



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

Meetings to date 218

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.

June 3 and July, 2010

Issues 5 & 6

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 scheduled the 1st Thursdays, June 3 and July 8, 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

June 3, 2010 M2M Program

For the June meeting, we had Dr Moylan scheduled as the speaker. But, he had to cancel at the last minute and we substituted two excellent DVD's from the PCRI conference in Sept. 2009.

INHIBITING CANCER WITH DIET

DAVID HEBER, MD

There has been an epidemic of obesity and inflammation-related diseases, including prostate cancer, in the U.S. in the last twenty years. Even those who appear slim can have dangerous fat buildup around the heart. Changes in food supply and an inactive lifestyle have resulted in genetically predictable changes in body composition and the function of fat cells and the immune system. While originally designed to be beneficial in an environment of scarcity, the genetics that protects us against starvation and infection has now resulted in excessive inflammation. Abdominal fat is a pro-inflammatory tissue and inflammation promotes heart disease, diabetes, Alzheimers, and common forms of cancer.

Dr Heber recommended achieving optimal abdominal fat with an anti-inflammatory diet, muscle building and aerobic exercise. He specifically suggested increasing Omega-3 fatty acids by eating ocean caught fish 3 or more times a week and/or taking 3 grams of fish oil supplements. He also discussed the benefits of colorful fruits and vegetables, spices, fiber, pomegranate juice extracts. Cruciferous vegetables like broccoli and onions stimulate the liver to produce enzymes that detoxify.

RADIOACTIVE SEED IMPLANT JOHN BLASKO, MD

Radioactive seed implantation has been around for 25 years. It has been thoroughly studied and there is great confidence for the use in prostate cancer. Seed implantation, since its inception, has undergone tremendous technical advances every year until it is now safer and more reliable than ever with a skilled practitioner.

Because there are no randomized studies comparing prostate cancer treatments, it was necessary to go back through the voluminous literature on studies to find peer reviewed data that can make some comparison.

From 603 studies, 80 were selected to meet the criteria of adequate patient numbers, duration of follow-up, and risk separation. In all risk categories, the results using Brachytherapy were as good as or better than all competing modalities including surgery, high dose IMRT, external beam therapy, protons, and cryosurgery. Excellent graphs were shown to depict the results.

Next discussed were quality of life issues with all modalities. The consensus is that Brachytherapy therapy results in less risk of incontinence than surgery, less bowel damage than external beam and slightly less risk of impotence than either.

Lastly, a review was done , at Harvard, to look at all treatment methods as to impact to survival,

side effects and cost. Brachytherapy was least costly and most effective for both older and younger men with or without patient time costs included.

Jim Kiseda co-facilitator M2M Poughkeepsie

Newcomers and PCa June 3, 2010

1) He is 63 years old. Two years ago his PSA was 2.3. Recently it rose to 4.3 and in 10 days rose to 4.5. He has had a biopsy and was diagnosed with PCa. He does not know the gleason score. Several treatment options have been discussed. He has not decided which one he will choose.

Herb Ilker, PCa 101, M2M Poughkeepsie

**MEETING CANCELLED Due to fire
July 8 2010, M2M Program
Newcomers and PCa July 8 , 2010**

Joke du Jour

A perspective: Motto To Live By:

Life should NOT be a journey to the grave with the intention of arriving safely in an attractive and well preserved body, but rather to skid in sideways, chocolate in one hand, wine in the other, totally worn out and screaming 'WOO HOOO what a ride!'

- Inside every older person is a younger person wondering what the hell happened.
- Inside me lives a skinny person crying to get out But I can usually shut him/her up with cookies .
- The hardest years in life are those between ten and seventy. Helen Hayes (actress) at 73.
- For Side-By-Siders: I refuse to think of them as chin hair. I think of them as stray eyebrows.
- Old age ain't no place for sissies. Helen Hayes (actress).
- Thirty-five is when you finally get your head together and your body starts to fall apart.
- If you can't be a good example -- then you'll just have to be a horrible warning.
- I'm not going to vacuum until Sears makes one you can ride on Roseanne Barr.

•Behind every successful man is a surprised woman.

Nobody can make you feel inferior without your permission. Eleanor Roosevelt

•And finally...When life hands you lemons, ask for tequila and salt and call me over (don't complain)!

Mike Kulla, Co-Facilitator M2M Poughkeepsie

WHY WE'RE HOOKED ON CERTAIN FOODS Part 2

In Part 1 I described how the food industry understands that sugar, fat, and salt drive consumption. They've layered and loaded it into foods to keep people coming back for more. Additionally, they glamorize the food through display, advertising and other titillating means to that we become driven and conditioned to respond. Every time we get cued and consume the stimulus food we strengthen the neural circuits. Translation: we're hooked.

If you give two or three year olds more calories in the meal, they will eat less in the next (compensation), but if they get exposed to sugar, fat and salt regularly for a few years, they will lose their ability to compensate.

How can we fight back? Here are some ways on how to resist the pull of unhealthy foods:

1. Figure out how much food you need (probably less than you think). Put it on your plate and summon the will power not to go back for more.
2. Pick foods that will satisfy, not stimulate, like foods that occur in nature whole grains, beans and fruits) combined with lean protein and a small amount of fat.
3. Stay alert to emotional stressors or other stimuli that trigger automatic behavior. Recognize emotions like anxiety, fatigue, sadness that might stimulate you to overeat.
4. Change the TV channel. Turn off the image of the trigger food before you start to debate

whether to eat it.

5. Pair unhealthy foods with a stream of unappealing images. That's the opposite of what advertising does when it links positive images to products (an Olympic athlete to a pair of sneakers).

How can we cool down a stimulus? Tobacco is a case in point. Tobacco was seen as something we wanted -- made us feel better, cool and sexy. But the stimulus was changed from being glamorous to seeing it as deadly and disgusting. So, social norms and attitudes do affect us and affect our brain impulses. Policy changes result.

In the cafeteria at Goggle's headquarters they have red, yellow and green in front of each lunch item. Green means have as much as you want; yellow, have a moderate amount; red, taste it but be careful how much you eat. We need something like this on the front of food packages. Also, industry needs to set responsible portion sizes. We're going to finish the package because once our brains are activated it's virtually impossible to stop.

Mike Kulla, Co-Facilitator M2M Poughkeepsie

Patient Report on CYBER KNIFE

Just thought I would bring you up to date with my treatment. I have already completed the entire process, with NO SIDE EFFECTS at all.

Day one was a 20 minute insertion of 4 rice-sized gold pins--which were somewhat painful, very similar to the pain of a biopsy. These pins are used as markers, so if you move during the treatment, the cyber-knife will adjust to the movements. This is done thru the anus.

Three days later, you go to the Hospital again and they make a foam mold of the bottom of your legs. Takes about 15 minutes. No Pain at all. This is done so you always are in the same alignment when you get the treatment.

One day later, a cat scan---of the prostate area only, and an MRI. also of the Prostate area. This takes about 40 minutes total for both.

The following Monday and for five days straight, you get the cyber-knife treatment, you just lay down on the table, and the machine moves all around you. basically aimed at your prostate area. You wear your under wear, and only remove your Jeans. They play music of your choice, and are extremely pleasant and professional. Everyone seems to have a job, and they all perform them effortlessly. You feel no pain at all, and the machine makes no noise. These sessions take 45 minutes---at first--then go quicker, to less than 35 minutes. There are no side effects and you leave the Hospital and drive home and go about your life.

Winthrop Hospital, where I had this done, operated on a tight schedule. I NEVER had to wait more than 5 minutes, after I got there, before they took me in and did the treatment.

In the first days after the treatment I had NO SIDE EFFECTS, and no sexual side effects either----other than a dry ejaculation.. It is simply amazing. They told me in about one in twelve instances, there will be some constipation, and frequent urination, lasting no more than 5 or 6 days. Luckily I am not one of the ones with any problems.

My PSA, went from 5.4, with a 7 Gleason, to .021 PSA. and I must return every three months for PSA Testing, But Dennis, I feel like I had nothing done.

No Hormones, surgery, or pain, and completely out patient, in about 9 days, TOTAL. There was NO CO-PAYS or any other costs to me. None at all. I have Medicare, as my Primary with Empire as my secondary.

I hope this helps the people you advise. The radiation enters your body at approximately. ONE 250th. of its power, until it hits the other beam.

then the radiation is 250 times stronger, If anyone has had radiation BEFORE this treatment, they are NOT candidates otherwise they are candidates.

If you have any questions, please contact me, and I will see if I can help.

Al Iannuzzi

<Euro718@aol.com>

Pros and Cons of Prostate Surgery

Men facing radical prostatectomy (surgical removal of the prostate gland) may like the idea of having it done with state-of-the-art robotic technology. And indeed, minimally invasive prostatectomies typically result in smaller incisions, less blood loss and quicker recovery. But - - get ready, this is a big one -- it also carries a higher risk for very unappealing complications, including erectile dysfunction. Any man considering this procedure should be aware that the trade-off can be considerable, especially since the newest version of the high-tech procedure is being aggressively marketed by hospitals eager to bring in patients -- and the ads aren't offering these details.

What Goes Wrong?

The disconcerting finding that minimally invasive radical prostatectomies (particularly when performed with a robot) have higher rates of genitourinary complications, including infection, incontinence and erectile dysfunction, was published in Journal of the American Medical Association. Comparing the minimally invasive procedure with open prostatectomy (in which a much larger incision is made to reach the prostate), researchers at Brigham and Women's Hospital drew data from tumor registries and Medicare, evaluating surgical outcomes of 8,837 men with prostate cancer. Of these patients, 1,938 had minimally invasive prostatectomy and 6,899 had their prostates removed the traditional way. The researchers found that the minimally invasive prostatectomies resulted in...

- **Shorter hospital stays** (two versus three days, on average)
- **Fewer patients requiring blood transfusion** (3% versus 21%)
- **Fewer postoperative respiratory complications** (4% versus 7%)
- **Less risk that problematic strictures or scar tissue will develop** (6% versus 14%).

However, these men also had...

- **A higher rate of infection** (5% versus 2%)
- **Greater likelihood of incontinence** (16% versus 12%)
- **Higher rates of erectile dysfunction after the operation** (27% versus 19%).

The need for additional cancer treatment was similar in both groups.

Do They Know What They're Doing?

Jim Hu, MD, MPH, genitourinary surgeon at Brigham and Women's Hospital, assistant professor at Harvard Medical School and lead author of the study, told me that he believes these important differences in outcomes occurred because many surgeons using the new techniques and technology haven't yet developed expertise with it. Compared with the traditional open procedure, which has been used for 30 years, minimally invasive radical prostatectomy has been available just eight years. It's exploding in popularity -- where a minimally invasive approach was used for just 9% of all prostatectomies in 2003, use grew to 43% in 2007. Typically, surgeons performing open radical prostatectomy were either trained during their residencies or had more than 20 years of experience. In comparison, many of the minimally invasive radical prostatectomy surgeons in the study were learning "on the fly" during the study period. Dr. Hu said the laparoscopic practitioners start to perform procedures after a two-day course and being proctored for a few cases, rather than learning it more intensively in a residency or fellowship setting.

Ironically, this trend is being driven by consumer

demand. Ads tout the advantages the robotic technology offers, which promises less blood loss, less pain and a quicker recovery compared with minimally invasive radical prostatectomy without robotic assistance. In this study, researchers were unable to differentiate between the minimally invasive procedures performed with robot assistance and those done without, but according to Dr. Hu, it is the robotic procedures that people are asking for. In his words, requests from patients have "grown beyond the general surgical expertise of the surgeons at this time of rapid, unbridled adoption." So it is especially important to be on the alert when this technology is new to a hospital -- don't just assume the training and experience are in place before the procedures are being done.

Ask Your Doctor

If you are considering robot-assisted minimally invasive radical prostatectomy, be sure to ask your surgeon:

- **How were you trained to do this procedure?** Did you learn to do this during your residency or fellowship? A fellowship is an additional course of study for one or two years, where surgeons sub-specialize. In contrast, said Dr. Hu, robot certification can be obtained after a two-day course.
- **How many procedures have you performed with this technology?** Dr. Hu recommends at least 250 surgeries, and that a surgeon is performing at least four/week.

The good news, said Dr. Hu, is that as more surgeons become skilled in minimally invasive radical prostatectomy, with or without robotic assistance, the benefits of this approach will eventually outweigh the risks. Until then, proceed with caution.

Source(s):

Jim C. Hu, MD, MPH, is a genitourinary surgeon at Brigham and Women's Hospital, Dana Farber Cancer Center, and is an assistant professor at

Harvard Medical School. His area of expertise is applying minimally invasive approaches to prostate cancer, bladder cancer, kidney cancer, testicular cancer and adrenal cancers.

Submitted by
Jim Kiseda co-facilitator M2M Poughkeepsie

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's 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 dysfunction 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 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.**

Mike Kulla co-facilitator, Poughkeepsie M2M

LATEST RESEARCH/ ENGLAND

Blood pressure pills could up cancer risk.

London Some of the world's most popular blood pressure pills may slightly increase your risk of getting cancer, but doctors say it's too soon to ditch the drugs, according to new research.

In an analysis of five previous studies following about 60,000 patients, experts found a link between people taking medicines known as angiotensin-receptor blockers, or ARB's and cancer. The drugs are taken by millions of people worldwide for conditions like high blood pressure, heart problems and diabetic kidney disease.

Source from wire reports

Worth Checking Out!

Easy way to track your X-rays

Can't remember exactly when you had your last mammogram, dental X-ray, MRI, or the like? Then

there's a good chance you'll get another X-ray, before you really need it!

The easy solution: Download a free form on which you can jot down the date, type of procedure, doctor, etc. at FDA.gov (type "X-ray record card" in the search box).

Source from WOMEN'S WORLD

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TO ALL! FYI

I have dealt with this company on line and mentioned our program and they have granted M2M members an additional 5% discount. The company especially (jeff) went out of his way to accommodate me with my order, which was a "Knee Scooter" it does away with using crutches or a walker while recuperating from lower leg injuries.

Check it out!

Dennis O'Hara

As Per our last conversation I have established a coupon just for Man to Man. All your members have to do is enter the coupon code Man to Man (code is case sensitive) when they place an order on either <TheMedicalClub.com> or <FreeShipMedical.com> and they will receive an additional 5% discount off our everyday low prices.

Jeffrey K, Toutant Product Manager

Best Medical Malls

14350 Mundy Drive

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Office Phone: 800-450-1513 Ext. 841

Email: jefft@bestmedicalmalls.com

<http://freeshipmedical.com>

<http://themedicalclub.com>

<http://themedicalmall.com>

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 June

3 and July 8 in the Central Hudson Electric Company Auditorium, Rt.9, Poughkeepsie, NY. There were 32 in June including 1 new M2M member and 7 SXSs. The July meeting was cancelled due to a fire in the facility.

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

<http://www.boodrow.com>

MEETING DATES 2010

- **September 2**
 - **October 7**
 - **November 4**
 - **December 9**
-

<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

M2M Member Wins GOLD

One of our members, Jim Kiseda, competed in the Empire State Games Masters Division in track and field in July. These games are patterned after the Olympic Games and draw 3000 athletes from the whole state. They were held in Buffalo, NY this year.

Jim came away with a few medals in the 80 plus age group, 4 gold medals in the discus, shotput, javelin, hammer throw and a silver in the long jump.

Jim was quoted as saying he hopes to inspire Seniors to get into an exercise program. It doesn't require you to participate in the Games but do at least a good walking program or exercise program. It is especially important for M2M members who are in remission or treatment for relapse. Studies have shown the value of this.

Dennis O'Hara Facilitator Poughkeepsie M2M

My Rising PSA after 18 years PART #2

Not to much to report. My restaging process had to be put on hold. I underwent ankle surgery in Tampa FL May 26. There is a very long recuperation from ankle fusion so the prostate cancer restaging appointments were put off until September.

To begin my Plan B I have began my protocol of supplements adding 1 gram three times a day of AHCC (Active Hexose Correlated Compound) *AHCC is a very popular Immune enhancing supplement. Dr. Aaron Katz, Director, Center for Holistic Urology ,also Professor of Clinical Urology at Columbia Presbyterian Hospital in NYC recommends AHCC to many of his Prostate Cancer Patients. I implemented this protocol 2 weeks prior to the ankle surgery so my immune system would be at peak performance helping to ward off possible infections one can pick up from surgery and hospital stays. It worked! I will continue using AHCC to aid in lowering my PSA and add *GCP after my next PSA which is the end of July.

ADDENDUM RE PSA

Well I could not wait until the end of July for a PSA and went early. Good news! PSA was a bit lower from 0.44 down to 0.43. (As I stated in part one, my PSA for many many years was <0.01 and began to rise about two years ago.) For me that is good news, this is the first decline in PSA in more than a year. I have added 3 grams a day of AHCC and upped my Vit D3 to 5,000 a day, besides my daily supplements. I still plan on going ahead with the restaging process "JUST IN CASE".

I have also completed one phase of the restaging process with blood work.

- PAP,BASAP,NSE,CGA,CEA.(these are the additional blood markers we at M2M Poughkeepsie have been speaking about for many years now)

- Next step is a F-18-Fluorid (fusion nuclear medicine) Pet/Ct Scan. To evaluate total body,lymph nodes & soft tissue & organs for presence of PCa.

- QCT Scan, evaluates risk of Osteoporosis. This is important as the test establishes a base line in case IHT is utilized as my treatment protocol.

- Fine section (2MM) Helical CT Scan, Chest/abdomen/pelvis,with no contrast necessary. Often times these scans pick up other medical problems besides PCa. example, blood clots, aneurysms etc.

- Final, have a consult with doctor and go over all results to choose a treatment plan. All of the above takes place in September.

Advertisement from Quality of Life

***AHCC:** If you or your loved ones are looking for one of the most extensively researched, highly efficacious,100% natural supplements for strengthening immunity, you need to know about Active Hexose Correlated Compound (AHCC). Supported by over 80 Human Clinical Studies and the subject of research at respected medical institutions, including Yale Medical School, MD Anderson,UC Davis and the Harvard-affiliated Women's and Brigham Hospital. AHCC is used in 700 medical clinics worldwide.

***GCP: GeniKinoko™** contains Genistein Combined Polysaccharide (GCP), a novel functional health food produced by the fermentation of soybean isoflavone extracts with basidiomycetes mushrooms. GCP is derived from organic, GMO-free soybeans grown in Japan. GCP is 100% organic, especially rich in genistein content,supported by clinical research, well documented in peer-reviewed research papers.

In reference to the above AHCC/GCP. As a introductory offer, the company has allowed us for a limited time to have a buy one get one free sale, in August This is a great deal so now is the time to purchase AHCC/GCP. **For details and pricing either e-mail requests to IGGY41@AOL.COM or 845-297-7841.**

Name-Phone info & E mails

Our M2M meeting for July was cancelled due to a fire. There was no way we could contact all our members in the time frame we had. We did contact local radio stations, and several of our members tried calling those who attend regularly, we also sent out an email to those on our e list. We need a new list of local members. If you live in Dutchess, Orange, Ulster, Putnam,Westchester Counties or have attended M2M or SXS meetings, please forward your **name,phone & e mail to Peter Hardin @ <hardin.pt@verizon.net>**

Also note: OurANNUAL CELEBRATION of life DINNER is September 16, to be held at the Wappingers Buffet in Wappingers Falls, please contact Peter at the above e mail if you are interested in attending ASAP