



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

June 1, 2006 Issue 6 (Meetings to date # 169)

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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 June 1, 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.geocities.com/charl2ep/Cancer/>
or <http://www.boodrow.com>

June 1, 2006 PROGRAM

Guest Speaker: Dr. Bruce Gendron
"Current State of PCa Imaging"

Dr. Gendron is an affiliate of DRA Imaging in Poughkeepsie, NY. He earned his BS at Princeton, MD at Georgetown, interned in Emergency Medicine and did his residency in Diagnostic Radiology. He is Board Certified in Radiology.

He first presented a quick overview of prostate disease. Sensitivity and specificity in PSA testing were discussed. He showed the anatomy of the prostate, and commented that 68% of PCa is found in the peripheral zone of the prostate and 24% in the central zone. Then he began to discuss the imaging methodologies.

First, he spoke about ultrasound imaging of the prostate. All men who have been biopsied or who have seed implants are imaged with ultrasound where the transducer is inserted into the colon to get as close as possible to the prostate. Images in gray scale were shown, and it was pointed out that visualizing the cancer is difficult, or at least subjective. The color Doppler method is about 5% more sensitive because the blood vessels that support the cancer can be imaged. Improved recognition of tumors makes biopsy sampling more effective. However, the tool and the method have not been mastered by many doctors. For best results, he recommended that people should go to places and people who do color Doppler all the time.

Then, Dr. Gendron spoke about CT(computed tomography), an x-ray technique, and MRI (magnetic reso-

nance imaging) which most men have prescribed for them in the "work-up" after PCa diagnosis. High strength magnets combined with radio frequencies are used to collect information from the protons in tissue about their chemical environments. MRI does not expose the tissue to ionizing radiation like CT or bone scans and has been prescribed for evaluating intra-capsular prostate tumors as well as extra-capsular extension. Another variation on the theme of MRI is to do spectrometry to evaluate the chemical composition of tissues. In an area scan, an increase in choline and creatine, combined with a decrease in citrate indicates malignancy.

He spent a little time speaking about nuclear medicine, bone scan, where a radioactive tracer goes to advanced disease (bone metastasis) and may be visualized by the radiation it emits. However, other processes such as arthritis may also show up as a false positive. Prostatecint, a monoclonal antibody containing a radioactive isotope of indium, has been used in nuclear medicine to improve the identification of the cancer.

For men who have had hormone suppression for a long time, osteoporosis or osteopenia bone weakening become concerns. Most men have DEXA scan testing done to determine deviation from normal bone density. Some doctors, particularly on the West Coast, prefer QCT for determining bone density. Dr. Gendron, who has used both methods, prefers the DEXA scan method and claims that QCT gives a pessimistic result. He said, however, that either could be used as long as a baseline is established. The results should not be mixed or interchanged.

Finally, Dr. Gendron discussed PET (positron emission tomography) and PET/CT combinations. Small studies have shown that PET/CT may be useful in detecting and following lymph node and distant metastases of prostate cancer in patients with active disease. On May 8, 2006, a Medicare sponsored study began to evaluate how PET affects the management of patients with all types of cancer. Three area centers are participating in the trial, including DRA in Poughkeepsie, as well as places in Nyack and Kingston. An organization known as NOPR (National Oncology PET Registry) is supervising the tests. It requires a recommending physician to fill out the basic forms to report management plans before and after the study. The exam is provided free of charge to Medicare patients, and is approved for detection, stag-

ing and restaging of PCA. In PET, glucose labeled with Fluoride-18 is injected into the blood and goes preferentially to the cancer cells. These have an affinity for glucose because they are growing rapidly. Positrons emitted from the F-18 tracer react with nearby electrons to emit gamma radiation in two directions. This radiation can be detected and plotted to locate tumors.

Dr Gendron answered many questions, but is willing to answer more if contacted at DRA. His e-mail address is: bgendron@ draimaging.com

Paul Totta,

Co-facilitator of Poughkeepsie M2M

**ADDENDUM to Dr Gendron's talk
OZONE & PCa.**

Someone at this meeting had heard that ozone was being used or considered by someone as a treatment for PCa.

At the risk of butting in where I'm not wanted, I'd like to comment on something that was briefly discussed at the meeting before my talk. That is the use of ozone as an experimental treatment for prostate cancer and a variety of other disorders. I heard about this, and having the perspective of a physician, I was scared for your members.

First, ozone is a known carcinogen and strong oxidant. One might as well inject a combination of PCB and lye into a person.

Second, to qualify as an experiment, there needs to be a control group. That is, a group which is injected with a neutral substance instead of ozone in order to evaluate the effectiveness of the treatment after eliminating the placebo effect (known benefit of positive interaction with a caregiver).

Third, any responsible experimenter would do extensive animal trials before working on humans in order to identify and quantify any harms caused by the treatment. These typically take years and are very expensive. I suspect that neither of the second two issues has been addressed, and that this guy is a complete quack. The whole thing sound like laetrile. That's my physician's (skeptic's) opinion. I swore a long time ago to: "First, do no harm."

Bruce Gendron

Newcomers & PCa 101

There were two newbie's at this meeting. Due to the absence of our 101 guru, Herb Ilker, no report was taken.

Response to CHT Treatment as Plan A

At one of our M2M meetings, a Doctor described a case where a man went through a combined hormone treatment (or chemo, I forget which) as his Plan A and then after many years, when his condition worsened, decided to go ahead with radiation or surgery (I forget which). The Doctor asked why anyone would put themselves through all that instead of just going for a normal Plan A approach right from the start? He couldn't fathom why someone would do such a thing. I wish I had responded to that question at the meeting, but I didn't.

So now, I'd just like to point out to other men in the Man to Man group why I chose to use a normal systemic Plan B treatment as my Plan A treatment. When I was diagnosed with PCa, I was 58 years old. I was diagnosed with localized PCa with Gleason of 8 or 7 depending on whose opinion; with the 7 being of the less favorable 4-3 variety. I wanted to continue working until I retired at age 65 without risking some of the permanent side effects that men can wind up with after radiation or prostatectomy. I didn't want to take the chance that I might have to continue working while having severe incontinence, or having to wear a pouch under my clothing to ensure I didn't embarrass myself on the job. (It might only be a 1 to 3% chance, but if someone told me I had a 3% chance of winning the lottery, I'd probably go out and buy more tickets!) I feared some side effect might force me to cut my career short and retire earlier than I planned.

Using a normal Plan B, triple hormone therapy, as my Plan A, I was quite certain that my PCa would be controlled and I would suffer no side effects that couldn't be reversed. This approach offered me some guarantee, if it worked well in my case, that I could continue working and retire at age 65 without having to worry about permanent side effects during my working years. And of course, my Plan A treatment, which treated my PCa as if it was systematic, would be treating my PCa whether or not it had, unbeknownst to me, metastasized. I also felt that by using the powerful, normally Plan B, treatment while I still had local PCa,

would give that method a good shot at driving all or most of my PCa into remission.

I'm now retired from work, am 66 years old, have no permanent side effects. I am now only taking Avodart until such time as I may use additional therapy as necessary. If my PCa is still localized, as I believe it is, I still have radiation and surgery as an option as my Plan B. After two rounds of using this treatment intermittently, my PSA is holding at .5 over the last 9 months and I'm feeling that my 'systemic Plan A' approach has accomplished my goals for it so far.

I hope this demonstrates to Man to Man members and to the Doctor that perhaps there is a perfectly reasonable justification for using a systemic approach as ones Plan A.

**Good health to all.
Anonymous**

Editors Note.

Many oncologists recommend conventional therapy for Plan A and Hormone Blockade for Plan B. But, here is a real live case where this person, as well as several men in M2M Poughkeepsie, have chosen to use Hormone Blockade as Plan A and they are doing well!

If anyone would wish to contact the person who submitted this article, he can do this by contacting the editor.

We have asked the men to contribute their personal stories, we urge you to consider doing so, this way we can inform our many readers what is taking place as far as diagnosis & treatment is concerned for PCa.

Editor

DIET AND SUPPLEMENTS A LA SNUFFY Part II

Part I offered Dr. Charles (Snuffy) Myers' recommendations and disparagements of certain supplements to achieve optimal prostate health. Following is an elaboration of his recommendations.

VITAMIN D 3 (cholecalcitrol, 4000 IU a day), The recommended daily intake of vitamin D was 400 IU. This dose was arrived at to prevent rickets in children.

More recent studies on adults suggest that they need 2000 IU or more of D. In fact, a new study showed that this dose arrested progression of prostate cancer (PCa) after surgery or radiation in 60% of men.

LYCOPENE (30 mg a day). Lycopene is the red pigment in tomatoes. Four studies taken together show that it nearly doubles blood and triples prostate tissue lycopene levels resulting in limiting the impact of PCa and enhancing the effectiveness of hormone therapy. Lycopene is a safe agent that positively influences the biology of PCa.

VITAMIN E (Gamma tocopherols, 200 IU or less a day). He cites a randomized controlled trial in Finland involving 26,000 men. With a dose of only 50 IU, the death rate from PCa was reduced by 40% after a period of 5 to 8 years.

SELENIUM (200 mcg a day). This is based on a well constructed trial of 1200 people over a 10 year period. One group was given selenium, the other a placebo. PCa was reduced by 64% in the selenium group. Other cancer deaths such as colon, lung & esophagus were reduced by 50%.

FISH OIL (4000 mg a day). Here, Harvard School of Public Health reported on 46,000 men over 12 years, in which a steady decline in the risk of metastatic disease occurred as the amount of fish oil consumed a day was increased. Additionally, fish oil has multiple cardiovascular benefits including a reduction in the risk of hypertension and atherosclerosis.

SOY ISOFLAVONES (200 to 270 mg a day). There is extensive literature linking consumption of soy products with a decreased risk of death from PCa. Recently, a Phase II trial showed that 100 mg of soy isoflavones 2 times a day arrested progression in 84% of men on a watchful waiting regimen and 35% of men with hormone-resistant PCa. Interestingly, a lower dose of about 80 mg had no impact.

In Part I, the Mediterranean diet, highly touted by Dr. Myers, was described and will be more extensively examined in Part III. For now, the literature supporting this diet will be summarized. For example, Saxe and Al gave the Mediterranean diet to cancer-recurring patients who had radical prostatectomies. Before the diet change their PSA doubling was 6.4 months and 17.7 months afterwards. This is nearly a 2/3 reduction in the growth rate of the cancer. Thus, this has the potential of tripling the lifespan of these patients.

Two clinical trials pertaining to general health are persuasive. The Lyon Diet Health study looked at 605 people in intensive care with their first heart attack. After 4 years, those on the Mediterranean diet had a 50% reduction in heart attacks and a 60% reduction in new cancers.

The second study, the Hope Trial, 2300 subjects between the ages of 70 and 90 were followed. Four lifestyles were looked at: not smoking, exercise, moderate alcohol consumption and the Mediterranean diet. Those who used all 4 positive lifestyles had close to a 70% reduction in deaths compared with those who did none of these. The Mediterranean diet accounted for about 25% reduction in deaths. This is certainly powerful evidence for eating right.

To be continued.

Mike Kulla Poughkeepsie M2M

HERE, THERE & EVERY WHERE Detection & Elimination of Cancerous Tumors

BioCancell (TheMarker.com) has reported technology for the detection and elimination of cancerous tumors developed by a Professor Avraham Hochberg from Israel, author of some 95 articles on the subject. The tumors contain a gene found in fetuses, that disappears after birth and reappears in 30 types of cancer, according to Dr. Hochberg. The method is so precise, he said, that it allows us to see a single cancer cell in tissue, using inexpensive and quick computer technology.

BioCancell has also developed a drug for destroying the cancer gene. The drug contains diphtheria toxin, "the strongest toxin known to science," and plasma DNA, which will cause the toxin only to attack the cancer cells that contain the gene, while leaving the surrounding cells unharmed (Source: Israeli Consul General, NY). I have no information on its approval level. We should know more about this potentially important news, perhaps from a knowledgeable speaker at one of our M2M meetings.

Putting Cancer On Ice

Three years ago a team of investigators at Wake Forest University School of Medicine found by pure accident a mouse resistant to even aggressive cancers! I'm not kidding. This mouse was exposed to large doses of cancer cells well beyond lethal, but still

remained cancer-free. The researchers now report that they have prevented cancer in ordinary lab mice by injecting them with blood cells from cancer-resistant mice bred from the original super mouse.

By way of explanation, the National Academy of Science (5/9/06) reported that powerful resistance is transferred through the animal's white blood cells. They opine that the animals' innate immune system is an antidote to the onset of cancer and/or it kills cancer that already exists. The Wake Forest team is now hunting for a gene(s) that accounts for this protective phenomena. The initial findings have yet to be replicated by other labs which are just gaining access to the animals. These findings need to be reproduced and confirmed. "If this turns out to be what we hope, it will be a gift to mankind." Many mouse models parallel the disease process in humans, according to Memorial Sloan-Kettering.

Generic Drugs Stuck In Pipeline

We all know that generic drugs create competition that dramatically lowers prescription drug prices. Generics account for 56% of all prescriptions filled. They have already been tested, approved and sold. Still, it takes the FDA twice as long (16 1/2 months) to review a generic as it does a new brand name drug.

Here's FDA's data: When 2 generics are introduced in competition with a brand name, prices are cut in half. When 9 generics compete, prices drop an average of 80%! Here's the rub: The FDA has 200 employees who are reviewing about 975 generic applications, while 700 employees are reviewing about 150 new drug applications. And why is this? Could it be that the vastly larger staff for new drugs is because brand-name drug makers pay the FDA user fees? AARP thinks so.

FDA officials say they are approving more than one generic each business day, but they predict a record number of new generic drug applications and an even larger backlog. In spite of the backlog the FDA told Congress in February that its generic drug office can do the job with the resources it has on hand! As one Congresswoman put it: "The thing that is really screwy is they have a huge backlog of generic drugs and yet they are not asking for any more money." The same Congresswoman proposed shifting money and staff temporarily from the new drug office to the generic office.

As to imposing user fees on an industry it is charged with regulating, it only increases industry's influence over the FDA. Meanwhile, by sanctioning these delays, big government is fleecing Medicare and Medicaid programs and you and me directly!! Agitate to legislate.

Mike Kulla, M2M Poughkeepsie

Credit: The Jean Carper Newsletter. Green Tea: A New Antidote to Alzheimer's and Cancer?

If you are not drinking green tea or taking green tea capsules, you are missing an incredible chance to boost your health. Evidence for the powers of green tea continues to pile up in medical journals at an increasingly fast pace.

Here's the latest: Dementia and Alzheimer's

The more green tea you drink, the lower your risk of age-related memory loss, cognitive dysfunction, and dementia, including Alzheimer's, says a first-of-its-kind study of elderly Japanese. Researchers analyzed the relationship between consuming green tea and cognitive function in 1003 Japanese men and women over age 70. Subjects' cognitive function was measured by the Mini-Mental State Examination, a widely accepted standardized test.

The conclusion: Cognitive impairment was lowest in Japanese who drank the most green tea. Specifically, compared with those who drank little green tea—less than 3 cups a week—

- Drinking 4-6 cups green tea a week or 1 cup daily cut risk of cognitive impairment 38%.
- Drinking more than 2 cups of green tea every day slashed cognitive impairment risk more than half or by 54%! In contrast, drinking black or oolong tea or coffee had only a weak or no impact on cognitive function.

How does green tea work? Researchers credit green tea catechins, mainly EGCG (epigallocatechin-3-gallate) as strong antioxidants and more. EGCG permeates brain tissue, helps detoxify a protein (beta amyloid) incriminated in Alzheimer plaques, helps chelate iron from brain cells, and even spurs growth of neuron connections.

EGCG possesses “potent neuroprotective activity that can help ameliorate neurodegenerative diseases such as Alzheimer’s and Parkinson disease,” researchers conclude. (Kuriyama, Shinichi, *Am J Clin Nutr* 2006;83:355-61)

Prostate Cancer

Taking green tea capsules virtually wiped out the development of prostate cancer in men at high risk, says Italian researcher Dr. Saverio Bettuzzi, University of Parma. He had men take 600 mg a day of concentrated green tea catechins, containing 300 mg EGCG, or a placebo for a year. All the men had premalignant lesions, putting them at risk of progression to full blown prostate cancer. After a year, only one man (3%) in the group on green tea capsules developed prostate cancer compared with 9 men (28%) on placebo. Thus, the green tea was nearly 90% effective in preventing prostate cancer. Researchers attribute the anti-cancer activity to the daily 300 mg of antioxidant EGCG. (It is the amount in 3 cups of brewed green tea or 1 capsule of Stop Aging Now! (High-Antioxidant Green Tea Extract.)

Dr. Bettuzzi also noted that the green tea capsules reduced lower urinary tract symptoms, suggesting they might also help treat the symptoms of benign prostate hyperplasia (BPH). (Bettuzzi S. *Cancer Res* 2006 Jan15;66(2): 1234-40)57

Breast Cancer

EGCG kills breast cancer cells in cell cultures & blocks cancer progression in animals, according to studies at the Uniformed Service University of Health Sciences in Bethesda. Animals were inoculated with human breast cancer cells and then given green tea polyphenols and specifically EGCG. Those getting the green tea & EGCG had fewer tumors & did not develop them as fast as animals given only plain water.

EGCG clearly killed breast cancer cells and inhibited spread of the cancer, concluded researchers, confirming that green tea polyphenols and EGCG have anti-tumor properties.

Supporting the finding is research showing that Asian Americans who drink green tea have a lower risk of breast cancer. (Thangapazham RL, *Cancer Lett* 2006 Mar 3 (Epub ahead of print).

Other new research in cell cultures finds that EGCG also inhibits activity promoting colon cancer and liver cancer, and may help prevent HIV-1 infection.

Diabetes and Cataracts

Tea is also a simple and inexpensive way to prevent diabetes and cataracts, a common complication of diabetes, according to Scranton University researchers. They fed green and black tea to diabetic rats for 3 months (the equivalent of 5 cups a day for humans.) The tea both reduced blood glucose levels and significantly inhibited cataract formation in the animals. Green tea is more potent than black.

In fact, other research shows that green tea EGCG was very potent in regulating insulin secretion that helps control blood sugar. (Vinson, JA, *J Agric Food Chem* 2005 May 4, 53(9): 3710-3)

Autoimmune Disorders

EGCG in green tea suppresses inflammatory activity, and thus, should greatly cut the risk of autoimmune disorders, says Dr. Stephen Hsu at the Medical College of Georgia. For example, he notes that about 30% of elderly Americans suffer dry mouth (xerostomia), an autoimmune disorder, compared with only 1 or 2% of elderly Chinese who drink lots of green tea. In tests, Dr. Hsu has found that EGCG does suppress autoantigens, in human cells and therefore might combat autoimmune diseases, such as lupus and Sjoren’s syndrome—a condition resulting in dry mouth and dry eyes. (Hsu S., *J Pharmacol Exp Ther* 2005 Nov, 315(2): 805-11) There’s evidence green tea may also be helpful against inflammatory bowel disease.

Ginkgo Vs Ovarian Cancer

Taking ginkgo biloba cut ovarian cancer risk 60 percent, says new Harvard research. In a group of women, 4% without the cancer said they had taken ginkgo for 6 months or more. Only 1.6% of women who developed the cancer were ginkgo users. Ginkgo reduced non-mucinous types of ovarian cancer risk by 65-70%. In test tubes, ginkgo’s main components, ginkgolides A and B blocked proliferation or spread of non-mucinous ovarian cancer cells by 80%. The dose was unclear, but the typical recommended dose is 120 mg standardized ginkgo daily.

Can Vitamin E Stop Prostate Cancer?

University of Rochester researchers have discovered an important new way vitamin E can interrupt the progress of prostate cancer, adding credibility to its cancer-fighting potential.

They identified a protein called alpha tocopherol associated protein (TAP) that works with vitamin E to boost its ability to block the growth of prostate cancer. TAP facilitates the transport of vitamin E into prostate tissue and increases the vitamins capacity to suppress the

proliferation of cancer cells. Vitamin E also disrupts production of prostate-specific antigen (PSA), a key player in the development and progression of PCa.

Breast Cancer (BCa) Antidote

Drinking a couple of martinis or 3 beers a day (40 or more grams of alcohol) can boost a woman's odds of breast cancer 40%, says a new Australian study. However, women can help offset the added cancer risk by getting at least 400 mcg daily of folic acid, a B vitamin. Women who consumed 40 grams or more of alcohol and 200 mcg folic acid a day had twice the odds of breast cancer as abstainers. Women who got the same high dose of alcohol & 400 mcg folic acid had no more risk than nondrinkers. Other research shows women drinkers with a family history of BCa are not equally protected by folic acid.

Meat Feeds Pancreatic Cancer

Eating meat boosts pancreatic cancer risk, says a large new study by the Cancer Research Center of Hawaii and the University of Southern California. Researchers tracked 190,000 men and women, ages 45-75 for 7 years. Those who reported eating the most processed meat (bacon, ham, bologna, salami, and other cold cuts) had a 68% higher risk of pancreatic cancer than those who ate the least. Eating the most pork and red meat boosted odds 50%. "Most" means about 6/10 of an ounce per day of processed meat, one ounce of beef or 1/3 ounce pork per 1000 calories consumed. Eating poultry, fish, dairy products, eggs, total fat, saturated fat and cholesterol did not affect risk.

Antioxidants Slow Aging

Here's exciting new proof that taking lutein, lycopene and beta carotene can slow the aging process, finds Tufts University research. Women ages 50-70 who took the above antioxidants for only two months had dramatically less DNA damage to cells than women taking a dummy pill—and the effect kicked in after 15 days!

The extent of DNA damage is a prime measure of how fast you age and develop chronic diseases—from cataracts to cancer.

In the study a mixture of 4 mg lutein, 4 mg beta carotene and 4 mg lycopene—12 mg total—cut DNA cellular damage an amazing 29%. Also, 12 mg of each antioxidant alone worked. Lycopene and lutein were most powerful, reducing

DNA damage 28% and 31% respectively. Beta carotene cut damage 10%. (Stop Aging Now! Multi-Nutrient Formula provides 16 mg daily of mixed beta carotene, lutein and lycopene as well as other antioxidants.)

Beware Rancid Fish Oil

Fish oil supplements can be rancid and hazardous. New Zealand tests show that many commercial fish oil supplements contain "oxidative by-products," indicating rancidity. Taking rancid fish oil can actually promote rather than prevent heart disease, as well as other chronic diseases, researchers say.

Their advice: Test your fish oil capsules by biting into one. It should taste fresh and mildly fishy. If it tastes bad or strong throw it away. Choose brands that add high antioxidants, including vitamin E as gamma and delta forms of vitamin E. This helps prevent the oil from becoming rancid. (Omega T, sold by Stop Aging Now! is a good example of a safe, non-rancid fish oil supplement. Give it the taste test.)

Calcium Study Flops

Taking 1000 mg calcium and 400 IU of vitamin D daily did not appreciably reduce hip fractures or other bone fractures in women in general, according to a major National Institutes of Health study. However, it did cut broken hips 21% in women over age 60.

A suspected reason: the dose of vitamin D was too low to bolster bone-strengthening activity. Recent studies show vitamin D may be more critical than calcium in boosting bone density, and that most people need at least 600 IU daily to reduce fractures. As for why the high calcium did not reduce colon cancer—the study was not long enough to detect protection, says John Baron, M.D. Dartmouth Medical School. He has found that high calcium helps suppress polyps leading to colon cancer.

Jim Kiseda Poughkeepsie Man to Man

Survivors Day Event 2006
The theme this year was 50's & 60's

What a day, the weather was perfect in the 70's the crowd exceeded 450. The food was plentiful. Our focus this year was the 50's & 60's featuring the classic rock group "Larry Chance & The Earls" a live doo wop band from the 50's & 60's. Some of their hit records are "Life is But a Dream, Remember Then, I

believe." Larry the lead singer and founder of the group is a 6 year survivor of cancer. The group was EXCELLENT. Larry was very gracious and his stories, how the group got started and stayed together for the past 49 years were very emotional. He paid tribute to the survivors in the room, and the Veterans of past wars, he asked those veterans present to stand and all were given standing ovations. He had many in the audience participate with sing alongs and invited Neal Cassese to play the Keyboard which he did very well. They played well beyond the designated time taking requests from the audience and answering many questions. The entire group lingered on in the hallway so many could shake hands and chat with them.

Our heart-felt thanks to Larry Chance and The Earls, the staff at VBMC, the Survivors Day Committee & Chairman, Debby Panetta, who put this day together, the food department under the guidance of Chef Anthony Fischetti, all the volunteers that assisted, and the volunteers who acquired the many free raffle gifts that were given away. Last, but not least, Vassar Brothers Foundation and the Dyson Cancer Center played a major role.

We also announced and kicked off our **special fund raiser for next years 2007 Survivors Day event.** A raffle for a motorcycle, custom fabricated and built by Bulldog Customs of Beacon NY. The Bike will have a cancer survivor's theme and will be further modified to the wishes of whoever wins it. **Folks, this will really be one of a kind! Tickets will go on sale shortly. Once the bike is finished, it will be on display in the lobby of the Dyson Cancer Center. Raffle tickets will go on sale shortly. Stay tuned for details.**

Joke du Jour

A senior citizen said to his 80 year old buddy:

"So I hear you're getting married?"

"Yep!"

"Do I know her?"

"Nope!"

"This woman, is she good looking?"

"Not really."

"Is she a good cook?"

"Naw, she can't cook too well."

"Does she have lots of money?"

"Nope! Poor as a church mouse."

"Well, then, is she good in bed?"

"I don't know."

"Why in the world do you want to marry her then?"

"Because she can still drive!"

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 triuplicate 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

- July 6 - DVD of Drs. Coffey & Nelson, Johns Hopkins, from National PCRI meeting (2005)
- August 3 - Dr. James Gerstley will discuss "TomoTherapy", a combination of CT Scan & IMRT
- September 7 - Dr. Matthew Milowski, "Clinical Trials of Monoclonal Antibodies; M2M Dinner Details-TBA
- October 5-TBA
- November 2-Dr. Stan Kacherski
- December 14 -American Medical Systems and Hudson Valley Urology.

Abstract of July 6 Meeting

The technical part of the meeting will be a replay of the video from the June, 2005, meeting in Washington, DC.

Dr. Don Coffey will recount some of the leading developments in our knowledge of PCa and its treatment. Dr. William Nelson will discuss the apparent root causes of PCa, especially inflammation of the prostate as a precursor to PIN and PCa.

Attention:

We always meet the first THURS - DAY OF THE MONTH UNLESS OTHERWISE SPECIFIED

**Next meeting Thurs,
July 6, 2007 at 6:30pm 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**