



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

Meetings to date 190

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 and April, 2008

Issues 3 & 4

Latest Techniques The Green Light Laser

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 Thursday, March 6 and April 3, 2008 at 6:30 PM. Meetings are usually held in the Central Hudson Auditorium off of the Academy Street Exit, Off Rt 9, Poughkeepsie.

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March M2M Program

This meeting featured a lecture by Dr. Jay Motola who is a practicing urologist in NYC & Carmel NY. Dr. Motola is a well published researcher in the field of prostate cancer.

The green light laser has an eighty watt power source and is able to deliver it's energy via fiber optic. It is inserted into the patient's urethra while he is under sedation. Laser light will vaporize excess prostate tissue to allow normal urine flow.

Blood loss is much lower than with TURP and the healing process is quicker. The patient is released the same day with a catheter which will be removed in two days.

He presented a very thorough slide series describing the Green Light Laser. It is used in an out-patient procedure for BPH, but it is not used for treating PCa.

Any Questions? Where here!

Dennis P. O'Hara, Founder & Facilitator Emeritus.
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American Cancer Society Information

Local ACS # 845-452-2932

- 1-800-ACS-2345 or WWW.Cancer.Org

The second series of slides described various prosthetic devices for incontinence in men. The most complex require surgery to implant them internally. The satisfaction level of each type was also shown.

The last series of slides showed various devices for impotence. Two types require implantation in the body. One type is made of silicone rubber and is implanted in the penis. This type seems quite reliable and can be easily bent upward for an erection.

A very lengthy Q &A session followed his talk.

Gene Rzodkiewicz M2M Poughkeepsie

Newcomers and PCa March, 2008

Due to illness, our 101 person did not attend this meeting, therefore no write-up is available.

BOO HOO

April M2M Program

Abraham Mittelman, MD was the speaker for the April M2M meeting. His resume is a small book that includes almost 200 abstracts, papers with other colleagues on various aspects of cancer. He also has 166 publications to his credit.

Dr. Mittelman is a practicing oncologist. Aside from a degree in medicine he has one in physics. He has extensive postgraduate training, academic/teaching appointments and research experience. Among other things, monoclonal antibodies are a topic of study.

A guest speaker at M2M on several occasions, he has always been enthusiastically received. The subject of his talk will be published in the next issue.

Newcomers and PCa April, 2008

1) He is 47 years old. He was diagnosed with PCa, with a GG=6 , early stage PCa. His urologist recommends RP. He is here for more infor-

mation. I spoke with him after the meeting and he was wondering about all the therapies and said it was a little bewildering and a bit scary. Told him it sounded like they found the cancer early so he had enough time to check out all the therapies and select the one he felt was the best and stick with it as our group had experienced most of the therapies that have been used to date.

2) He is 75 years old. He underwent a biopsy which resulted in 4 out of 12 cores positive for PCa with a GG=6 . Two previous biopsies were negative. He is undergoing IGRT (Image guided) treatments and so far no side effects.

3) He is 67 years old. He raised questions about his rising PSA. It was 6.7 up from last year which was 5.8. Has had 2 biopsies, both negative. DRE was negative. He was interested in trying Proscar to reduce his PSA. A suggestion was made for him to ask our guest speaker Dr Mittelman. He said he ran 3 to 4 miles a day, his wife is a nutritionist so he eats properly so one would expect the PSA to level out. One member mentioned his experience with Proscar and turmeric.

Herb Ilker, PCa 101 M2M Poughkeepsie

All Aboard

A MOUSE WHO CAN'T GET PCA

University of Kentucky researchers found a gene in the prostate called Par-4 which suppresses cancer, even aggressive types. The gene kills cancer cells but not normal cells. Par-4 was introduced to a fertilized egg of a mouse. The egg was then planted into a surrogate mother. Mice born with this gene are not developing tumors. The mouse itself does not express a large number of copies of this gene, but the offspring do and their offspring start expressing the gene. So the scientists were able to transfer this activity to generations in the mouse.

The implications for humans could be that through bone marrow transplantation, the Par-4 molecule could potentially be used to fight cancer cells in patients without the toxic and damaging side effects of chemotherapy.

There is much more work to be done before this research can be applied to humans. Sounds promising.

Source: Xinhue News Agency 11-28-07

KEEPING CANCER DORMANT FOR YEARS

A team in Washington University School of Medicine has shown for the first time that the body's immune system can keep tumors dormant for years. This finding could lead to treatments that allow patients to live with 'neutralized' cancers for the rest of their lives. Doctors have long known that cancers can lie dormant in the body for years before suddenly coming back to life. But exactly how they were kept in check had not been properly understood till now.

We can now reproduce the conditions of tumor dormancy in the laboratory and look directly at cancer cells being held in check by the immune system. During the dormant phase, the body's immune system reduces the tumor's desire to grow and kills off some cancer cells, but not quickly enough to shrink or destroy the tumor. Proper immune function is now appreciated as another important factor in preventing the development of some cancers. Further research and clinical validating of the process may also turn established cancers into a chronic condition, similar to other serious disease that are controlled long-term by taking medicine. Doctors have suspected the existence of tumor 'equilibrium' from organ transplants. Sometimes cancers appear in donor organs after they have been transplanted into a patient whose immune system has been suppressed. Also, patients can be infected for decades without showing symptoms of TB. Often the disease appears if their immune systems are weakened.

The article does not get into how one achieves proper immune status, probably because their work so far has been done with mice.

AFRICAN AMERICANS AND PCa

According to the American Cancer Society, African American men are one and a half times more likely to get PCa and two to three times more likely to die from it. Diet and Vitamin D deficiency could be two main factors. It's essential for young black men to understand that good dietary habits and vitamin supplementation they adopt now can greatly reduce their risk of developing PCa in later life.

Dr. "Snuffy" Meyers suggests the following regimen:

Diet: Avoid red meat, dairy fat and egg yolks. Eat fish three or four times a week (or take fish oil). Use olive oil instead of vegetable oil. Avoid canola and flaxseed oils at all costs! Eat a variety of fruits and veggies. Eat stewed or cooked tomatoes. Drink two to four cups of green tea a day.

Supplements: Take daily 200 mcg of selenium, 200 IU of Vitamin E, 30 mg of lycopene and 4000 IU of Vitamin D3.

Lifestyle: Exercise for 30 to 40 minutes at least three times a week. Incorporate relaxation into your daily life.

MANGOSTEEN

M2M meetings were visited a few times by a man who promoted mangosteen juice as an excelsior for PCa and other ailments. For hundreds of years people in Singapore, Malaysia, India and China have been using the fruit and the bark of the mangosteen tree to treat diarrhea and eczema. With all the interest in exotic fruits a group of marketers seized on the opportunity to sell mangosteen through an aggressive worldwide network in which 350,000 sellers recruit other sellers and collect commissions from them. At the top of the pyramid is a Utah company called Xango, which started marketing mangosteen juice mixed with nine other fruit juices in

2002. Sales have catapulted from \$40 million in 2002 to \$200 million in 2005. At \$35 for a 25-ounce bottle, it's easy to see why.

XanGo is within regulatory bounds when it says that it may help maintain intestinal health, strengthen the immune system and neutralize free radicals. Since they don't mention a disease, they're legal even though there may be no evidence. Sellers further down the commission chain aren't as modest. For example according to <lovemangosteen.net> and <mangosteen-effect.com> web sites created by XanGo dealers, it can cure cancer, diabetes, Alzheimer's, migraines, depression and a bunch of other things.

Like most plants, mangosteen has evolved an arsenal of chemicals to protect itself against predators and environmental stresses. David Morton, a University of Utah anatomist, who is a scientific advisor to XanGo (two of Morton's brothers helped start the company) says there's emerging evidence that it has anti-inflammatory, anti-oxidant and anti-microbial properties, but he also admits that "all the science on mangosteen is still very early. Curiously, Morton adds that he doesn't think there are plans to study this juice in the near future because "there's much too much that still needs to be studied in the lab." ?!

Source: Nutrition Action Newsletter 11/06

Mike Kulla, co-facilitator M2M Poughkeepsie

Critical Facts You Need to Know About Your Prostate Surgeon

In surgery, experience counts -- and now we have some real numbers to support that premise, thanks to a recent study that tracked the long-term outcome of prostate cancer surgeries against the experience of the surgeons performing them. The results were straightforward: The more experienced the surgeon, the lower the risk that the patient's cancer would recur.

RATING RADICAL PROSTATECTOMY SUCCESS

Prostate cancer is the most frequently diagnosed cancer in men, and surgical removal of the prostate is a common treatment, I was told by Andrew Vickers, PhD, lead study researcher and a statistician at the Memorial Sloan-Kettering Cancer Center in New York City. The operation is called a radical prostatectomy. Dr. Vickers and his research team tracked a total of 7,765 patients treated with radical prostatectomy by one of 72 surgeons at four major academic medical centers. Many patients were followed for more than five years after the surgery to see whether their cancer came back. The researchers analyzed this information relative to the number of radical prostatectomies each surgeon had performed prior to each patient's case. The resulting "surgical learning curve" turned out to be a steep one that didn't begin to plateau until a surgeon had completed approximately 250 prior radical prostatectomies, Dr. Vickers told me. The risk of cancer recurrence in patients operated on by a surgeon who'd performed only 10 previous prostatectomies was higher (18% likelihood of recurrence at five years) than in those patients treated by a surgeon who had performed 250 surgeries (11% rate of recurrence). Prior to this study, the learning curve for surgery -- meaning the concept that improved surgical outcome correlates with a surgeon's experience performing that specific procedure -- was largely theoretical. Now there's evidence. If you or someone you know require radical prostatectomy, put yourself in experienced hands -- specifically ones that have performed a minimum of 250 similar operations. How to find out? Ask.

Source(s):

Andrew Vickers, PhD, a statistician and researcher at the Memorial Sloan-Kettering Cancer Center in New York City and the lead researcher on the above mentioned study.

Study: Men can delay cancer care

By Marilyn Marchione

The Associated Press

Older men with early stage prostate cancer (PCa) are not taking a big risk if they keep an eye on the disease instead of treating it right away, suggests the largest study to look at this issue since PSA tests became popular.

Only 10 percent of the 9,000 men in the study who chose to delay or skip treatment had died of PCa a decade later. The vast majority were alive without significantly worsening symptoms or had died of other causes.

Even the 30 percent who eventually sought treatment were able to delay it for an average of 11 years.

"It is important news," said Dr. Otis Brawley chief medical officer of the American Cancer Society. "It may persuade some middle-of-the-roaders that we are overtreating this disease," and the PSA testing may be amplifying the problem, he said. The PSA blood test to help detect tumors has been widely used since the 1990s.

Grace Lu-Yao of Robert Wood Johnson Medical School in New Jersey led the study and will report results at a cancer conference in San Francisco.

Whether to treat PCa is one of the biggest medical dilemmas today. The disease is the most common cancer in American men-about 220,000 cases will be diagnosed this year-but most tumors grow so slowly they never threaten lives. There is no way to tell which tumors will.

PSA tests can help find tumors many years before they cause symptoms, but routine screening of men at average risk of the disease is not recommended, because there is no proof it saves lives.

PCa treatments are tough, especially on older men. Many men are left with sexual or bladder

control problems. Some doctors instead recommend "watchful waiting" to monitor signs of the disease and treat only if they worsen, but smaller studies have given conflicting views of the safety of that approach.

The new study looked at the natural course of the disease in men who chose that option. It is the first involving so many older men--half were over 75--and so many whose tumors were found through PSA tests.

Using the federal government's cancer database, researchers studied 9,018 men diagnosed from 1992-2002 with early-stage PCa who did not get surgery, radiation or hormone therapy for at least six months. Most never got any treatment at all.

A decade later, 3 percent to 7 percent of those with low-or moderate grade tumors had died of PCa, versus 23 percent of those with high grade tumors. Overall, PCa cancer killed 10 percent of them.

Check out back issues of M2M

Poughkeepsie and more at.

<http://www.boodrow.com>

JOKE DU JOUR

A nursery school was delivering a station wagon full of kids home when a fire truck zoomed past. Sitting in the front seat of the truck was a Dalmatian dog. The children started discussing the dog's duties. "They use them to keep crowds back at fires," said one child. "No" said another, "they're just for good luck." A third child brought the argument to a close. "they use the dogs," she said firmly, "to find the fire hydrants."

Mike Kulla, co-facilitator M2M Poughkeepsie

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 6 & April 3 in the Central Hudson Electric Company Auditorium-6, Rt.9, Poughkeepsie, NY. There were 39 in March including 2 new M2M members and 6 SXSs. The April meeting had 36 including 3 new M2M members and 8 SXS.

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

<http://www.boodrow.com>

Meetings for 2008

Please Note

May meeting will be held at a different location (see page 8)

- May 1 Dr.J. Ogiste, Color Doppler, Cryo
- June 5 Dr. Glenn Agoliatti, VBMC Oncology
- July 10 TBA (date change due to 4th of July)
- August 7 DVD Series- PCRI Symposium 2007
- September 4 TBA
- October 2 Bob Carter on His journey with PCa.
- November 6 TBA
- December 4 TBA

:WORTH CHECKING:

ILLINOIS

Incontinence Drugs Blamed for Memory Woes

Chicago: Commonly used incontinence drugs may cause memory problems in some older people, a study has found.

“Our message is to be careful when using these medicines,” said U.S. Navy neurologist Dr.Jack Tsao, who led the study. “It may be better to use diapers and be able to think clearly than the other way around.

<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

Prostate Cancer Education Forum

Held the first Monday of each month in the Greenwich (CT) Hospital, Noble Conference Center from 6:30 PM to 8:00 PM. For information and to register, call (203) 863-4277, or (888) 305-9253, or register and meeting information online at www.greenhosp.org

•Man to Man New York City

Meetings will take place at:

The American Cancer Society 132 W. 32nd Street New York, NY 10001 Accessible by N R Q B D F or 1 2 3 Trains to 34th Street Walk to 32nd Street Between 6th and 7th Avenue For information please feel free to contact: **Joelle Vasquez (212) 237- 3826 or David Pulli (212) 237-3843**

CARE

Cancer Awareness Research Exchange

The tri-state CARE group meets the second Thursday of each month at the Ridgewood Methodist Church, located at 100 Dayton Ave., Ridgewood NJ from 7PM until ? For directions etc. Call Harvey Kunz: 201-664-5005

US TOO NEW YORK
NEW YORK PRESBYTERIAN HOSPITAL
LOCATED ON EAST 68TH ST 1/4 BLOCK EAST
OF YORK AVE.
Call 212-946-1494 or <info@ustooneyork.org>

Out of the Area PCa Program

MYRTLE BEACH S.C.

US TOO & THE ACS Strand M2M Program
Meeting time 6 to 7:30 PM 2nd Wednesday of
the month. Meets in the Coastal Grand
Mall, HEALTHFINDERS ROOM.

FOR INFORMATION CALL
BOB JOSEFEK 843-651-5478
TOM BYINGTON 843-399-7272
JOHN MURPHY 843-357-7284

ATTENTION

MAY 1 Meeting will be held at *The*
Manor at Woodside

Directions to the Manor are the same direc-
tions for Central Hudson except--traveling
North Bound on RT 9, exit up Academy Street
approximately 500 feet. The Manor is the first
driveway on your left.

Traveling South Bound on RT 9, exit off of the
Academy Street exit and at the bottom of the
ramp make a left and follow instructions
above. It's very easy to find. The meetings
are in the Terrace Room which is in the base-
ment. The receptionist will give instructions
how to find the elevator. The Terrace room
has plenty of room for our meetings. Please
be as quiet as possible as you pass through
the halls. Remember folks live here. The
Manor is not a nursing home; it's a full ser-
vice retirement residence for independent
seniors.

Attention: M2M Meeting weather 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 oper-
ator or answering machine. Listen to the local
radio stations; they will also announce cancella-
tions of M2M meetings. You can also call our own
hotline 473-9827 and listen to message.

**THE 14TH ANNUAL National Cancer Survivor
Day Celebration on June 8th, 2008 will be
held on the Vassar Brothers Medical Center
campus in the Joseph Tower Auditorium,
Poughkeepsie NY Registration will start at
noon. The official program will start at 1:00 till
3:30**

Program Line-up:

- Larry Chance and the Earls (a 50's & 60's Oldy but Goodies R&R group)
 - Survivor Speaker
 - Oncologist Speaker Dr. Keleher
 - 50/50 raffle
-
- A change in the menu this year- "Box" lunches will include (turkey/roast beef/veggie sandwiches, chips, fruit and water) HEALTHY Food!!!! lunch also includes either a potato or macaroni salad
 - The "Good Humor" ice cream truck will also be on site for free Ice Cream !
 - "My Brother Bobby" chips and salsa will be available!
 - Raffle ticket will be distributed at the time the lunch is picked up!
 - Free T shirts to all survivors!
 - Activities for children will include- bounce house-face painting•

**"Please call to register at 483-6355 &
leave your name and phone number."**

STAFF OF LIFE

It used to be a simple decision in the bread aisle -- whole wheat, white or rye. Now there are an array of products that will make you dizzy, one more enticing than the next, touting "heart health", "low carbs", "extra fiber" or "light." Surely the bread industry is responding to greater consumer awareness for healthier alternatives but also to new government-approved health claims that whole grains could reduce the risk of heart disease and some cancers.

Whole-Grains

Here's a guide to help you through the bread aisle. The most healthy loaves are 100% Whole-Grain. Honorable mention go to those that list whole grain first followed by refined flour in the ingredient list. Neither has more than 200 mg of sodium, and usually less, per slice. That might not sound like much, but it means that a sandwich has 400 mg before you put anything in it.

Fiber

Typically, a slice of whole-wheat bread has 2 grams of fiber (If it weighs 1 ounce or 3 grams if it weighs 1.5 ounces). According to the National Academy of Sciences the latest targets are 28 grams for younger men and 30 grams for men over 50 (less grams for women). Since multi-grain breads contain as much as 4 or 5 grams of fiber per slice, usually by adding highly processed oat, cottonseed or wheat fiber. That fiber is missing the nutrients and phytochemicals that come with whole grains (It may help prevent constipation and diverticulosis, but may not reduce the risk of heart disease or diabetes.).

Heart and Cancer Healthy

Any bread that's at least 51% whole grain can claim that it may lower the risk of cancer or heart disease. It also has to be low in saturated and trans fats and low in sodium, but most breads would qualify.

Extra Vitamins and Minerals

A few loaves advertise that they include extra nutrients, like Vitamin D, calcium, folic acid, etc. But you don't necessarily need these extras. It depends on your age and if you are already getting enough of these supplements.

Light

Light breads have about half the calories (40 to 50 verses 80 to 110). Most lights are largely made from white flour -- an exception is Arnold (or Brownberry) Bakery Light 100% Whole Wheat. The lights are smaller and/or have added fiber. Fiber passes through the digestive system without getting absorbed, so companies can subtract the fiber's calories from the calories they list on the label.

Lower-Carbs

Breads that advertise as having lower carbs also have lower calories (40 to 70 per slice). Like some light breads they shed calories by making slices smaller and adding fiber. But unlike light breads, lower-carb loaves have more whole grains. That's good.

One last point: don't assume that "whole-Grain" in big letters on the package means there is no refined white flour in the loaf. You have to read beyond the headlines to get the full story.

Source: Nutrition Action Healthletter, April 2005 "The Whole Story"

Mike Kulla, co-facilitator M2M Poughkeepsie

VITAMINS A, C, AND E INCREASE MORTALITY (NONSENSE)

Recently, a news release reported that certain vitamins increased mortality. Reporters, as usual, did not take the time to see how this study was conducted and if it had any validity. The implication was that the study actually gave these vitamins to a group of people and compared them to a group not receiving any vitamins. Nothing is further from the truth. What the researchers did was to look at 450 past studies and throw away 400 of the studies that had no connection to vitamins and mortality and they kept the 50 odd studies that showed people dying from chronic diseases who happened to be taking vitamins and then blaming the deaths on vitamins. This is a stretch beyond belief. Of course, we are not talking about anyone who is taking doses beyond those studied in real trials and starts taking mega doses without medical supervision. Please read the article, so that you are not trapped into believing that vitamins kill you

You can view the entire article at

<<http://www.NaturalNews.com/023034.html>>

Jim Kiseda, co-facilitator M2M Poughkeepsie