



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

Meetings to date 224

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 6 and February 3, 2011

Issues 1 & 2

GENERAL MEETING

Joint meetings of the Man to Man/Side by Side, the prostate cancer support and education programs sponsored by the American Cancer Society, were held the 1st Thursdays, Jan 6, and Feb 3, at 6:30 PM. Meetings are usually held in the Central Hudson Auditorium off of the Academy Street Exit, Off Rt 9, in Poughkeepsie.

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Any Questions? We're here!

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American Cancer Society Information
Local ACS # 845-452-2932
1-800-ACS-2345 or WWW.Cancer.Org

January 6, 201 M2M Program

Dr Maresca

Our guest speaker at the Jan meeting was Dr Michael Maresca. He completed his residency at the University Hospital at Stony Brook, Stony Brook, NY. Fellowship at Beth Israel Medical Center, New York, NY. He is Board certified in Internal Medicine, Hematology and Medical Oncology and is affiliated with Vassar Brothers Medical Center and St. Francis Hospital where he is an Investigator in several NCI approved clinical trials that help to develop new treatments for different cancers.

Dr Maresca now with the Hudson Valley Hematology and Oncology group, in Poughkeepsie N.Y. spoke about the new cancer vaccine called Provenge. Provenge has just been approved by the FDA for the treatment of metastasized prostate cancer. Dr Maresca's group is one of the approved sites to apply this treatment. Provenge is designed to make it possible for the immune system to identify and target prostate cancer cells. Every dose of Provenge is made specifically for the individual patient. Treatment begins with collection of the patient's blood immune

Newcomers and PCa Jan 6, 2011

cells through a cell collection procedure called leukapheresis. These cells are then shipped to a Dendreon manufacturing facility where they are processed with a recombinant protein. The recombinant protein helps to activate the immune system and functions as a prostate-cancer associated antigen, which makes it possible for the immune system to recognize and attack prostate cancer cells in the body. It also functions as an immune cell activator. Once processed, the activated cells are infused into the patient. Inside the body, Provenge is designed to stimulate an immune response to prostate cancer.

Results of the trial showed a 23% reduction in the risk of death and an average of 4 months longer life. Since this is an average, it is important to note that some men lived several years longer and some lived less than 4 months time.

Side effects include chills, fatigue, fever, back pain, nausea, joint ache, and headache. These effects usually occur right after the infusion. There are 3 doses given 2 weeks apart. Each dose takes about 60 minutes. The closest treatment center for us in Poughkeepsie, is in New York City.

There are 50 treatment centers in the USA and one collection site for treating the cells. Two more cell treatment sites are now being built. The demand for Provenge is very high. Currently, 2000 patients can be treated. But, when the new cell treatment centers are on-line the demand should be met.

Each treatment costs 31K so the total is 92K. Medicare has approved Provenge and many insurance companies are following suit. The VA will probably take much longer to approve Provenge treatment.

Dr.Maresca's talk on provenge was very encouraging to all of us. The treatment holds out hope for many of us who are Hormone refractory. One needs to be in fairly good shape for the treatment. The protocol for Provenge, one has to have failed hormonal therapy and have metastasized prostate cancer.

Jim Kiseda/Dennis O'Hara M2M Poughkeepsie

CHECK OUT <WWW.BOODROW.COM> FOR BACK ISSUES OF M2M POUGHKEEPSIE AND OTHER GROUPS.

1) He is 42 years old (African-American) that's correct, 42 years old. His PSA was 3.6. He was diagnosed in August, 2010. He underwent RP at the National Institute of Health in Bethesda, Md. He was in a clinical trial using a drug to pinpoint the cancer locations. As part of this trial he had to travel to the NIH in Bethesda to be seen by doctors. He is doing well and PSA is 0.0. He is very knowledgeable, and has a very interesting story to tell how he just stumbled upon this trial at NIH. He has agreed to contact us in order to write about his experience in our newsletter.

2) He is 66 years old. His PSA was 7.0. He was diagnosed in 2008 and underwent a RP, at Memorial Sloan Kettering in NYC. Following RP his PSA rose to 18 in seven to eight months and he was on hormone shots every 3 months at the V.A.. His PSA now is 0.0.

Herb Ilker, PCa 101, M2M Poughkeepsie

**February 3, 2011, M2M Program
Dr. Charles "Snuffy" Myers
SECOND LINE HORMONAL THERAPY
This presentation was made by Dr. Myers at the
September 2010 PCRI Conference in Los Angeles.**

When triple hormone blockade (Zoladex, Casodex, Proscar) is no longer effective, when testosterone is very low but PSA rises, what are the alternatives? Many would say go directly to chemotherapy using Taxotare or other agents. Dr. Myers says that there is another path which he has prescribed successfully for about 5 years - the use of second line hormonal therapy. He argues that the path is less toxic and less expensive than chemo. The life extension can be for years. With Taxotare the survival is about 30% at 30 to 36 months. With second line hormones 80% are alive at 33 months.

He views cancer treatment as a two act play. In Act 1 you kill as much cancer as possible, and as fast as you can. In Act 2 you slow cancer regrowth with a non-toxic program. If there is relapse, start Act 1 again before the cancer becomes too massive.

Dr. Myers believes that the patient's spirit and life style is very important. Find optimism and a reason to live. Treat blood pressure, cholesterol and diabetes.

Eat a Mediterranean diet with little red meat and lots of vegetables. Exercise! Have optimism because most survival curves have a "tail" and you could be in that survival tail.

Dr. Myers has written a book on second line hormonal therapy. A key component of this treatment is Ketocoazole, an antifungal drug, which was discovered by researchers in Toronto, Canada in 1982. It is most effective when PSA is less than 10 ng/mg. The greater the amount of cancer the lower the response. However, the published response rate is equal to Taxotare with a 90% reduction in cost.

Details matter! Ketoconazole must be taken every 8 hours with soda, fruit juice or vitamin C. It interacts with a wide range of commonly used drugs like statins, erythromycin, calcium channel blockers, Zoloft and Tylenol. Therefore the dose must be carefully individualized and the maximum dose established by blood test or the drug increased gradually to the level of modest side effects. The maximum tolerated dose can range from 100 to 800mg. every 8 hours.

Estrogen supplements kill cancer directly and by decreasing testosterone. He prefers delivery with patches because blood clots are less likely. There is a disadvantage with estrogens because of breast enlargement and leg edema, but it is the least toxic form of hormone therapy and bone densification is remarkably good.

Leukine injections support the immune system by developing dendritic cells and T-cells to attack Pca like an invader of the blood system. It is related to the Provenge system which was recently approved by the FDA. It is expensive but 1/3 the cost of Taxotare chemo.

Dr. Myers concluded by describing the combined effectiveness of Ketocanazole, Leukine and Estrogen. His 5 year results have shown a 75% reduction in PSA in 75% of patients. Forty-nine % reached unmeasurable PSA. This is the best survival rate reported. It was even effective after Taxotare failed, and particularly effective in patients with bone mets and low PSA.

In the Q/A period Dr. Myers told of his own case of Pca. He had a PSA of 20.4 and Gleason of 7. The cancer had spread to his seminal vesicles and lymph

glands. He was told that the idea of cure was unlikely; the prognosis was an advanced disease in 5 years and death by 10. His response was to get 18 months of triple hormone under Dr. Dattoli. He went on a heart healthy Mediterranean diet with exercise. He is now free of Pca after 12 years and provides his patients with an optimistic outlook.

Paul Totta, Co- facilitator M2M Poughkeepsie

Newcomers and PCa February 3, 2011

**No new members attended!
Herb Ilker, PCa 101, M2M Poughkeepsie**

MY STORY (MIKE KULLA)

I received the rude awakening that I had prostate cancer late in 1999. And like many in my shoes, I struggled through the decision-making process as to what to do. There are those who, much as a reflex, instinctively follow the diagnosing doctor's recommendation, if he has one to offer. I saw 7 doctors and went to my first M2M meeting as precursors to deciding. I finally choose Intermittent Hormone Ablation (IHT). As if this was not enough, this cursed cancer, which I associate to a black sun, doggedly followed me, as I found out later that it usually does, to show in my window. Got busy again, applying what I learned about the black sun in my travels, and set about to figure out what we call a Plan B. This is all our fate, is it not?

By now, veterans, we are mapping out our next move, attack or defend, depending on how pervasively the cancer has nested in our bodies, and minds (Plan C). It's still rolling the dice. Attack-defend can go on for so long , we know. Our forces can not indefinitely put off this persistent invader. Some go on fighting "forever." And some don't want to struggle anymore. No one writes or talks about them. Is it because they are morale breakers, whose words are better undisclosed? Or is it a reflection of their own thinking, too uncomfortable to approach?

What I do know is that I'll soon be 82, and I am tired and bored with the travel route, the side issues, the worry, my wife's worry, the consumption of time, the planning, only to roll dice when I do. Let me give you some brief facts and figures: after my first round of

HT for 1 year, I resumed it after 6 years, from 7/06 to 11/07. Casodex became refractory. I added Ketoconazole, Hydrocortizone and Estrogen patches. I stopped HT (except Avodart) when I got Congestive Heart failure and Atrium Flutter, which was successfully ablated. This may have resulted from the HT meds?! "My PSA is accelerating, and lately picking up speed."

You might say I'm just bitching and feeling sorry for myself. Both are probably true, but it's more. I want to articulate what others don't make bold to say, least of all in public. I'd like to think I've done a service to my brethren -- to let out rather than hold in this critical issue.

This is not my final decision. Still weighing it. If I do any intervention, it will be non-aggressive in nature.

Mike Kulla, Co-Facilitator M2M Poughkeepsie

Joke du Jour

The Stranded Irishman

One day an Irishman, who had been stranded on a deserted island for over 10 years, saw a speck on the horizon. He thought to himself, "It's certainly not a ship."

The speck got closer and closer, he began to rule out even the possibilities of a small boat or a raft.

Suddenly there strode from the surf a figure clad in a black wet suit.

Putting aside the scuba tanks and mask and zipping down the top of the wet suit stood a drop-dead gorgeous blonde! She walked up to the stunned Irishman and said to him, "Tell me, how long has it been since you've had a good cigar?" "Ten years," replied the amazed Irishman.

With that, she reached over and unzipped a waterproof pocket on the left sleeve of her wet suit and pulled out a fresh package of cigars and a lighter.

He took a cigar, slowly lit it, took a long drag. "Faith and begorrah," said the castaway, "that is so good! I'd almost forgotten how great a smoke can be!"

"And how long has it been since you've had a drop of good Bushmill's Irish Whiskey?" asked the blonde.

Trembling, the castaway replied, "Ten years."

Hearing that, the blonde reached over to her right sleeve, unzipped a pocket there and removed a flask and handed it to him. He opened the flask and took a long drink. " 'Tis nectar of the gods!" shouted the Irish

man. " 'Tis truly fantastic!!!"

At this point the gorgeous blonde started to slowly unzip the long front of her wet suit, right down the middle. She looked at the trembling man and asked, "And how long has it been since you played around?"

With tears in his eyes, the Irishman fell to his knees and sobbed, "Don't tell me that you've got golf clubs in there too!"

SUBMITTED BY Mary S.

NEW ENHANCED BIOPSY --- MRI & MRSI A Giant Step In The Staging Process---

The standard biopsy is to do 2 each on the right and left side of the prostate at each of 3 levels (apex, midgland & base). The problem (This happened to me.) is that non-aggressive cancer or none at all may be found due to a small sample and aggressive cancer if in a small area may be missed. The standard biopsy also can not always determine if all of the cancer is confined in the prostate.

Surgeons doing "robotic surgery" cut as close to the nerve as is safe, because with a standard biopsy they can't determine with accuracy where the cancer is. An anguishing situation is where the PSA is suspiciously high or rising rapidly, but the biopsies are negative. The concern is that the biopsies missed the cancer. Sometimes 3 or 4 biopsies are done in search of it.

Enter the MRI in all these situations with a different outcome. For example, the MRI can delineate the prostate in "exquisite detail," which is important in accurately guiding radiation beams to treat just the cancer and spare the rectum, bladder and nerves. The MRI can also identify suspicious bone lesions and enlarged lymph nodes which can be treated. The MRI is also sensitive after radiation both in the prostate and in the pelvic lymph nodes and bones, and can sometimes find a recurrence in the pelvis after the prostate is surgically removed. Additionally, the MRI is useful for follow-up instead of biopsies, which is safer and more comfortable. Some doctors favor using an MRI before biopsying to target the most suspicious area, making the follow-up biopsy more straightforward, and less likely of under-sampling. "Because no technique is as good as MRI for delineating the prostate and surrounding tissues and detecting cancer within the prostate, it is the logical

choice." The basic physical principals behind the MRI have been the subject of 2 Nobel prizes. When a contrast dye containing a rare earth element is injected intravenously, the blood vessels light up. By mapping which areas light up first and brightest, and which wash out earliest, the cancer is localized based on its disordered blood supply.

Finally, magnetic spectroscopic imaging (MRSI), with the poorest spatial resolution, is the most specific test for aggressive PCa. One should only get an MRSI from a well-trained specialist as it is a "tricky" undertaking. MRSI isn't covered by Medicare. It is hard to do well, and there is no simple way for coverage to know that they are getting their money's worth when they reimburse for it., so they generally don't. It can cost hundreds of dollars out of pocket.

The technology of MRI and the understanding of its uses are improving daily. This is a relatively new technology and the extent of its application is only beginning to be grasped. It holds tremendous potential especially to help distinguish non-aggressive cancer where treatment may not be needed from aggressive disease where it is -- a giant step in the staging process!

Source: Prostate MRI: Information for Patients and Families by Daniel F. A. Margolis PCRI Insights 11/10

Mike Kulla co-facilitator Poughkeepsie M2M

**Attendance Information
January 6 & February 3**

Joint meetings of Man to Man (M2M) and Side by Side (SXS), the prostate cancer (PCa) support and education groups sponsored by the ACS were held Jan 6 and Feb 3 in the Central Hudson Electric Company Auditorium-, Rt.9, Poughkeepsie, NY. There were 32 in Jan. including 2 new M2M member and 8 SXSs. The February meeting had 32 including 00 new M2M members and 8 SXS.

CORRECTION OOPS!!

Even though we have an excellent editorial staff there on RARE occasion, a typo error. In our last issue Sept/Oct 2010, page 4 under "My Rising PSA after 18 years Part#3, third paragraph BASAP should read BSAP.

Thanks to Bob Josef, Myrtle Beach M2M. ed _____

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

<http://www.boodrow.com>

**ATTENTION•ATTENTION
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2011 M2M Meeting Dates

- April -no meeting
- May - 5
- June - 2
- July - 7
- August - no meeting !
- September - 1
- October - 6
- November - 3
- December - 1

<Other PCa Programs in our area>

**Support Program Meets in Kingston, NY
Meetings for Prostate Cancer 101
For you folks on the other side of the Hudson**

The Kingston group has a wealth of information to share with you in reference to prostate cancer and its diagnosis and treatment.

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

O'Hara's Rising PSA Saga #5

Well, not too much to report this past two months. My PSA has risen to 0.47. I have increased my dosage of GCP to 3 Grams per day. I have filled a prescription for AVODART and was seriously considering to begin taking it.

Then lo and behold Snuffy Myers, a highly respected and experienced oncologist who him-self is a PCa survivor puts out a blog "recurrent prostate cancer that is not cancer." This blog blew my mind as it is exactly what is going on in my case of recurrent prostate cancer. The blog can be viewed at <http://askdrmyers.wordpress.com/>. Basically he states, some residual tissue is left over from RP! (remember in my Rising PSA saga part 1, I state the doctor as saying "I think I got it all!"). Well, he did not get it all! So that tiny, tiny piece of tissue has got its own independent blood supply, as Dr Myers states ! And it is making PSA but it is not necessarily a new or old cancer. All my tests showed negative for metastasis. That's a good thing. The PSA is the key. Just as in my case, my PSA begins to rise after a number of years, very slowly, over a period of several years. My doubling time is still not impressive. The doubling time and rate of rise is the key.

He also suggests:

In some cases Avodart, VitD, Pomegranate (CAPS) Resveratrol, Curcumin and Celebrex in some cases, helps. (celebrex has been known to cause heart problems. Always check with your doctor) The mediterranean diet is also an excellent cancer fighter along with a healthy heart and overall good health. The Mediterranean diet as shown in a UCLA study can slow the doubling time of PSA to 17 months.

If you would like to receive the weekly blog emails all you need to do is send a blank email with Ask Dr Myers in the subject line to <jessica@prostateforum.com>. (Remember, this is a free service....)

**I received an e mail from ZERO
The Project to End Prostate Cancer!
Avodart Turned Down as Prostate Cancer
Preventer**

(The FDA rejected GSK's (Glasko Smith Kline) bid to use Avodart, normally used to ease symptoms of an enlarged prostate, for preventing prostate cancer in men with a high PSA and a negative biopsy. The FDA said the data showed 60 men would need to be treated with Avodart for four years to prevent a single "clinically meaningful" case of prostate cancer.)

So what I am going to decide? For now I will do nothing. Monitor my PSA monthly as suggested. I will

keep with my protocol of Vits and AHCC/GCP.

GOOD NEWS! RESULTS FROM MY LAST PSA 2/04/11 WAS 0.4 A LOWER READING THAN LAST MONTH 0.47. What do I attribute that number too? AHCC/GCP is the new kid on the block, along with all vits. etc. I take.

On another note! If your PSA is rising similar to my story or not, why not try a few months of AHCC/GCP. The BOGO free offer still stands for first time buyers.

F.Y.I.

LIFE EXTENSIONS is one of the largest and respected supplement distributors. Check out their prices for AHCC!

AHCC (Active Hexose Correlated Compound), is an Immune Enhancing supplement.

AHCC is a proprietary compound produced by cultivation and enzymatic modification of several different species of mushroom mycelia, including shiitake, grown in rice bran extract. Considered a superfood.

Life Extension price and quantity for AHCC (Active Hexose Correlated Compound) 500 milligrams, 30 capsules is.

Non-members

Retail price

\$48.98 each, per bottle plus S&H.

Members

Save 25%

\$36.74 each per bottle Plus S&H.

Now compare our quantity & price!

(PLEASE NOTE: We can supply it at a significant savings, the caps we supply are 500mg, **90 capsules** at \$60.00 per bottle and S&H is only \$ 5.00 New buyers get a better deal yet! just e-mail-----

<GCPAHCC @AOL.COM>.

FOR pricing and ordering info.)

SAME PRODUCT SAME QUANTITY BUT WE HAVE BETTER PRICES!!!!

God put me on Earth to accomplish a certain number of things. Right now I am so far behind, I'll never die!

Taken from Guideposts, one minute devotions.

**Dennis O'Hara, Founder- Facilitator emeritus
Poughkeepsie M2M**