**Mike Kulla, Co-Facilitator M2M Poughkeepsie**

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#### **Attendance Information**

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 7 & February 4 in the Central Hudson Electric Company Auditorium-5, Rt.9, Poughkeepsie, NY. There were 25 in January including 0 new M2M

member and 5 SXS. The February meeting had 19 including 2 new M2M members and 5 SXS. \_\_\_\_\_

#### **It's Winter time again in NY!!!!!!**

#### **ATT: M2M Meeting weather cancellations**

In the future we will base our decisions whether to cancel M2M & Side by Side meetings dependent on what the school systems in our area do. When the authorities either delay or close the schools in our area, we will probably cancel. Listen to the local radio stations; they will also announce cancellations of M2M meetings. Call the ACS call center @1800-ACS-2345 You can also call our own hotline 473-9827 and listen to the message.

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

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

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**Thanks the editor!**

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#### **Meeting Dates and Changes for 2010**

#### **2010 M2M Meeting Dates**

- March 4 General Meeting and Discussion
- April-CANCELLED CANCELLED
- May . Pietrow HV Urology
- June 3
- July 8
- August-CANCELLED CANCELLED
- September 2
- October 7
- November 4
- December 9

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**<Other PCa Programs in our area>**  
**Support Program Meets in Kingston NY**

#### **Meetings for Prostate Cancer 101**

Meetings held on the First Tuesday of every month at 4:30 PM at the Hurley Reformed Church 17, Main Street, Hurley. For further information call Diane & Walt Sutkowski at (845) 331-7241, Arlene & Bill Ryan (845)- 338-9229