



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July, 1993

January 5 & February 2, 2006 Issues 1 & 2 (Meetings to date # 164 & 165)

Dennis P. O'Hara, Founder & Facilitator Emeritus. Local ACS # 845-452-2932 e-mail: <iggy41@aol.com>
Co-Facilitators: Jim Kiseda 845-223-5007 and Paul Totta 845-297-7992
American Cancer Society Information - 1-800-ACS-2345 or WWW.Cancer.Org

Our web sites <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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PROGRAM January 5, 2006

Dr. Charles "Snuffy" Meyers " PC 101 - Diagnosis & Staging of PCa" a video recording of his presentation at the PCRI National meeting in June, 2005.

Newcomers & PCa 101 January 5, 2006

1) He is 58 years old and was diagnosed with PCa. in September, with a GG=6. 1 in 10 samples from the biopsy were positive. In the month of October he underwent minimally invasive laproscopic RP surgery with 5 small incisions. He has some incontinence and ED but otherwise, no problems. He is here to share his experiences with others and to gather additional information.

2) His age is unknown. His PSA had risen to about 10 and he underwent 4 biopsies over a 2 year period. He was on a 3 month hormone treatment, along with radiation, and seed implants. His PSA is now 0.24. He is here to share his information with this group.

3.) He has a friend who couldn't make it tonight and is here to get information to share with him.

4) He has a brother who is 56 years old. His

Joint meetings of Man to Man (M2M) and Side by Side (SXS), the prostate cancer (PCa) support and education groups sponsored by the American Cancer Society, were held on January 5, 2006 in the Central Hudson Electric Company Auditorium-x, Rt.9, Poughkeepsie, NY. There were 45 in January, including 3 new M2M members and 9 SXSs. February 2, meeting had 25 including 1 new member and 2 SXS. Several of the new members were given our NEWBIE BOOK.

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>

brother's PSA was 4 with a GG=6 He underwent a RP in December. He had a difficult time and during the operation, cancer was detected in the margins of the prostate. This has changed his GG to 4+3. He is considering radiation. He is here to get information as to how best to help his brother deal with this situation.

Herb Ilker-PCa 101 M2M Poughkeepsie

Program for February 2, 2006
General Meeting/Group Discussion

The February 2006 program, facilitated by Herm London and myself, marked the second time we gathered into smaller groups based on subject matter. Chairs were rearranged in circles. Reconfiguring chairs is enough to change the complexion of a group.

Facilitators floated from group to group. Smaller, circled groups seemed to promote a more informal and relaxed atmosphere than the large group format with seats in a row facing the podium. Other accrued benefits were broader participation and increased sharing as men seemed more willing to relate their individual "stories."

Passing each other at meetings change to getting to know a few people better and now connecting a face to a person. The feedback at the end of the meeting was positive.

Mike Kulla, Poughkeepsie, M2M

Newcomers & PCa. 101
February 2, 2006

1) He is 57 years old. His PSA is 7.5. His GG 4+3=7. His Dr. recommends a Radical Prostatectomy, (RP) followed by triple hormone therapy and seed implant radiation. He has been given a 3 month hormone injection. He is here for more information. In the "break up group sessions" we continued to discuss with him the pro's and con's of RP, radiation and hormone therapy. The new man didn't know if his cancer was still in the capsule. It was suggested to him that he

have a prostacint scan done to confirm if the cancer was still confined to the capsule. He was informed that if indeed the cancer was outside the capsule, RP will not be his best option. He will ask his Dr. for this test before having the surgery. He has a good feeling about this surgeon's competency. It was recommended to him that he inquire about the surgeon's nerve sparing procedure and how many of these procedures he has done and his latest patients results and any side effects his patients may be experiencing. One man in the group, related his experience with RP and radiation which ended in February 2005, and his PSA is less than 1.0.

Herb Ilker-PCa 101 M2M Poughkeepsie

PROGRAM for December 8, 2006

Our guest speaker for the December 8 meeting was Maarten C. Bosland, DVSc, PhD. He is Professor of Environmental Medicine and Urology at New York University School of Medicine (New York, NY). Over the past 25 years his research has been devoted to elucidating the causes of prostate cancer and finding ways to prevent this disease. He developed animal models to conduct this research and is widely published about this part of his work. In the past 7 years he has moved a significant portion of his research to clinical trials for men with prostate cancer. One of his major recent areas of research is the possible preventive effects of soy and soy components against prostate cancer and recurrence of prostate after surgery.

The Soy Controversy and Prostate Cancer

There are different perceptions about the possible benefits and risks of soy as summarized below:

- Soy is beneficial: Soy drives down PSA; Soy slows down prostate cancer growth and prevents spread (metastasis); Soy prevents prostate cancer.
- Soy is good for you: Soy decreases cholesterol; Soy strengthens bones and prevents dementia.
- Soy is not beneficial: Soy does not drive down PSA; Soy does not slow down prostate cancer

growth and does not prevent spread (metastasis); Soy does not prevent prostate cancer.

- Soy is bad for you: Soy causes breast enlargement in men; Soy speeds up prostate cancer growth and spread (metastasis); Soy increases prostate cancer risk; Soy causes thyroid disease.

So what is true? Here are the facts suggesting that soy protects against prostate cancer and may be beneficial for men with prostate cancer:

- Far less prostate cancer in (Asian) countries than in the USA.

- Migrants from Asia to USA acquire US prostate cancer risk.

- Soy: important traditional protein source in Asia but not in USA.

- Modest inverse relation between soy consumption and prostate cancer risk: In a so-called meta-analysis of 5 studies the overall estimate for soy consumption and prostate cancer risk was reduced by 30% [Yan & Spitznagel, 2004]

- Isoflavones such as genistein and protease inhibitors modestly inhibit prostate cancer development in animal models.

- Genistein inhibits human PCa cell growth.

- Soy, isolated isoflavones, and genistein inhibit growth of human and rodent prostate cancer cells transplanted in animals.

- Soy contains variety of suspected cancer inhibiting substances: Isoflavones: genistein, daidzein; Phyto-estrogens: genistein, other isoflavones; Protease inhibitors (Bowman Birk inhibitor); Saponins; Phytic acid; Soy-specific proteins & peptides.

- Soy contains suspected cancer inhibiting substances with the following activities:

- Anti-oxidant activity: Isoflavones: genistein

- Anti-cancer cell division activity: Genistein, other isoflavones

- Estrogenic activity: Genistein, other isoflavones

- Inhibition of protease enzymes (break down proteins): Bowman Birk inhibitor

- Anti-angiogenic activity (inhibition of formation of new blood vessels needed for cancer growth): isoflavones: genistein.

Soy & PSA: No effect found in any study to date:

No effects of soy consumption on PSA were found in (1) healthy middle aged men [Jenkins et al., 2003]; Men with elevated PSA on watchful waiting [Urban et al., 2001; Kumar et al., 2004]; Men with rising PSA after surgery or radiation to treat prostate cancer [DeVere White et al., 2004; Bosland et al., 2004]. Schöder et al. [2005] found a slight reduction of PSA after consumption of a mixture of 24 substances, including isoflavones, lycopene, selenium, and vitamin E; it is not clear which of the 24 caused this reduction in PSA.

What does a reduction or increase in PSA after a diet intervention mean?

Normal and cancerous prostate cells make PSA and this is really a normal function of prostate cells. There are two factors that determine how much PSA is produced: (1) how many prostate cells are present, and (2) how much PSA each cell makes. Because production of PSA is stimulated by androgens (testosterone), hormonal therapy (for example lupron) will reduce PSA production by each cell in addition to reducing the number of prostate cells; when prostate cancer becomes hormone-refractory (insensitive to hormonal therapy) cell division and PSA production are no longer dependent on the presence of androgens. This is why PSA is so useful to determine the effect of hormonal therapy. However, there are other drugs that make cancerous prostate cells behave more like normal cells, that is grow less and make more PSA. One example of such a drug is the vitamin A metabolite 9-cis retinoic acid which inhibits the proliferation of prostate cancer cells and at the same time increases PSA production. (Unfortunately this drug is too toxic to be clinically useful.) In other words, the absence of effects of soy on PSA does not necessarily mean that soy does not influence prostate cancer cell division; this needs to be determined separately

Soy & Cholesterol: Soy protein, but not soy isoflavones, reduces cholesterol by ~10%. Soy is more effective (two fold greater effect) when cholesterol is very high (more than 300 mg/dl) and less effective (less than half) when it is low (less than 200 mg/dl).

Soy & Bones and Dementia:

Soy consumption may be protective against osteo-

porosis and development of dementia, but this is not well established for women and not clear for men.

What is the evidence that soy is bad for you:

- Soy causes breast enlargement in men: Not at the amounts of soy that one can eat; possible only with excessive consumption of isoflavone supplements (as pills or capsules).
- Soy speeds up prostate cancer growth and spread (metastasis): There are absolutely no data suggesting such an effect.
- Soy increases prostate cancer risk: There is some evidence that soy consumption reduces risk of prostate cancer.
- Soy causes thyroid disease: This probably only occurs in rats and only at very high levels of consumption. There is absolutely no evidence that this occurs in humans. (There are some studies of administration of isoflavone supplements that indicate that these are relatively safe [Kumar et al., 2004; Takimoto et al., 2003])

Conclusions:

1. Soy is safe.
2. Soy protein reduces cholesterol.
3. Soy does not appear to influence PSA.
4. Many constituents of soy may have anti-cancer properties, but conclusive studies that soy may be beneficial against cancer do not exist.
5. Other beneficial effects of soy are not certain (e.g., bone, dementia).
6. Soy effects may not be caused by the most plausible soy components (example: cholesterol lowering effect is caused by protein not isoflavones).
7. There are limited data on safety of soy isoflavone concentrates.
8. Beneficial effects may be limited to specific subgroups (for example men with low or high baseline soy consumption).
9. Multiple clinical trials with soy protein (and soy constituents) are ongoing in men with prostate cancer.

Maarten C. Bosland, DVSc, PhD (Departments of Environmental Medicine & Urology
New York University School of Medicine, New York, NY)

LIFESTYLE and PROSTATE CANCER

Lifestyle changes involving diet, exercise and stress management may keep PSA levels from rising in patients with early, low-grade PCa. Dean Ornish of the University of California-San Francisco and colleagues are responsible for a study in progress published in the Journal of Urology, Sept. 2005, that addresses this important question. Dr. Ornish has written a number of popular books about healthy lifestyle. His Preventative Medicine Research Institute has a web site at: www.pmri.org.

Men with PCa are often advised to make changes in diet and lifestyle although the impact of these changes has not been well documented. Various aspects of lifestyle changes have been studied piecemeal but not from a comprehensive point of view. Ninety-three men who chose not to undergo conventional treatment for early prostate cancer were recruited. Their PSA levels were 4 to 10 and their Gleason grades were less than 7.

Half (the control group) were told to follow their doctor's advice. The other half (the lifestyle group) were told to follow a very low fat vegan diet (no meat, fish, poultry, eggs or dairy) consisting largely of fruits, veggies, whole grains and beans. The diet was supplemented with soy and daily doses of fish oil (3000 mg), vitamin E (400 IU), selenium (200 mcg) and vitamin C (2000 mg).

In addition, the lifestyle group was told to do moderate aerobic exercise (walking 30 minutes 6 days a week) yoga-like stress management and to attend a support group (1 hour a week).

RESULTS: After 1 year PSA decreased 4% (6.23 to 5.98) in the experimental group but increased 6% (6.36 to 6.74) in the control group. The difference was statistically significant but "relatively moderate" according to the authors. However, 6 control patients, but no lifestyle patients, dropped out of the study because their PSA rose or their cancer progressed.

The growth of LNCaP prostate cancer cells was inhibited almost 8 times more by serum for the lifestyle than from the control group. This study is

promising and interesting, but it did not show which part of the program (diet, exercise or yoga) or which part of the diet made the difference or to what extent the synergy of all the lifestyle changes created the transition. Also, the sample was small and the study needs to be replicated on a larger scale.

Mike Kulla, Poughkeepsie M2M

CONQUERING AGING

Part 1

Before the 1960s almost no one thought about extending human life but a few "mad" scientists. Now major breakthroughs are on the horizon such as gene therapies, nanorobots to repair dysfunctional brain cells, neurostimulatory therapies to regenerate organs and other body parts. And the list goes on.

The recent failure of FEMA with protecting Americans from the consequences of Katrina cost many lives. But the failure of government to provide adequate monies for life extension research over the past decades has been more catastrophic causing the death and suffering of millions of people, according to Life Extension (12/2005).

The National Institute of Health, in charge of most governmental funded research, is budgeted \$27 billion, a mere 1.09% of all federal outlays. Slicing the pie even thinner is a paltry \$1 billion outlay for research for the aging of which only a small portion actually goes for biomedical research to combat aging, says Life Extension.

While the National Institute of Health conducts in-house research and awards outside grants for work on prevention and cure for diseases of aging like cancer and Alzheimer's disease, Life Extension believes that this is a case of putting the cart before the donkey, because the primary cause of lethal disease is aging itself. The result is "woefully inadequate federal funding to combat aging," they say.

It was not until the 2004 presidential campaign

that the candidates debated embryonic stem cell research, one of the most promising life protracting sciences. The effect so far has been to reduce federal spending in this area. We have lost our lead to other countries, the United Kingdom being one of them. Here's the rub: the politicians and their appointees face the same age-related diseases as you and me, yet "they remain, for the most part, oblivious to the prospects of their own mortality."

Many examples come to mind. Lyndon Johnson died of a heart attack at 64, yet the FDA ruled that diet had no relationship to heart disease. Richard Nixon's death from a, Hubert Humphrey's and Spiro Agnew's death from cancer had a similar story.

Returning to President Johnson, he could have put a stop to FDA's decrees censoring what food companies could say on their labels. "In a market liberated of politically motivated regulatory restrictions, the scientific truth could have emerged in a way that would have given heart disease patients vital information to alter their diets."

Some degree of progress has been made lately. But funding for life expansion research as the basic cause for most diseases needs prompt attention. Health research should be given the priority it deserves in relation to 'pork' and, some would argue, military spending.

Mike Kulla Poughkeepsie M2M

Passed Away

Edward Baniak, long time member of M2M Pok. died on 1/ 25/06. Our condolences go out to his wife Helen and their family.

Joke de Jour

Q: How do Oriental people avoid many of the illnesses that people in this part of the world get?

A: They get foods containing lots of
"Anti-Occidents."

Herm London

Attention: M2M Meeting cancellations

In the future we will base our decisions whether to cancel M2M & Side by Side meetings dependent on what the school systems in our area do. When the authorities either delay or close the schools in our area, we will probably cancel. Call the local ACS at 845-452-2932, then 10 to reach the operator or answering machine. Listen to the local radio stations; they will also announce cancellations of M2M meetings. You can also call our own hotline 473-9827 and listen to message.

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

Save the Date

Our Annual Survivors Day Event, Sunday June 11, 2006 12 to 4 PM Vassar Brothers Medical Center Speakers, free food, games for the kids, raffles entertainment.

Volunteers will be needed to help out with registration etc.

ATTENTION:

CHANGE OF MEETING PLACE

The Meeting of APRIL 6, WILL BE HELD AT VBMC, DYSON CANCER CENTER, JOSEPH TOWER BUILDING AUDITORIUM. FREE FOOD & PARKING! PIZZA PIZZA PIZZA and SALAD and SOFT DRINKS. YUM YUM YUM ALL ARE WELCOME, Compliments of VBMC and The DYSON CENTER.

Golden Gathering (GG)

Bob Martin received a very nice letter from Senator Steve Saland thanking him and M2M for participating in the 14th GG, September 05.

Bob manned the booth by himself, lets give him some help this September, volunteer. Details to follow. This is a free day for all seniors with lots of information and giveaways.

Many Thanks, BOB

STAY TUNED

Meetings and speakers for 2006

- March 2- Nutrition, Dr. Stan Kacherski, DDS. He also has a Masters of Science degree in Human Nutrition from Columbia University Medical School. His talk topic will be "Supplements That Support the Prostate." His approach is novel.
 - April 6- Change of meeting place to VBMC. Our annual Pizza Party & Dr. Stephen Katz
 - May 4- Discussion with Dr. Hugh Fisher Urological-Oncologist Albany Med Center.
 - June 1-View Tapes, Features Snuffy Meyers
 - July 6 -Continuation of Tape series
 - August 3 General Meeting
 - September 6 Dr. Matthew Milowski, Clinical trials on Monoclonal Antibodies.
- Also in September M2M Celebration of Life Dinner.**
- October 5-TBA
 - November 2 General Meeting View Tapes
 - December 14 General Meeting, View Tapes
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Next Meeting March 2 Guest Speaker

Dr. Stan Kacherski, DDS. He also has a Masters of Science degree in Human Nutrition from Columbia University Medical School. His talk topic will be "Supplements That Support the Prostate."