



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

Meetings to date 204

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.

March 5 and April 23, May 28 & June 10, 2009 Issues 3-4-5-6

DR. MARK MOYAD-DIET SUPPLEMENTS -March LOCAL LEADING EDGE TECHNOLOGY-April & May VIDEO PRESENTATION-June

Joint meetings of the Man to Man/Side by Side, the prostate cancer support and education programs sponsored by the American Cancer Society, were held March 5, April 23, May 28 & June 10, 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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- Programs for March 5, April 23, May 28, June 10
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Any Questions? We're here!

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March 5 M2M Program

Dr. MARK MOYAD ON DIETARY SUPPLEMENTS
Dr. Moyad was invited to the 2008 Annual PCRI Conference in Los Angeles to present the Harry Pinchot Memorial Lecture. He chose as his subject "Dietary Supplements from A to Z, What Works and What's Worthless." The presentation was light and humorous. The audience seemed to enjoy his presentation which could have been a dull subject.

He spoke first about vaccines and tests which should not be ignored. The colonoscopy is a test which not only finds but treats the polyps in the colon by excising them. More tests should be like the colonoscopy. The latest flu vaccine is the best he has seen in years. Many more people die of flu than PCa or breast cancer, and people at risk should get a flu shot. The pneumonia vaccine is also valuable to older people. The new shingles vaccine is good because it is meant to ward off the disease but even if a person contracts shingles the symptoms will be light.

Cardiovascular disease (CVD) is the number one

killer of people. It has been number one for 108 years. The only exception was 1918 when the flu pandemic killed more. Cancer is number 2 despite progress (Tamoxifen for breast cancer; PSA testing for early detection and treatment of PCa) Heart healthy living is also good for prostate health. Over and over, the keys to being heart healthy are:

- Lower Blood Pressure
- Lower Cholesterol
- Exercise
- Eat better

Nutrition supplements have become a huge business in the US - a 38 billion dollar annual business with strong lobbying and advertising. Nutrients have been added to all kinds of food and drinks to make them seem more nutritious; however some have been added in excess, actually close to the point of toxicity because more is not better. Mouse and test tube studies do not prove that a supplement is good for humans. Human clinical studies should be run but are often lacking.

Dr. Moyad began to talk about subjects in alphabetical order starting with aspirin. It seems to be conventional wisdom that older folks should take aspirin every day. Aspirin is a miracle drug if you need it, but a disaster if you don't. The Framingham women's trials (39,876 women) showed that for heart attacks and ischemic strokes there was a 34% and 30% reduction by taking aspirin; but for hemorrhagic stroke (24% increase), major GI bleed (40% increase) and peptic ulcer (32% increase). Aspirin does nothing for cancer.

Belly Fat provides a measure of heart health. The waist circumference (WC) is a better measure than BMI (body mass index). Men with a WC of 35 to 40 are overweight. Above WC of 40, they are obese. The best way to lose weight is to cut caloric intake and to exercise. If 100 calories per day were cut from the diet it could result in a 10 pound reduction in a year.

Good fats are necessary in the human diet; bad fats should be avoided. Monosaturated fats like olive oil and nut meats are good. Polyunsaturated fats from fish and flaxseed are also good. However, saturated fats from red meat and dairy butter fat are bad; as are trans fats like hydrogenated oils. One requires 20 to 30% good fats in the diet for a number of reasons, but they should be consumed in moderation because

they add calories substantially. MD Anderson Research found that the men with the lowest saturated fat consumption did best regarding recurrence of PCa after primary treatment.

There has been a trend to “ Supersize “ portions of food and drink with a consequent increase in calories. An example is” Coke” soda which in 1950 was typically an 8 ounce bottle (100 calories) and by 1990 had grown to 24 ounces (300 calories); a contribution to obesity in children and adults! Another study showed that reduction of calories is best for restriction of PSA velocity.

Diet pills, in general, don't work well. He cites Acomplia, a European drug which has some success but it is unlikely to be sold here because it causes depression. Alli didn't work well as a prescription drug.. Now it has been reduced in strength and is sold over- the-counter. The very best he reported is an Australian diet consisting of fish oil and exercise.

Calcium supplements are typically carbonates, citrates and phosphates. Essentially, they all work, but he prefers the lowest cost pills with the fewest required per day. He cites Oscal as being a good calcium supplement which his wife takes. The advantages cited for the others is mostly “hype.”

Vitamin D has always been important but is now getting a lot of attention because blood tests (25(OH) vitamin D test) are showing that many people are deficient in vitamin D. Old people, Afro-Americans, people who don't get enough sun are deficient. A 2000 IU pill of Vitamin D3 (cholecalciferol) costs about 1 penny. Canadian babies are getting this supplement. He recommends that everyone takes this supplement until the blood test reading reaches 40 ng/ml. He is cautious about going higher because in his experience “ more is not necessarily better” and there may be negative effects.

ED and libido may be improved a little with natural Korean Red Ginseng or MACA from Peru. However, he does not recommend L-Argine which lowers blood pressure. His favorite “pill” for this problem is exercise! A combination of weight lifting and aerobic exercise together works best.

Fatigue was shown to be reduced 50% by weightlifting.

Fiber The pills are a scam. Soluble fibers produce gas and bloating. Insoluble fibers are the most desirable and can be gotten from All-Bran and flaxseed (2 or 3 tablespoons on cereal). It would take 60 pills to get enough fiber,

Fish Oil An objective of 500 to1000 mg of omega 3 fatty acids is desirable. Consumer Reports says that QC is good in the least expensive pills. Costco, Sam's Club and Walgreen capsules are just as good as much more expensive capsules from other suppliers.

Fruits and Vegetables The number has grown with time to 9-10 servings per day versus 2-3 serving which he claims is sufficient Those who took 9-10 servings gained weight from the increased calories. Lycopene from tomatoes gets the best press, but actually watermelon is a better source.. Pomegranate juice is good; the doubling time of PSA may be extended greatly. However, Dr. Moyad is concerned about the high cost and the very high sugar content consumed.

Folic Acid >1000mcg/ day is bad. No more than 400mcg from all sources is desirable.

Multivitamins: Men double their risk of PCa with 2-3 pills per day. More is not better!! Do not megadose multivitamin pills. Observe contents on the bottle. He actually recommends a women's or child's vitamin because of all the overdosing and additions to other foods.

Marriage and PCa: A literature study showed that single men have a lower probability of getting PCa, but married men who get PCa survive better. Conclusion: Men should stay single until they get PCa, then they should marry!!

Cholesterol: Lowering is good. PCa survival was 98% when:

LDL <100

HDL close to 60

Triglycerides <150

hsC-rp <1mg/l

Statins Despite all the advertising, all the statins in his extensive list (Lipitor, Pravachol, etc.)were equivalent. Get the least expensive generic. The only statin not recommended was Vytorin because it won't finish clinical trials till 2012.

Spiritual Health It is very important to help fellow men. Give blood or marrow, organs, food. Volunteer to help homeless, New Orleans, Habitat for Humanity, PCa support group, donate.

Book Dr. Moyad's " No BS Health and Advice " (Oct 2008) is available from Amazon.com for about \$13. A copy will be bought for our PCa library.

Study from 52 Countries to Reduce Cardiovascular Problems Suggested the Following:

1. Don't Smoke
2. Cholesterol < 100
3. Normal Blood Pressure
4. Normal Glucose
5. Normal Waist Circumference
6. Normal Mental Health/ Stress
7. Fruits/ Veggies > 1 Serving
8. Moderate Alcohol
9. Extensive Weight Lifting (30 Minutes/Day)
10. Slight Benefit for Married Men

Paul Totta, Co-Facilitator Poughkeepsie M2M

Newcomers and PCa March 5, 2009

1.) His PSA is 4.2, with a GG=7. 2 cores out of 12 were positive for PCa.. He has decided on a protocol of IGRT for 12 weeks. He spoke to a man at the who is undergoing IGRT treatment. So far this man has had no side effects..

2.) He is 54 years old. His PSA, has been elevated over 3 for 10 years, up to 4.6, down to 3.7. A biopsy of the prostate was positive for cancer, with a GG=6. Bone scan & CAT scan are normal. He is reviewing all the PCa info he has gathered, and will be getting a second opinion on treatments.

3.) His PSA is ranging between 5 & 6. He was diagnosed with PCa.. His GG=3+4=7, stage T-1. The treatment recommendation is seed implants, but he is considering surgery. The Combadox test was discussed to check lymph glands. It is available in Holland but has not been approved in the USA.

Herb Ilker, PCa 101, M2M Poughkeepsie

April 23 and May 28, M2M Programs

LEADING EDGE TOOLS: TOMOTHERAPY AND DAVINCI ROBOTICS

On April 23 and May 28, 2009 M2M Poughkeepsie had the privilege of attending two outstanding lectures and demonstrations of the most advanced tools for radiation, TomoTherapy, and for surgery, the daVinci robotic tool, at Vassar Brothers Medical Center. We are most grateful for the hospitality which Vassar offered us on the two nights. 40 people attended the April session and 65 in May.

TOMOTHERAPY

Dr. Elizabeth Tapen, the medical director of the Ulster Radiation Oncology Center in Kingston, made the first presentation. She began with an overview of practice guidelines in oncology for prostate cancer (NCCN) which are available on Google. She considers it an important part of her job to review the patient's entire prostate history with other physicians to narrow down the choices of therapy for the patient. She sees the patient at the first visit, each week during treatment, and routinely after treatment to see how the patient is responding to treatment & to answer questions.

Our group had heard Dr. Tapen in earlier years regarding IGRT which is still a valid alternative for some men who need or choose radiation therapy, but TomoTherapy is the latest improvement in radiation technology because it tracks movement of the prostate with the simultaneous delivery of intense radiation. This is highly preferred to avoid radiation damage to the bladder, colon or other organs which are nearby and vulnerable.

There are only a few hundred TomoTherapy units in the country. The tool was invented and developed at the U. of Wisconsin and is rapidly gaining popularity in the country. The tool, along with the CT scan based IGRT, is very helpful in understanding the full extent of prostate movement and deformation. This further improves the therapeutic gains of IMRT and dose escalation.

Mr. Dan Pavord is the Chief Medical Physicist at VBMC in Poughkeepsie and has been at Vassar since July 2007. Prior to that he was the Director of Radiation Oncology at Western Pennsylvania Hospital in Pittsburgh for 6 years where he commissioned another TomoTherapy unit. He has numerous important responsibilities associated with control and measurement of radiation, calibration, and compliance with state and NRC regulations.

Mr. Pavord reported that TomoTherapy is an advanced, state-of-the-art radiotherapy machine that integrates CT imaging with a helical treatment delivery. It is the only machine available today that was designed from the ground up to perform Intensity Modulated Radiation Therapy (IMRT) & Image Guided Radiation Therapy (IGRT). The unique design allows for treatments as small as a 1 cm. stereotactic brain lesion and as large as a total body or bone marrow radiation. In addition, the on-board imaging system can be used to measure the daily deliveries to track any variations from the planned dosages. This will allow for the planned doses to be delivered accurately over the entire course of treatment.

**Paul Totta, co-facilitator of M2M
Poughkeepsie**

THE DA VINCI ROBOT

On May 28th, Dr Naeem Rahman, of Hudson Valley Urology, delivered a lecture on the Da Vinci Robot Machine, which is now on line at Vassar Brothers Medical Center. The lecture took place in the Joseph Tower Building in the Dyson Cancer Center complex. Dr. Rahman has now completed 125 operations with the machine.

Before getting to the Robot, Dr Rahman spent some introductory time in talking about the prostate cancer overview, risk factors, grading, staging, treatment choices and mortality expectations. We have heard these topics many times and they will not be repeated here.

The Robot is an extreme advancement over the

conventional radical prostatectomy (RP). RP requires a very large incision in the abdomen and is a very bloody procedure with the main side effects being incontinence and erectile dysfunction (ED).

The robotic procedure only requires several small keyhole incisions for instruments and imaging. The field of view is extremely enhanced with a 3D view and greater magnification. The surgeon is placed in a special booth with hand controls that allow very small movement of the instruments with extreme precision and devoid of any accidental shaking. The assistant surgeon is at the patient's side. The tool has uninhibited movement as to rotation and xyz positioning. This is an advantage over laparoscopy, which uses stiff instruments and is limited by the angle of the surgeons wrist.

Some of the advantages of the surgery are: shorter hospital stays, less pain, less risk of infection, less blood loss, less scarring, less time of incontinence and less ED.

Tables showed results from several surgeons. The best result for returning to full continence was 96%. The best result for a return to sexual function was 65%.

After the lecture, we were all treated to a tour of the operating facility for the Robot. The chief nurse for that facility Ed Krauss, handled groups of about 20 people. He explained everything in great detail and fielded any questions with great knowledge of his subject matter. The men in attendance were well pleased by the lecture and tour.

**Jim Kiseda, co-facilitator of M2M
Poughkeepsie**

ESSENTIAL NUTRITION FOR PROSTATE DVD Presentation JUNE 10 Meeting

DR VERNE VARONA

Dr Varona described the nutritional causes of inflammation that may contribute to many conditions, including cancer. He suggested exercise, and a diet with reduced pro-inflammatory foods such as: excessive amounts of animal and dairy protein, sugar, fat and artificial sweeteners. He also suggested reduced consumption of "night-shade vegetables" (such as tomatoes, potatoes, and peppers-particularly those with joint pain) and alcohol (in his opinion a strong inflammatory and immune weakening agent).

He discussed how each of these impact body functions and can lead to various diseases. He provided several ideas for food exchanges and a dietary template consisting of: 25-35% whole grains, 35-40% vegetables and 5-15% of seven other categories including: animal protein, fruits, nuts, beans, and a discreet amount of "WYW" (Whatever You Want).

He concluded with 10 life-style recommendations:

1. Morning skin brushing for promoting lymph flow.
2. Daily aerobic exercise (walking, biking etc) - at least 1/2 hour.
3. Eat more frequently-at least 4 times a day.
4. Control food volume-consume 80% of appetite capacity.
5. Chew thoroughly complex carbohydrates digest first in your mouth.
6. Sip hot non-caffeinated tea after meals.
7. Have meditative or creative time daily.
8. Do not eat for a minimum of three hours prior to bedtime.
9. Do 3-4 simple yoga postures before bedtime.
10. Redefine your passions and pursue them.

**Jim Kiseda, co-facilitator of M2M
Poughkeepsie**

Newcomers and PCa April 23
May 28 & June 10, 2009

There were no new members in April

There were 7 newbies for MAY

There were 3 newbies in June

No writeups are available

Herb Ilker, PCa 101, M2M Poughkeepsie

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Due to rising cost of printing, distribution and the ease of e-mailing our newsletter, be advised that as of the year 2010, hard copies, of the Poughkeepsie M2M newsletter will no longer be mailed. So please send us your e-mail address if you are not already receiving our "E" newsletter. For those of you who do not have access to the internet, you can go to your local library, or a relative, or a local "E" coffee shop, or a neighbor and access the newsletter and print it out.

Send your e mail address to

<IGGY41@AOL.COM> and put in the subject box e-news. Lets get this done **ASAP** so we do not have to extend our deadline like the **IN-FAMOUS Digital TV Change**. Lets show them that we can and do follow instructions! We also have a web site that has all our back issues of M2M Poughkeepsie.

Go To
WWW.BOODROW.COM

By the way, the person who maintains our web site is Nelson, why not send him a note to thank him for a great job that he does maintaining the site. His job is strictly volunteering and he absorb any cost incurred to maintain that site.

Thanks the editor!

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 March 5, April 23, May 28 & June 10. There were 33 in March including 3 new M2M members and 7 SXSs. The April meeting had 43 including 1 new M2M member and 10 SXS. The May meeting had 65, including 7 new members and 12 SXS, the June 10 meeting had 35 in attendance with 2 new members and 6 SXS.

TO ALL RECIPIENTS OF OUR NEWSLETTER.

Are you experiencing problems 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

Worth Checking

Negative Reports on Vitamin E: What Researchers Did Wrong
Dr. Papas explains why these studies are majorly flawed — the researchers failed to use the complete natural form of vitamin E.

By Andreas M. Papas, PhD
Vitamin E and Anti-Aging Expert

If you are disappointed, confused or just plain scared by the recent headlines about vitamin E, you have every right to be and you are not alone. The headlines suggested that vitamin E does not help people with cancer, heart disease or Alzheimer's, and worse, that it may be harmful at high levels. All the good news about the health benefits of vitamin E in elderly women from the HOPE study, diabetes, kidney disease seemed obliterated by this wave of new information.

A few years ago vitamin E was flying high; vitamin C and vitamin E were by far the most popular single nutrient supplements. Study after study proclaimed its many benefits. Especially convincing were very large epidemiological studies indicating that people taking higher levels of vitamin E had a lower risk for conditions like heart disease, cancer and Alzheimer's, just to name a few.

So what went wrong? Why did a series of clinical trials & reports, known as meta-analysis studies, fail to confirm the expected health benefits of vitamin E?

First, let me say that many experts take issue with the design of these types of clinical studies, and the many limitations of meta-analysis. But specifically, why did these studies of vitamin E not show any benefit? Why should anybody take vitamin E?

All of the clinical studies showing no benefit were run with alpha-tocopherol only. So what is wrong with this? A lot. Unlike some vitamins, which consist of a single compound, vitamin E consists of eight different compounds, four tocopherols and four tocotrienols (designated as alpha, beta, gamma and delta). Our food contains all eight compounds. Actually in our diet we get more of the gamma-tocopherol than the alpha.

Alpha-tocopherol was thought to be the only important form from the family of eight compounds. Most supplements contain only alpha-tocopherol. The current research proves that using just one type of vitamin E is wrong. Even more important, it is counterproductive because supplements of alpha-tocopherol alone deplete almost completely the levels of the other tocopherols and tocotrienols in our blood and tissues. This has been known for some time and was confirmed conclusively in recent studies. In the past, this major effect was brushed aside because we did not recognize the benefits of the other members of the vitamin E family. We know better now.

These trials created a double whammy; not only did the supplement not provide the complete vitamin E family of tocopherols plus tocotrienols, but it also prevented the benefit of any amount taken in the diet. So what are the benefits of these other forms of vit. E?

- Gamma-tocopherol, the more abundant form in our diet, fights nitrogen radicals, a particularly vicious form of harmful molecules that contribute to inflammation. Inflammation is now recognized as a major

factor contributing to chronic diseases including heart disease, cancer, Alzheimer's and arthritis.

- High levels of gamma-tocopherol in the blood have been associated with lower incidence of PCa.

- **Tocotrienols** and, in particular, gamma tocotrienol act on a specific enzyme called 3-hydroxy-3-methylglutaryl-coenzyme A reductase (HMG-CoA) involved in production in the liver of LDL, the bad cholesterol.

- **Tocotrienols** and delta-tocopherol show great promise in preventing some forms of cancer especially breast cancer

- **Tocotrienols** and gamma-tocopherol show promise for neuroprotective effects.

How strong is the evidence? I am sure that you may be wondering whether I changed my views regarding vitamin E to fit the latest findings. The answer is no, and here is the proof. The main theme of my book, *The Vitamin E Factor* is: Vitamin E is a family of four tocopherols plus four tocotrienols. Only the complete vitamin E family provides the full benefit. This is now the new and emerging scientific consensus. The National Institutes of Health (NIH) are supporting major research studies with gamma-tocopherol and tocotrienols.

The Anti-Aging Bottom Line: The evidence supporting the benefits and the safety of the correct form of vitamin E far outweigh any doubts from the recent studies using the wrong form. As the master antioxidant, vitamin E is a key nutrient for health and wellness. The best vitamin E products contain all eight members of the vitamin E family — tocopherols plus tocotrienols — in their natural unesterified form. Only the complete family provides the full benefit and most likely the highest degree of safety.

Written exclusively for Stop Aging Now, the authority on science based anti-aging solutions.

**Submitted By Jim Kiseda Facilitator M2M2M
Poughkeepsie**

**Cancer Climb of Mt. Cotopaxi
(19,347' / 5,897m) In The Ecuadorian Andes
Will Raise Funding For
Education and Outreach Programs For Prostate
Awareness Foundation**

In June of 2009 prostate cancer veterans, family members and supporters from all over the United States will converge on the high Andes of Ecuador to climb Mt Cotopaxi 19,347' (5,897m) a semi-active volcano. Their goal is to reach the summit, raise critically needed funding for education and outreach programs and inspire men and their families with a message of hope. Prostate cancer will affect one in five families in the United States and has reached epidemic proportions.

The first expedition in 2000 climbed Mt Aconcagua in the Argentine Andes, the highest mountain in South America. In 2003 & 2008, the project climbed 19,341' Mt Kilimanjaro in Tanzania, Africa. Last year's Cancer Climb for Prostate Awareness climbed Mt Blanc the highest mountain in continental Europe. Other expeditions have taken place in the Colorado Rockies and Yosemite High Country.

The Prostate Awareness Foundation, the non-profit organization sponsoring this year's expedition, provides men and their families with information about available treatment options both conventional and alternative. It also offers guidance about prevention and nutritional measures for good prostate health. PAF encourages men to take a proactive approach to dealing with prostate cancer. The PAF website is located at [HYPERLINK "http://www.prostateawarenessfoundation.org"](http://www.prostateawarenessfoundation.org) www.prostateawarenessfoundation.org.

Ken Malik, one of this year's expedition leaders, a co-founder of PAF and a thirteen year veteran of prostate cancer, wants to include men from Latin

America and internationally on this year's climb of Mt Cotopaxi. He says "This technical climb can be accomplished by people of all ages if they are in good shape. We would really like to include our international brothers with prostate cancer and also health professionals that have an interest in prostate health. We can learn a lot from each other about prevention and treatment options". The expedition will be arriving in Quito, Ecuador on June 15th and spend a week acclimatizing at high altitude before attempting the ice bound summit. There will be as many as thirty participants on this year's expedition. Please contact Ken Malik at "mailto:kamalik@sbcglobal.net"

Meeting Dates and Changes for 2009

- July 16 General Meeting**
 - August 6• Meeting cancelled**
 - September 3 Victoria Hallerman-Author**
 - October 1 My PCa saga, Frank Hildenbrand**
 - November 5 Round Table Discussion**
 - December 10 Dr Evan Goldfisher-PCa trials**
-

**<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

QUOTES

**The first and last commandment is:
Don't let them scare you.
Elmer Davis**

**Deceased Poughkeepsie NY M2M Members
Tom Bartush
Bob Roarbaugh
Maurice Keenan**

**The above men were all long time members of
POK M2M. We offer our condolences to their
families.**

Editor