



13th-ANNIVERSARY

POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

July 6, 2006 Issue 7 (Meetings to date # 170)

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Our web sites [http://www .geocities.com/charl2ep/Cancer/](http://www.geocities.com/charl2ep/Cancer/) or <http://www .boodrow.com>

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 July 6, 2006 in the Central Hudson Electric Company Auditorium-6, Rt.9, Poughkeepsie, NY. There were 40 in attendance , including 2 new M2M members.

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

<http://www.boodrow.com>

or

<http://www.geocities.com/charl2ep/Cancer/>

July 6, 2006 M2M Presentation

**Drs. Don Coffey and William Nelson
(Videos from 2005 PCRI Conference)
"Pathways to Treat PCa" and " Causes of
PCa , Oxidative Damage, Obesity"**

Dr. Don Coffey is a research scientist who has been Director of the Urology Research Lab's at Johns Hopkins for 32 years. He is also Professor of Urology, Oncology, Pathology, Pharmacology and Molecular Sciences at Johns Hopkins. He has over 250 research papers.

Dr. William Nelson is an MD and PhD at Johns Hopkins. He is a professor of Oncology, Urology, Pharmacology, Medicine and Pathology with a joint appointment in Environmental Health Sciences. His research efforts are focussed on the earliest stages of PCa development to permit the discovery of new strategies for cancer prevention and treatment.

Dr. Coffey's Presentation:

The development and understanding of PCa is relatively recent. Only when Ronald Reagan's BPH problem was discussed in Time magazine was national attention brought to the prostate. Prior to that there was little attention in medical circles.

However, in 1917, there was a pioneering Dr. Young who was the first to put fine tubes filled with radium into the prostate. This was a precursor to brachytherapy. The same Dr. Young also operated to remove the prostate which was an early version of prostatectomy. The prostatectomy was perfected by Dr. Walsh some 50 years later and is now commonplace. After WW2, Cobalt 60 gamma sources became available and were used to irradiate the prostate. Much damage to the GI tract was common and it was almost 50 years before sophisticated tools like IMRT became available. The point he was trying to make was that many significant changes in technology have been achieved and it will be many more years before the comparative effectiveness can be evaluated.

He cited the diagnostic problem that 1.2 million needle biopsies are done each year on suspicion and only 2% result in death (29,000). He compared this to other cancers like lung or pancreatic cancer where 90% of those who biopsy positively usually die. Too many biopsies in PCa presents a huge expense and unnecessary worry problem. It has to be improved somehow.

There are good cancers (indolent) and bad cancers (virulent, lethal). Both kinds may be found in prostates. Researchers still don't know whether cancer progresses from a low Gleason grade to high or whether they start out at a high grade and grow. Early detection of cancer is beginning to be correlated with DNA structures. This may allow an early determination of susceptibility. Expression of genes and proteins in normal tissue appears to predict cancer. Some genes are common in aggressive tumors.

Stem cells may be able to restore prostate health. Reserve stem cells become active when the prostate grows and these play a role in maintaining healthy growth. A balance between DNA synthesis and apoptosis also seems to be important in cancer development and control.

Dr. Nelson's Presentation:

We appear to be on the verge of new insights to prevent cancers. All cancers start in epithelial cells and appear due to:

Infections which lead to some cancers like stomach cancer.

Inflammation which is very common.

Exposures such as smoking, estrogens, diet.

Obesity- Does everyone eat too much? Does it relate to cancer?

BMI (body mass) > 30 may not be the cause, but poorer cancer treatment outcomes result from obesity..

Cardiovascular disease deaths are dropping and cancer may replace it as the top killer!

Foods in PCa appear to be very important because of all the phytochemicals in the many fruits and vegetables we eat. These are extremely complex substances.

Inflammation appears to play a strong role in many diseases. The coincidental use of anti-inflammatory drugs like aspirin or the statins appears to be helpful for cancer. Complex interactions between antibodies and inflammation seems to give rise to cancer growth. This has been illustrated in animal experiments where cancer producing oncogenes were implanted in animals where there was a combination of antibodies and inflammation. There was a dramatic difference in cancer growth when both factors were present.

Prostates have been analyzed in the U.S. where typically there is a lot of inflammation such as chronic prostatitis and a lot of prostate cancer. Prostates have also been analyzed in Asia which is relatively free of prostate cancer. Probably due to diet, there is almost no inflammation. When the same men come to the US and change diets they become inflamed and get PCa just like American men. There is a strong correlation between PCa and prostatitis, but not with sexually transmitted disease infections.

Genetics is beginning to show a role in PCa. Scientists have begun to map "zip codes" for

genes that stand out in cancer cases. For example, RNASEL and MSR1 are genes that fight infection. It appears ironical, but the presence of these genes as well as inflammation leads to PIA (Proliferative Inflammatory Atrophy) which is the earliest lead in the PCa pathway. A protective substance called GSTPI is lost to oxidation in the cell structure which leads first to PIN and then PCa.

Antioxidants in the diet appear to be helpful to fight cancer such as alpha-tocopherol and gamma-tocopherol, selenium, lycopene and others. Red meat consumption appears to affect PCa, but surprisingly, the preparation of the meat is the important factor. There are compounds in the meat which when grilled at high temperatures will create two kinds of amines which are carcinogenic. These same compounds are found in tobacco products. The high temperature, pyrolytic products are not eliminated well by the liver and can go directly to the prostate. If the protective GSTPI substance is absent in the cells, then cancer can be initiated. Inflammation/infection antibodies plus carcinogens results in cancer. Therefore, when people grill meat the temperature should be kept low (about 160C) and the burgers should be flipped often to minimize the carcinogen formation.

Dr. Nelson finished by pointing out that millions of dollars have been spent on PCa prevention trials with little apparent success: Finasteride, Dutasteride, Selenium plus Vitamin E and the VIP (Rofecoxib) trials are examples. He feels that we should be reducing prostatitis and inflammation to be on a more successful path.

Paul Totta, Poughkeepsie M2M Co-Facilitator

Newcomers & PCa 101

There were two new members. Both of them were here to gather information.

HERE, THERE AND EVERYWHERE Who's Healthier, Brits or Americans?

Researchers in London found that white Americans, ages 55 to 64, are more sickly than their British counterparts. Published in the spring of 2006, the study found that Americans are twice as likely to suffer from diseases such as lung cancer, diabetes and high blood pressure. The rates of heart disease, heart attacks and strokes are also higher among Americans. The researchers could not account for their findings.

Is it lifestyle? Not likely. The study controlled for smoking, drinking and obesity. Americans tend to be fatter but Brits drink more. As to exercise, the study mockingly suggests that "walking from the car to McDonald's might not be as beneficial as ambling down the road to the neighborhood pub."

Is it healthcare? British citizens have access to a government-run health care system that encourages preventive care. By comparison, about 46 million Americans lack health insurance. But Americans spend twice as much as the British do on health care, and many of the wealthiest Americans in the study who presumably have insurance, are sicker.

What's left? One possibility is stress. Americans work harder and longer than the Brits. They take greater risks in switching jobs and starting companies. While that may make for a more dynamic economy, Americans "might be working themselves to death," the study concludes. Just a theory the researchers concede.

The source of the above is USA Today (5/8/06). There is much we don't know about this study as reported by the newspaper, such as the sample size, how the subjects were picked, how thoroughly lifestyles, health care, etc. were compared. Americans, it is said, spend twice as much on health care, but is that surprising given that health care in England is free? Most well done studies it seems lead to hypotheses.

In the last issue of M2M, I wrote about the role of the Food and Drug Administration in generic drugs. Again this agency is spotlighted. One hundred years ago the FDA was born, originally known as the Bureau of Chemistry. Regulatory agencies like the FDA are established with the expectation that they will vigorously protect the public good, but sadly their vitality has diminished from powerful business influences and legislators' votes.

Despite its limitations, the FDA had a reputation of sticking to the facts and acting above political considerations. Nutrition Action (6/06) rates the agency as doing mediocre work. but its score card is anything but cheery. A few examples: FDA essentially doesn't police deceptive claims on food labels allowing countless labels to tout whole grains that are mostly white flour. It considers salt and partially hydrogenated oil to be safe though, according to Nutrition Action, they cause "tens of thousands of fatal heart attacks and strokes each year." FDA allows the sale of fish that are highly contaminated with mercury, and fails to restrict cancer-causing acrylamide contaminant's in foods. They ignored an advisory committee's strong recommendation to allow a "morning after pill" to be sold without prescription.

Nutrition Action concludes that at this juncture the FDA (2 billion dollar budget and 9000 employees) is "failing the American public." They hope that after the next election the FDA will regain some of its independence and aggressiveness. Meanwhile, FDA's advisory committee is heavily represented "by scientists who have financial ties to food or drug industries."

Mike Kulla Poughkeepsie M2M

Reminder
M2M Celebration of Life Dinner
9/14/06 see insert

Parts I and II address Dr. Charles (Snuffy) Myers' recommendations for supplements to take to achieve optimal prostate health. Part I also describes the Mediterranean diet, which Dr. Myers advocates, while Part II presents the research supporting this diet. This article, Part III, describes the Mediterranean diet in greater detail.

There are over 120 papers that link arachidonic acid (a fatty acid) to the growth and spread of prostate cancer (PCa). Arachidonic acid is found in large amounts in meat. According to Myers, the Mediterranean diet as practiced on Crete limits red meat to once a month and white poultry to once a week. The main source of protein are beans, nuts and grains. The point is their diet is low in arachidonic acid. They eat a relatively high level of fat such as almonds, olive oil and nuts, but this kind of fat, monounsaturated, does not play havoc with PCa. Incidentally, this is the same fat that reduces LDL or "bad" cholesterol. It should also be noted that aspirin, ibuprofen and other nonsteroidal anti-inflammatories also block arachidonic acid.

DHA and EPA, the fat found in fish, are an integral part of the Mediterranean diet. This "good" fat blocks the adverse effects of arachidonic acid. The Mediterranean diet is also rich in vegetables like tomatoes and especially dark leafy vegetables that contain lycopene and lutein, two compounds that appear to suppress PCa. Pomegranates are also one of the mainstays of this diet that purportedly are beneficial for men with PCa. The medical literature is replete with the benefits of the Mediterranean diet.

Myers makes some specific recommendations. Beans and legumes are proteins free of cholesterol and arachidonic acid, but beans take a long time to cook and they produce intestinal gas. Small gourmet lentils have a unique flavor and they cook rapidly. Some names are beluga

lentils, pardina browns and small French green lentils. He even tells you how he cooks these special lentils (PAACT 3/2006). **A website to introduce you to them is <http://chefshop.com>.**

Another likely part to the Mediterranean diet is sardines, rich in healthy fats and very low in the contaminant's found in many fish. His best-liked is double layered King Oscar packed in olive oil. Dr. Myers writes about avocado oil with fondness, in that it is stable at high cooking temperatures and has a wonderful flavor. His favorite brand is Elysian Isle Gourmet Avocado from New Zealand. He suggests using Google to find the best deals.

This diet, as you might think, is rich in fruits like dates, figs, grapes, oranges and of course, pomegranates. His most prized fruit is a hard to find apple that was a favorite of Thomas Jefferson and Benjamin Franklin -- the albermarle pippin. On the subject of fruits, he rhapsodizes about freeze-dried fruits, not frozen, but dried fruits that concentrates the flavor. "You can just pop it in you mouth like candy." He also suggests crushing freeze-dried raspberries, strawberries, blueberries, etc. into powder and adding it to tea or putting it on top of other fruit.

Not to be overlooked, he talks about healthy spreads. There are many options such as almond butter, which I grind up at Mother Earth, or garlic crushed in olive oil plus a little salt. His favorite is humus which can be flavored in many ways. See his recipe in PAACT.

All this is in the service of eating tasty, easy to handle dishes while keeping the Prostate healthier. Do you get the flavor of this series?

PS If you are interested in the sources he recommends for his supplements, let me know.

Mike Kulla Poughkeepsie M2M

Joke du Jour Geriatric Humor

An elderly gentleman had serious hearing problems for a number of years.

He went to the doctor and the doctor was able to have him fitted for a set of hearing aids that allowed the gentleman to hear 100%.

The elderly gentleman went back in a month to the doctor and the doctor said, "Your hearing is perfect. Your family must be really pleased that you can hear again."

The gentleman replied, "Oh, I haven't told my family yet. I just sit around and listen to the conversations. I've changed my will three times!"

TO ALL RECIPIENTS OF OUR NEWSLETTER.

If you are experiencing any problems with receiving the newsletter, possibly your name, address or zip code are wrong. If you are receiving duplicate or triplicate issues or if you know of any other members who are experiencing mailing problems, contact Peter & Teresa Hardin, phone: 845-897-9667, e-mail: <hardin.pt@verizon.net>, or regular ground mail: Peter Hardin, 12 Penn Street, Fishkill, NY 12524

Meetings and speakers for 2006

- **August 3•Dr. Gerstley. Will discuss "TomoTherapy" a combination of CT Scan& IMRT**
- **September 7- Dr. Matthew Milowski, Clinical trials on Monoclonal Antibodies/M2M Dinner**
- **October 5-TBA**
- **November 2-Dr. Stan Kacherski**
- **December 14 -American Medical Systems and Hudson Valley Urology.**

M2M represented in Washington, D.C.

The UICC (International Union Against Cancer) and the ACS hosted a World Cancer Congress in Washington DC July 8-12. Over 6,000 were in attendance. M2M was represented at the conference by Dennis O'Hara Eastern Division Representative for M2M and founder and facilitator emeritus of M2M Poughkeepsie. This was an excellent conference building on the theme "Bridging the Gap: Transforming Knowledge into Action."

During the conference a committee was formed to implement a Global Prostate Cancer Coalition. The committee members consist of survivors, scientists, representatives from PCa groups world wide, and several cancer organizations world wide. Stay tuned for further information.

**PLEASE NOTE
JULY is M2M POUGH-
KEEPSIE'S 13TH
ANNIVERSARY.
THANKS TO ALL OF
YOU FOR MAKING
THIS SUCH A SUC-
CESSFUL PROGRAM.
"LETS KEEP THE
LIGHT BURNING"**

**SEPTEMBER 14 IS M2M
POUGHKEEPSIE'S
CELEBRATION OF LIFE DIN-
NER!**

SEE INSERT.

**CHECK IT OUT
SEND YOUR CHECK!**

Attention:

**We always meet the first THURS -
DAY OF THE MONTH UNLESS OTH-
ERWISE SPECIFIED**

**Next meeting Thurs,
August 3, 2006 at 6:30 pm 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**

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