



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

March 1 & April 5, 2007 Issues 3 & 4 (Meetings to date 178)

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 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.

In This Issue:

- Program for March 1 & April 5 (cancelled)
- Newcomers & PCa 101
- Pomegranate for Prostate
- For Your Information
- Leonardis Clinic
- Americas Diet Dark shadow
- Joke Du Jour
- Meetings and speakers for 2007
- Survivors Day Event and raffle see/ last page

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 March 1 & April 5 in the Central Hudson Electric Company Auditorium-6, Rt.9, Poughkeepsie, NY. There were 15 in March, including 1 new M2M members and 4 SXSs. The April meeting was cancelled.

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

<http://www.boodrow.com>

Program for March 1, 2007

Amy Wen, Director of Patient Services for the ACS Regional Headquarters in Kingston, was speaker for the evening. The topic was "A Patient Navigation System". The presentation was about the considerable number of patients diagnosed with cancer who need additional information for their situation.

A diagnosis of cancer is a difficult challenge. The American Cancer Society is dedicated to providing information, resources, referrals and support to cancer survivors. The ACS has a goal to assist survivors to retain control over their own lives and to be knowledgeable about their options and make timely decisions.

The facts are that a huge percentage of patients are not receiving help and support aside from their medical care. This extra information would come in the form of literature directed to the exact condition of the patient and the support from organizations who are versed in particular forms of cancer. The aim is to capture 50 % of newly diagnosed people within a time period of several years.

The Program would start by working with treatment hospitals and doctor's groups who work in cancer specialty fields. This process would be

started by the organization filling out a form on a computer, for the patient. This software has already been designed and used. The data would be forwarded, by click of a button, to the ACS. This database would then be used to provide a special packet of information for the patient and to list referrals for help.

One of the help methods would rely on a call back initiative staffed by highly trained responders. Their responsibilities would be:

- Determine if initial needs were met
- Provide supportive listening
- Promote programs and services of the ACS
- Document constituents needs
- Maintain accurate records

The qualification and skills for the Call Back Initiative would be handled by a training and certification program. Volunteers were sought at the meeting and the request will be renewed at our next meeting. The time commitment could be as little as a minimum of 2 hours a week for one year.

This proposal would be a win-win situation for the patient, the medical establishment, all support organizations involved and the ACS. What could be better!

Jim Kiseda M2M Poughkeepsie

Newcomers and PCa March 1

1. His PSA was 4.1,. He underwent a biopsy. The results were 1 out of 10 cores positive, with a GG-3+3=6 He attended our meeting to gain some knowledge on robotic RP. Unfortunately no one in attendance experienced that particular procedure. Several of the men spoke to him about the other treatments for PCa, including triple hormonal therapy. Ultra sensitive PSA was also discussed along with Pomagranet? juice and the Mediterranean diet.

Herb ILKER M2M Poughkeepsie

Program for April 5, 2007

APRIL MEETING CANCELLED

Due to a Logistic Problem

As reported in Alternatives, January 2007, page 148 - Dr. David Williams

Pomegranate for Prostate

Patients who undergo either surgery or radiation treatment are closely monitored afterward for any changes in their PSA levels. A detectable PSA level immediately following treatments is generally an indication that the cancer is very aggressive. Once the PSA level doubles, additional treatment programs are started.

The Los Angeles study involved 46 patients. Those whose PSA levels were detectable following therapy were given 8 ounces of pomegranate juice daily. The pomegranate juice prolonged the time it took for PSA levels to double in these men by almost four-fold. The doubling time went from an average of 15 months to 54 months, which is nothing short of amazing. (Clin Cancer Res 06;12(13):4018-4026)

This study clearly indicates that pomegranate juice can inhibit the progression and growth of active prostate cancer. It didn't focus on actual prevention, or on the use of pomegranate juice as a cure for prostate cancer. However, based on other research studies I would have no problem recommending its use as part of a program to prevent prostate cancer. And while it might on its own be an agent that could cure prostate cancer, again I would certainly recommend it as part of an overall program. How pomegranate juice works is still being studied.

Submitted by Bob Carter

FOR YOUR INFORMATION

•**Diabetes:** Did you know that type-2 diabetes didn't exist 100 years ago when diets were saturated fat rich. It became a major epidemic when transfat-laden fast foods and processed foods more and more came into vogue and waistlines got bigger and our health suffered.

•**Radical Prostatectomies for Older Men:** A RP is typically offered to men with more than 10 years life expectancy and is not an option for men older than 70 to 75. Mayo Clinic Cancer Center investigators, however, found that RPs can be a viable option for active men in their eighties..Ageing, being a highly individualized process, decisions should be made on a case-by-case basis, they say. Their rationale: increased life expectancy and generally higher levels of wellness, as well as safer forms of anesthesia and less invasive surgical techniques.

Mayo Clinic studied 19 patients, ages 80 to 84 who underwent RPs - a "reasonable" decision. The average age was 81 and the average PSA 10.2. Thirteen were at pT3 stage (pT4 being the worst), very aggressive forms of PCa. Of the 19 patients 14 remained continent, none died within a year of surgery or from PCa and the 10-year survival rate was similar to that observed in healthy patients 60 to 79 years old getting a RP. Only 3 of the 19 died from any cause within 10 years of the surgery. Not withstanding, would you get a RP in your eighties if first diagnosed with PCa?

•**Survival Rate:** According to the federal Center for Disease Control and Prevention the overall survival rate for PCa has gone from 67% in the 1980's to nearly 97% today! (This figure obscures the fact that the PCa death rates of African Americans, Hispanics and American Indians/Alaskan Natives is nearly twice that of Caucasians.) Should we not be making a greater attempt to interest these populations in M2M?

Riddle: Arnold Schwarzenegger has a big one. Michael J. Fox has a small one. Madonna doesn't have one.....The Pope has one but doesn't use it. Clinton uses his all the time. Bush is one. Mickey Mouse has an unusual one. Liberace never used his on women. Jerry Seinfeld is very, very proud of his. Cher claims that she took on three. We never saw Lucy use Desi's. **What is it? Answer at end of this article.**

•**God Did It:** This article is abstracted from the New Hampshire Gazette (oldest newspaper in the USA), 12/1/06. In early 2006, a strain of genetically altered rice designated as "LL601" "escaped" from several test plots, causing widespread contamination of the natural supply of long-grain rice. About 300 farmers have filed lawsuits against Bayer CropScience, the genetic engineering conglomerate which created the nightmare. Lawyers have been scrambling through their case-law books as Bayer blamed the contamination on God.

•**LL601 is a "Genetically Modified Organism,"** an artificially created, minimally tested plant or animal life form created by combining the genetic DNA of two biologically unrelated species such as fish, corn or humans. "GMOs are self-perpetuating, virus-laden, spurious life forms that threaten to contaminate the world's natural and organic food supply." Long-term health effects and how these foreign entities will affect the balance of nature are unknown. Bayer denies responsibility, attributing the escape to "unavoidable circumstances which could not have been prevented by anyone," and calls it an "act of God," and the farmers' "own negligence..." The author opines that our rice supply is now contaminated with GMOs, subjecting people to unknown risks and health problems. The author ends with the following pungent statement: Basically, this is not a farming, nor even a biological, food or health problem. "And it is not God's problem. What we are facing is a deeply rooted social cancer that perpetuates the corporate mantra of 'endless more' and allows such

corporate nightmares to jeopardize our health and the integrity of our fragile, perfectly aligned ecosystem. If this outrages you, it should. It outrages God."

<Riddle Answer: A Last Name, Ha Ha.>

Mike Kulla, Poughkeepsie M2M

**Care Cancer Support
Group Bulletin March 07 by Ed Van Overloop**

Well people I am back at Leonardis doing special chemo after several times here. As you know I have for 16 years sworn "no chemo" "no radiation" etc. But when the end of Terminal stage 4 cancer approaches, we all have several choices to make. Mine and yours are not too dissimilar, do we want to just die or say lets go for whatever gives us the best quality of life for the longest period of time (my final choice). It is now almost two years to the month I was told I had a few month of life left! Last month I spent 8 days at a US hospital for complete testing to see how I was doing at this time, what my chances were. I was told that I had no choices and their was no hope! No choice and only some external radiation might calm down the bone metastasis, before going on hospice. Only Leonardis offered me any hope and that has been my route. The subject of "cost" or "money" always comes up and I am now qualified to give some ideas. Medical care is not cheap and I know now, that the three main types, main stream, integrated and the alternative all cost a lot, the main difference is being insured. You either have it or you don't. So do your planning and spend your money wisely and where you will get the most help with the least hurt. "Hang the expense" as you only live once and can't take it with you. Leonardis has saved my life at least three times now and you can't put a price on that. At a cost of \$ 1,000,- per day for full complete integrated medical care at this clinic, I believe it can not be beaten by any place in the world.

CARE is planning a late spring meeting with a surprise guest speaker. God willing we'll see you then.

Ed Van Overloop

PS: Those interested in more Leonardis info can check on the new US hotline, which is made by my daughter Lori. The US email address is LeonardisUS@optonline.net. The toll free hotline is 1-866-631-5444, web site Leonardisclinic.com.

She will be happy to assist you with any of your questions regarding a stay at Leonardis clinic.

AMERICAN DIETS' DARK SHADOW

This article was abstracted from an editorial in Nutrition Action (9/06). The average vegetarian is healthier than the average non vegetarian (omnivore). It's been amply demonstrated that diets rich in veggies, fruits and whole grains diminish the risk of obesity, heart disease, stroke, cancer and other health problems.

Fortunately, growing plant food is much kinder to our planet than producing animal foods, because it requires less energy, less fertilizer, less pesticides, less water and less land. That equates to less air and water pollution. less greenhouse gases and less soil erosion. Also, cutting down on meat means that fewer animals suffer terrible existences on factory farms and in slaughterhouses.

Here's where Washington comes in. Large-scale media campaigns are needed to encourage people to eat fruits, veggies and whole grains as the mainstay of diets instead of supporting ads that promote milk, beef and eggs.

A forward-looking example on the part of the federal government is a small program in a few hundred schools that gives kids a free serving of fresh fruits and veggies every day. That could be expanded nationally.

What else could be done?

The government could ensure that the price of meat reflects the cost of heart disease and the air and water pollution from factory farms. In fact, the price of beef, pork and chicken are kept low by federal subsidies to corn growers. The editorialist believes that most consumers would willingly pay a bit more for meat if they knew they were paying the "true cost." (Eliminating saturated fats and cholesterol by not eating meat, dairy foods, poultry and eggs would save, it is estimated, about 65,000 lives a year, as well as more than 1,000 Americans who die a year from food borne illnesses linked to these foods.)

Other suggestions for encouraging a "greener" diet & healthier animal foods include:

- Policymakers could require growers to give animals ample space, nesting materials and traditional diets. Grain could be restricted as feed to cattle. Less grain and more grass would result in leaner meat and would protect animals from illness caused by an unnatural, grain-laden diet
- Instead of paying farmers more for fattier milk, as is now done, they ought to be paid more for milk that's lower in saturated fats.
- Last but not least, the 30% fat limit in hot dogs and ground beef should be cut to 20%.

Mike Kulla, Poughkeepsie M2M

Joke Du Jour One Liner-doctor ditties:

- Why do surgeons wear masks during operations? So they can't be identified.
- My doctor tried kidnaping for awhile, but no one could read the ransome notes.
- Never go to a doctor whose office plants have died.
- Well, how did it go at the doctors today honey?" "I'm going to have to take medication for the rest of my life," he answers distraughtly. "Well, what, so terrible about that?" "He only gave me four pills."

Mike Kulla Poughkeepsie M2M

Meetings for 2007

- May 3rd Dr. Liz Tapen- Benedictine Hospital
- June 7th DR. Aaron Katz & DR. Samadi Columbia Presbyterian BPH/Robotics
- July 12th DVD Series continues
- August 2nd Open discussion group
- September 6th Nancy Winter (VA)
- October 4th Dr. Yamati
- November 1st Liz darkin
- December 6th Open discussion group

ATTENTION **April Meeting Cancelled**

**NATIONAL CANCER SURVIVORS DAY
TICKETS ARE ON SALE FOR THE RAFFLE,
PURCHASE NOW WHILE THEY ARE STILL
AVAILABLE, THE PICTURE OF THE BIKE
SHOWN IS NOT THE ONE BEING BUILT. IT WILL
BE A CUSTOMIZED BIKE FABRICATED BY
BULLDOG CUSTOMS ALONG WITH "KNIEVEL
CUSTOM CYCLES" REMEMBER EVIL KINEVEL,
THIS IS HIS SON ROBBIE FOLLOWING IN HIS
DADS FOOTSEPS!**

CHECK OUT THE NEXT PAGE

Guest Speaker M2M Poughkeepsie May 3, 2007

Elizabeth M. Tapen, M.D.

Originally from, River Edge NJ

Rutgers College, UMDNJ med school-etc

CURRENT PRACTICE

- Medical Director,
- Ulster Radiation Oncology Center
Kingston, NY

PRIOR PROFESSIONAL EXPERIENCE

- July 1997 to May 2004: Comprehensive Cancer Center, Alta Bates Medical Center
Berkeley, California
- August 1996 to July 1997:
The CancerCare Institute-San Jose Medical Center
San Jose, California 95112

BOARD CERTIFICATION

- Radiation Oncology Board Certified, 1997
- Radiation Oncology Recertification, 2006.

APPOINTMENTS

- American Cancer Society, Kingston, NY; Board Member, 2006
- Co-Chair Benedictine Hospital Cancer Committee, 2004-2006
- Institutional Review Board Member, Benedictine Hospital, 2004
- Medical Director Ulster Radiation Oncology, 2005
- Director, Radiation Oncology Benedictine Hospital, 2004

Win a

CUSTOM BUILT MOTORCYCLE!



COURTESY OF
BULLDOG CUSTOMS

Help Support A Great Cause!

*National Cancer Survivors' Day
2007 at
Vassar Brothers' Dyson Center for
Cancer Care*



THE MOTORCYCLE WILL BE ON DISPLAY IN THE LOBBY
AT
Vassar Brothers Medical Center

**Tickets are on sale NOW at The Dyson Center for
Cancer Care, 45 Reade Place, Poughkeepsie, NY.**

**To purchase tickets by credit card, please call 1-877-
729-2444.**

•Tickets are 1 for \$100, 3 for \$250 or 6 for \$500.

Details! Details! Details!

Frame: 38 degree rake, 3in stretch on backbone, stock stretch on downtubes, 1 3/8in on frame tubing

Bike Build Components: DNA 240/250 modified prostreet softtail frame, DNA Chrome front end, DNA Chrome 80 spoke 18 x 5.5 rear wheel & 21x 2.15 front single disc wheel, 84-99 Billet hubcaps, 3/4 in axle, Metzeler ME880 90/90-21 front tire & ME 880 240/40-18 rear tire, Chrome headlight/mounting bracket & kickstand, gas tank, front & rear fenders, DNA Chrome shocks & mesh pulley, Stainless mesh rotors and custom chemical etching in oil tank courtesy of Akron Metal Etching.

Drawing will be held June 10th, 2007 at 3 pm. Winner need not be present. All proceeds to benefit the National Cancer Survivors' Day 2007 event at Vassar Brothers Medical Center.