



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

May 4, 2006 Issue 5 (Meetings to date # 168)

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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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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 May 4, 2006 in the Central Hudson Electric Company Auditorium-♿, Rt.9, Poughkeepsie, NY. There were 41 in attendance , including 3 new M2M members.

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>

Program May Meeting Our Guest DR. Hugh A. Fisher

DR Fisher has the dual discipline of both a Urologist and Oncologist. As such, he has been permitted to engage in FDA Trials concerning Prostate Cancer. He has been the lead researcher in many of the trials and a participant in others. All of these trials have been held at The Albany Medical Center which is one of the premier teaching hospitals in New York State. The purpose of his talk is to summarize results of both current and completed studies.

DR Fisher began by recapping vital statistics which give a good background to the subject. He pointed out that this year 230,000 new Prostate Cancer (PCa) cases will be diagnosed. There will be 30,000 deaths and 1 in six males in the United States will be diagnoses with PCa. The yearly number of new cases has dropped from a few years ago mainly due to the fact that the widespread use of PSA testing around 1989 caused a big bulge in detection by picking up many undiagnosed cases. This has leveled off now. In addition, the yearly deaths have fallen off by 10,000 men due to PSA picking up cases before they go into Stage 3 and 4. Before that, most men detected were in late stage because preventive detection was rarely used. Now, most men are in a lower stage which is more readily treated.

Many slides of the trial results were shown. The slides are not available now but are forthcoming. We will present a full report in the next issue. These results covered both high risk and low risk patients and are very interesting.

At the end of his talk DR Fisher fielded all kind of questions, even those not related to the talk. The group in attendance showed much enthusiasm and responded aptly.

Jim Kiseda M2M Poughkeepsie

Newcomers & PCa 101
May 4, 2006

1) Little information given, he assured us at this time he was only present to gather information and to observe our meeting.

2) He was diagnosed recently with a GG=6 PSA=6 Bone and Cat scans were negative. His Doctor has told him RP is good option for him. He will seek a second opinion but is leaning toward IMRT.

3) He is 65 years old diagnosed with PCa. (no GG or PSA given). He has been scheduled for RP in 3 weeks. His Doctor has informed him the surgery is 100 per cent successful.

Herb Ilker PCa 101 M2M Poughkeepsie

DIET AND SUPPLEMENTS
Part 1 A LA SNUFFY

We all seek the Holy Grail, the illusive magic pill that will get rid of our affliction. And so we turn to diet and supplements as one of the answers to the sixty-four dollar question. But there are so many opinions and controversies on this subject that it is difficult to separate the hype from the real, and the well researched from its counterpart. What else can we go by but the reputation and scientific scrutiny of our advisers?

Dr. Charles (Snuffy) Myers seems to qualify as reliable a source as any, while remembering that he represents one man's opinion. As most of you know he has PCa himself. What follows is his current approach to what we should be putting into our bodies to reduce the scourge of cancer. There are more than 1000 papers on the relationship of diet and nutrition to PCa.

You need only go to PubMed (www.pubmedcentral.nih.gov/) or Google Scholar (<http://sscholar.google.com/>). Myers is a strong advocate for the Mediterranean diet as well as Lycopene (10 mg 3x a day), Selenium (200 mcg), Vitamin E (Gamma Tocopherols, 200 IU or less), Omega 3 fish oil (2000 mg 2x a day), Soy Isoflavones (100 - 135 mg 2x a day) and Vitamin D3 (cholecalciferol, 2000 IU 2x a day).

I was fortunate to see Dr. Myers in Virginia while he was still accepting Medicare insurance. He had opinions about the supplements that I was taking which I will pass on. He gave a thumbs up to my continuing to take Vitamin C, Beta Sitosterol, Prosta-Meto, Green Tea

extract, Boron and Pomegranate juice. He was not so fond of my use of Cod Liver oil (in winter) due to its large amount of Vitamin A, nor did he recommend Beta Carotene and Copper (I didn't find out why). and he was neutral on Quercetin. For sleeping problems he recommended 6 mg of time-release Melatonin which didn't work too well for me, but perhaps it was dosage issue.

He reviewed with me extensively the impact of diet and lifestyle on PCa. As previously mentioned he recommended the Mediterranean diet, a heart healthy regimen that fits the standards of the American Heart Association, as well as the National Cancer Institute and the American Cancer Society. This diet would eliminate or drastically reduce red meat, including pork, dairy fat and egg yolks. Protein sources that are healthier, he said, include grains, legume's and especially soy. Acceptable proteins of animal origin are Egg Beaters and nonfat dairy. Also on his "good" list are fish and white meat of poultry (once a week). He rates olive oil as the one cooking oil "known to be safe." Certain nuts rich in monounsaturated oils seem advisable, including almonds, macadamia nuts, hazel nuts, cashews and pistachios. Oils made from these nuts are also recommended. Pecans, walnuts and peanuts are not on his list.

This article will be continued with a fairly intensive focus on the Mediterranean diet and literature supporting it, as well as research on diet in relation to PCa. Information supporting the supplements will be shared as well as sources for these supplements.

Mike Kulla, Poughkeepsie M2M

PCa Detection in Younger Men

If you have younger male family members here is an opportunity to pass on valuable information to them as contained in this article.

We think of prostate cancer (PCa) as an older guy's disease. But over the past two years at the American Institute of Diseases of the Prostate more than 20 men under 40 were diagnosed with PCa. (The clinic saw almost 500 men this year, but they don't say how many men they saw over the past two years). Judd Moul, MD, Chief of Urologic Surgery at Duke University Medical Center says that PCa in young men is not more aggressive than in older men, but Dr. Charles (Snuffy) Myers says most of the men under 40 have more advanced disease. Myers has also observed an increase in the

number of men with PCa between ages 40 and 55. He was diagnosed at age 55 with a PCa that had a poor prognosis.

Myers was surprised by the young ages and the extensive amount of cancer they had when diagnosed. The unfortunate combination of age and disease extent is partly due to rapidly growing aggressive cancers he believes. But it is also a result of physicians not expecting their young patients to have PCa. The upshot is that diagnoses are made too late. Also, many physicians are still using a PSA of 4.0 ng/ml as the threshold for considering a biopsy rather than the appropriate age-adjusted ranges as shown below:

From American Urology Association Guidelines

Age Range	Whites	African-Americans	Asians
40-49	0-2.5	0-2.0	0-2.0
50-59	0-3-5	0-4.0	0-3.0
60-69	0-4.5	0-4.5	0-4.0
70-79	0-6.5	0-5.5	0-5.0

Other diagnostic indicators useful for younger men according to Myers are:

1. Percent free total PSA less than 25%.
2. Steadily increasing PSA: 0.75 ng/ml per year or more.
3. Doubling time faster than 1.5 to 2 years, suggesting the presence of cancer "may prove life threatening."

Myers believes that all men should have an initial PSA done at age 30 and repeat the test every other year. Moul would start a PSA at age 40 for those with greater risk for PCa and age 45 for Caucasians and those with no family history of PCa. When a doctor recommends a treatment plan for a young man with PCa, a much longer period of survival must be considered.

Myers says that physicians need to take special note that a young man may have to live for a very long time with side effects of any given treatment. The long and the short of it is that PCa in young men present a different set of problems than with older men.

Mike Kulla M2M Poughkeepsie

One of America's most trusted sources of nutritional information

Nutritional Information, Advice and Premium Supplements You Can Trust, Based on the Latest Research.

News Flash

Vitamin C Shrinks Cancers, Says NIH

Linus Pauling was right after all.

High doses of vitamin C, given intravenously, can actually halt and shrink tumors and bring about remissions and longer survival for people with cancer--even in advanced stages, according to stunning new research by Mark Levine, M.D., and colleagues at the National Institutes of Health.

The NIH researchers have thoroughly documented and published three cases in which vitamin C reversed cancer that was considered terminal. Here are the details:

- A 49-year-old man diagnosed with terminal bladder cancer in 1996 declined chemotherapy in favor of high-dose vitamin C infusions. Nine years later he is alive and cancer-free.
- A 66-year-old woman with an aggressive lymphoma and a "dismal prognosis" in 1995 also rejected chemotherapy, but had radiation, and intravenous high-dose vitamin C. She, too, is alive 10 years later.
- A 51-year-old woman with kidney cancer that had spread to her lungs, opted for alternative therapy, including high-dose intravenous vitamin C given twice weekly for 10 months. Within two months, scans showed the tumors had vanished. Her cancer remained in remission for four years. A smoker, she died of lung cancer that did not respond to the same therapy.

Further, NIH's Levine has shown that vitamin C selectively kills cancer cells, leaving normal cells unharmed. In his lab tests, high doses of vitamin C rapidly killed 100% of lymphoma cells. Vitamin C also was lethal to breast, lung, kidney, colon and ovarian cancer cells.

Researchers at the University of Kansas have also reversed advanced ovarian cancer by injecting 60,000 milligrams of vitamin C intravenously twice a week along with conventional chemotherapy, keeping two women cancer-free for 3 and a half years.

Dr. Levine explains that high concentrations of vitamin C needed to kill cancer cells can be achieved only by high doses administered intravenously, as Linus Pauling insisted. Oral doses are excreted too quickly from the

body to become lethal to cancer cells. (Padayatty SJ, Canadian Medical Association Journal, 2006 Mar 28;174(7): 937-942)

Note: This good news about vitamin C was missed by a recent Wall Street Journal article--The Case Against Vitamins-- that instead declared vitamin C dangerous to cancer patients. Read about other serious errors in the WSJ's report here.

Release Date: April 1, 2006

Submitted Jim Kiseda M2M Poughkeepsie

GCP & AHCC Gaining Recognition for PCa (GCP) Genistein Combined Polysaccharide and (AHCC) Active Hexose Correlated Compound Medicinal Mushrooms

Several years ago 4 **testimonial trials (not clinical trials)** were held. The trials consisted of 4 different groups of men (35 total) taking different doses of GCP & AHCC for one year. The only **protocol** required was a rising PSA after treatment. The candidates' progress was followed by PSA. Quality of Life (QOL) was also an important aspect of the Testimonial Trial. Questionnaires were filled out in the beginning and end of each of the 4 trials which lasted 3 months each addressing the QOL scenario and PSA. Men were taking GCP at 2-4-6-8 grams per day. For men who did not respond as quickly as others AHCC was added at 3 grams per day.

30% of men with a PSA under 25 had either a decline in PSA, stabilized PSA and PSA not elevating rapidly. Several of the candidates had their Free PSA rise. A rise in FPSA is an indication of APOPTOSIS, (cell death). Perhaps with time and adjustments of dosage, this percentage will rise. Most of the men on the trial were recruited from M2M groups across the country.

As prostate cancer survivors, we have seen many herbal supplements come and go; most of them to no avail. Is the combo of GCP & AHCC for real? We do not know yet. We do know that it helped at least 30% of the men with PSA under 25, on our Testimonial Trials, and the testimonies of men presently using the combo of AHCC & GCP.

AHCC showed no side effects. Out of the 35 men on the trials only 3 reported gas and bloating and diarrhea from **GCP**. This was the only adverse reactions to the COMBO. To correct the problem, it was suggested they try digestive enzymes along with acidophilus, plain yogurt and gradually build up to the 2+3 combination of GCP & AHCC.

Most if not all herbal supplements take at least up to 3 months to show any significant improvements. It has been suggested we look for something else to add to our PCa toolboxes. The bottom line is, maybe, just maybe, you will be in the 30% bracket. If you can afford this combo for 3 months, perhaps you should consider it. We have also discovered the longer one remains on GCP & AHCC the better the results.

Research ongoing

Dr. Aaron Katz from Columbia Presbyterian in NYC has done extensive research on GCP & AHCC. He is continuing his lab work along with other prestigious medical institutions.

UC Davis has been conducting AHCC/GCP research projects on PCa for several years, those research results were published a few years ago. All the PCa research projects, invitro, animal and human, are under the supervision of Dr. deVere White.

Medical Oncologist's are looking into AHCC as an Immune enhancing supplement to give to their patients as they go through the Chemo process for different cancers. AHCC has shown to increase N K cells, prevent nausea, improve blood counts and improve overall quality of life as patients undergo chemotherapy. **AHCC** is given to patients in 700 hospitals in Japan and Asia. AHCC enhances the IMMUNE system, thus improving quality of life issues.

COST & Other INFO

GCP/CombiningSoywith Mushroom Phytochemical.

The price to the consumer for one bottle of GCP, (180 caps per bottle, 335 mg each capsule) is \$240.00 The suggested dosage is 2 grams of GCP per day, 3 Caps equal 1 Gram which equates to 3 caps two times a day. A bottle of GCP lasts 30 days)

AHCC/is derived from cultivation and enzymatic modification of several species of mushroom mycelia, including shitake.

The price to the consumer for one bottle of AHCC, (**90** caps per bottle, 500 mg each capsule) is \$60.00. The suggested dosage is 3 grams of AHCC per day which equates to 6 capsules a day. 2 bottles will be necessary for a 30 day supply. The cost for a 30 day supply (2 bottles) is \$120.00. For a months supply of the combo AHCC/GCP the cost is \$360.00 plus S&H of \$5.00. As a distributor of these two products I approached the

supplier Quality of Life Lab's and asked them to consider a price reduction for these two products as a compassionate gesture so we can get the word out. They have agreed.

Quality of Life Lab's the distributor of these supplements has informed me that the company will hold a special **<two for one sale>** for every 2 bottles of either AHCC or GCP purchased the consumer will receive one free. This offer begins in June, 2006 and will end August 31st, 2006 and is limited to the first 50 customers. The special sale above is available for the next 3 months and is only pertains to the distributor (Jackie O'Hara) identified below.

The following websites provide additional technical and research information on each product. *www.GCPresearch.com

***www.AHCCresearch.com *www.Q-O-L.com**

To place an order or for additional information contact

Jackie O'Hara Distributor GCP & AHCC Quality of Life Lab's Products.

e mail <GCPAHCC@AOL.COM>

Phone 845-473-9841

Joke du Jour

During a patient's two week follow-up appointment with his cardiologist, he informed me, his doctor, that he was having trouble with one of his medications. Which one?"I asked. The patch. The nurse told me to put on a new one every six hours and now I'm running out of places to put it!" I had him quickly undress and discovered what I hoped I wouldn't see. Yes, the man had over fifty patches on his body! Now the instructions include removal of the old patch before applying a new one.

**True doctors stories
Taken from the Internet**

On The Web

These Web sites include information that can help people choose hospitals:

- Alliance for Quality Health Care:
www.myhealthfinder.com
- Dept. of Health: **www.health.state.ny.us**
- Solucient: **Solucient.com**
- The Leapfrog Group: **www.leapfroggroup.org**
- Centers for Medicare and Medicaid Services:
www.cms.hhs.gov
- Health Grades Inc.: **www.healthgrades.com**
- IPRO: **www.ipro.org**

ARNOLD'S HEALTH FOODS

Purity Perfect Multi Vitamin and Green Teas are available along with many other supplements at Arnold's. He also offers a 20% discount (mention M2M) on all his Vitamins etc. Arnold is a one man band, his store has been around for a long time. He will give you personalized attention in choosing your supplements **Call him at 845-462-6511 or visit ARNOLD'S RT #376, New Hackensack Plaza Poughkeepsie NY. 12603.**

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

Meetings and speakers for 2006

- **June 1- Dr. Bruce Gendron / DRA imaging**
- **July 6 -Continuation of Tape series**
- **August 3•Dr. Gerstley. Will discuss "TomoTherapy" a combination of CT Scan& IMRT**
- **September 7- Dr. Matthew Milowski, Clinical trials on Monoclonal Antibodies/M2M Dinner**
- **October 5-TBA**
- **November 2-Dr. Stan Kacherski**
- **December 14 -American Medical Systems and Hudson Valley Urology.**

Save the Date

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

**See inserted Flyer for details
Volunteers please arrive between 9 am &
10 am to help set up, place signs, help with
food prep.**

Guest Speaker June 1, 2006
Dr. Bruce Gendron DRA Imaging

Dr. Gendron obtained his BSE from Princeton University. He received his M.D. from the Georgetown University School of Medicine. He completed his internship in Emergency Medicine from the University of Massachusetts Medical Center. He completed his residency in Diagnostic Radiology from Western Pennsylvania Hospital. Dr. Gendron is Board Certified by the American Board of Radiology.

The Title of his presentation is
"The Current State of PCa Imaging"

Brief Abstract:

Dr. Gendron will discuss current techniques in diagnostic imaging of prostate cancer. He will discuss the major trends nationally, with an emphasis on techniques available in the Hudson River Valley including PET scanning, MRI, bone densitometry and more. He will discuss how they work, why they sometimes don't, and attempt to answer specific questions from the audience.

Our two web sites

<http://www.geocities.com/charl2ep/Cancer/>
or <http://www.boodrow.com>

The two men who have constructed and maintained the two sites above have done an outstanding job to date and M2M Poughkeepsie would like to thank both

<http://www.geocities.com/charl2ep/Cancer/>

Charlie, from New York and <http://www.boodrow.com> Nelson is from Baton Rouge LA, for their continued support.

Nelson's site is very comprehensive and loaded with information and he has reported to me that he averages over 6,000 hits on his site per month.

Charlie's site is under a bit of construction at this time and will be up and running ASAP.

Thanks Guy's for a great job.

ED.

vitality TO YOUR HEALTH

Doctors pursue urine test for prostate cancer

By CAROLYN SUSMAN
Cox News Service

WEST PALM BEACH, Fla. | The scientific world was shocked in 2004 when Dr. Thomas Stamey, the "father" of PSA testing — the blood test used to detect prostate cancer — pronounced it useless and even dangerous because so many men were being treated, thanks to early PSA findings, for a cancer that might never be life-threatening, or might not even exist.

(He now thinks elevated levels of the PSA protein actually reflect a condition called benign prostatic hyperplasia, a harmless increase in prostate size. And that even when tumors are found, they may be so small that surgery may not be needed.)

Since then, his lab at Stanford University, as well as other researchers, have been searching for a way to detect prostate cancer that reduces false negatives and false positive readings and truly pinpoints who has a potentially aggressive cancer.

Dr. Bruce Zetter of Boston's Children's Hospital is one of those researchers.

He is developing a urine test for prostate cancer he says will give a higher indication you actually have the disease than the PSA blood test, and, even better, will give you a greater indication of whether you have an aggressive cancer.

"I feel that the PSA had one superb use and another that has been called into question," he said during a trip to Palm Beach.

"The question is its use to detect prostate cancer. Not that it doesn't work at all, but it works with caveats. If you use a low cutoff [for determining the amount of this protein in the blood], you have too many false positives [readings]. If you use a number too high, you have too

many false negatives."

He agrees with Stamey the best use now for the PSA is to detect recurrent prostate cancer once an individual has his prostate gland removed.

"I'm a fan in terms of detecting recurrent cancers," he said. "If your PSA never goes up [again], you know you're cured."

But what about initial diagnosis?

The urine test that Zetter and his colleagues are developing is now undergoing a small clinical trial, he said, but he hopes the test will be proven and available to the public within two years.

"We have been looking for biomarkers in urine that tell if you have metastasis [the potential to spread] at the time you're diagnosed. They may be dormant, very small [changes] waiting to grow up, or maybe you may have none.

"You would do watchful waiting if you thought your prostate cancer was unlikely to harm you during your lifetime. Our tests give you a better reason to undergo watchful waiting," he said.

"Watchful waiting" is the buzzword used to describe keeping an eye on a condition that may likely never kill you.

"Very few people do watchful waiting in America. They go to biopsy, they find something. Almost everyone over 70 has some sort of prostate cancer; it increases with age.

"The younger you are, the more aggressive you should be about treatment: that means under 60. People frankly don't know what to do, and today's science is not good in telling you."

But Zetter is confident that the urine test he is developing will change that. And that urine tests for other cancers, including breast cancer, "should be the future."