



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

Meetings to date 192

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.

May and June , 2008

Issues 5 & 6

Nutritional Aspects of Cancer

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 the 1st Thursday, May and June, 2008 at 6:30 PM. Meetings are usually held in the Central Hudson Auditorium off of the Academy Street Exit, Off Rt 9, in Poughkeepsie.

In This Issue:

- Programs for April 3, May 1 and June 5.
- Newcomers & PCa 101
- HIFU and PCa
- "Da Vinci Robotics" & M2M
- Joke du Jour
- Meetings and speakers for 2008
- Other PCa Programs in our area

Any Questions? We're here!

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American Cancer Society Information

Local ACS # 845-452-2932

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April SPEAKER

The following is a summary of medical oncologist Dr. Abraham Mittelman's presentation:

Prostate cancer (PCa) is the leading cancer in men - 218,880 yearly cases and 29,000 deaths - with the numbers rising, approaching epidemic proportions. Prevention of PCa should be a major thrust. He cited several preventive studies using vitamin E and selenium. Men taking vitamin E were 32% less likely to get PC than men who didn't take it. The results with selenium were better with a 60% advantage compared to a placebo. Yet another study with a sample of 32,400 men concluded that there was no advantage in taking either vitamin E or selenium, canceling out the previous study. But there is more to this story than Dr. Mittelman had time to discuss.

He talked about the role of Finasteride (Proscar) and Dutasteride (Avodart) as preventatives. These are 5 alpha Reductase inhibitors which

reduce DHT levels 60 to 80% with Proscar and 80 to 90% with Avodart- a good thing. He referred to a trial with 18,882 men, 55 and over, with normal DREs and a PSA < 3 ng/ml who got either 5mg Proscar or a "sugar pill." All men had an end-of-study biopsy after 7 years. Results: Placebo receivers had four times higher risk of getting cancer than the Proscar group. But there was a greater risk of high grade cancers with Proscar than with a placebo - 37% vs 22%, or 270 vs 237 men. These results may be changed by the smaller size of the prostate gland in the Proscar (which shrinks the gland) patients vs the placebo patients, making detection of cancer in the Proscar group more accessible.

Another study using 5 mg Avodart vs a placebo involved 4235 men with BPH and no PCa with a result of halving the possibility of developing PCa in the Avodart group. This study is still in process. Dr. Mittelman said that neither Proscar nor Avodart kills cancer cells, but they can prevent normal cells from becoming cancerous. He also discussed exercise and the consumption of vegetables to suppress cancer.

He differentiated between absolute and relative risk factors for cancer. The former include family history, ethnicity and older age. The later include obesity, sedentary life style, high fat (processed red meat) dairy and smoking.

Briefly covered were screening guidelines for early detection. PSA and DRE should be offered annually beginning at age 50 to men who have a life expectancy of at least 10 years. Men at high risk should begin screening at age 45 as should African-American men and men with a risky family history (one or more first degree relatives diagnosed with PCa at an early age). For men at average-to-high risk, information about what is known and what is uncertain should be provided so those affected can make informed decisions.

Phases of PCa progression were mentioned as were 3 clinical PCa subtypes. Here, he differentiated two kinds of cancer confined to the

prostate: one with an indolent (benign) tumor where one might actively observe vs. a somewhat more aggressive cancer where local treatment is advisable. With micro-metastatic cancer the use of hormone ablation is relevant. As to treatment paradigms, you can't predict how the biology of a tumor will influence PSA or visa versa as multiple factors come into play. In general, If the tumor is indolent (slow growing) treat it later and if less lethal, treat it earlier and more frequently.

Finally he presented two cases illustrating how difficult the decision process is between staging, treatment and after treatment. As in the past, when Dr. Mittelman addressed our group his talk was refreshing and informative. It generated many questions. Two of his remarks without elaborating, during the Q and A were his endorsement of Color Doppler and the fact that \$34 billion is spent on herbal remedies.

Mike Kulla, co-facilitator of M2M Poughkeepsie

May M2M Program

DR. JASON OGISte LECTURE

On May 1, 2008, the Poughkeepsie Man to Man Group had the pleasure of listening to a talk by Dr. Jason Ogiste. Dr. Ogiste was Chief of Urology at the Mid Hudson Medical Group in Fishkill, NY. He has done extensive research in his field and recently worked with Dr Aaron Katz at Columbia Presbyterian Hospital. He is also trained in the use of the da Vinci Robotic Operating System.

The title of his talk is "**New Trends in the Diagnosis and Treatment of Cancer of the Prostate**". The talk started out with an introduction to prostate cancer, for the benefit of newer men, and then delves deeper into the subject. The Power Point presentation consisted of 50 slides which are too much to reproduce here. Thus, the following will be a condensed summa-

ry of the talk covering all the pertinent material. **Prostate cancer**, in men, has the highest incidence rate of all the cancers. In 2005, there were 710,000 total cases of cancer in the USA. Of that total, 33% were prostate cancer. Estimates for 2008 are approximately 200,000 new cases and 27,000 deaths. In 1998 there were 40,000 deaths. The reduction, to the current level, is attributed to the increased PSA screening that has occurred since about 1990. Men are being diagnosed now with lower grade cancer that can be effectively treated to allow a longer progression free life. Even so, black men have twice the death rate of white men and this continues to be a target for much research. Five year survival rates now approach 90% for low grade prostate cancers.

The relapse rates at 20 years are: 7% for Gleason 2-5; 30% for Gleason 6-7; and, 71% for Gleason 8-10. Also, since many more younger men are being treated for local disease, the number of those who have relapsed, leads to additional cases that must be re-treated.

A diagnostic method, in the form of a block diagram, showed the pathway used to evaluate the patient and point to a method of treatment. The criteria used were: absolute PSA; DRE (digital rectal exam); tumor size; PSA acceleration; cancer grade; Gleason score; and, biopsy.

Slides were shown, in sketch form, that depicted T1, T2, T3 and T4 tumors in the prostate. They quickly showed the audience the extent of the disease and how this can be used to separate local disease from systemic disease.

The next topic of discussion was the 3D Color Doppler System and its role in prostate cancer. A picture of the stand alone machine was shown along with a fetal scan that produced extreme detail of a baby's face. Several slides of prostate scans showed detail of tumors and margins and were striking when compared to 2D black and white scans. Comparison was made to a saturation biopsy and proved equal to this method of

taking dozens of cores during a biopsy. Of course, anyone would likely choose the Color Doppler over the saturation biopsy. It is a benign method compared to making your prostate a piece of Swiss cheese from this type of biopsy. Sensitivity is 15% and specificity is 94%. These are excellent numbers.

Advantages for the Color Doppler are: short study time for the patient; faster exam; qualities and quantitative data is better; can rotate and translate the picture to any degree; gives views not possible with 2D; visualization for seed placement is exact; gives accurate volumes of the prostate and bladder; and, also used for accurate positioning of catheters. Other imaging techniques were only mentioned. These are, MRI Spectroscopy, Elastography and PET Scans.

The next form of treatment discussed was the Radical Prostatectomy which can be performed in the standard way with a large abdominal incision or with the da Vinci Robotic System. The robot form was presented. Pictures of an operating room setup with an actual patient were shown. The abdominal probes were clearly seen and the remote operating booth shown. The learning curve for the doctor is quite steep and requires many operations to perfect a style. But, the training is quite intensive. Doctors must first train on animals and then cadavers for a lengthy time. Then, they can only act as an assistant in an actual operation for some time before being allowed to operate the instruments.

The many advantages are: quicker operating time; less post operative pain; hardly any blood loss; very short hospital stay; good numbers for incontinence and erectile dysfunction. Continence, for experienced surgeons, is 98% and potency is 68%. Progression free outcomes range from 92% for low grade cancer to 44% for very high grade cancer.

RT was briefly mentioned, since most men are familiar with this. Of course, RT can take the form of 3D Conformal, IMRT or seed implants. These

can be done with combined hormone blockade. **Alternative therapies exist.** There is HIFU (High Frequency Ultrasound). This method uses a probe inserted into the urethra up to the prostate. The Ultrasound destroys the tumors. It is not approved in the USA yet but is available in Mexico, Canada and Europe.

Cryo ablation is another method. This is essentially freezing the tumor in the prostate. Freezing probes are inserted into the prostate in a computer planned placement process similar to seed implanting. The tumor is destroyed by several freeze and thaw cycles. Recurrence free progression is very high and ranges 89 to 92% depending on the surgeons experience.

Jim Kiseda co-facilitator M2M Poughkeepsie

Newcomers and PCa May , 2008

One new attendee. HE is 86 years old and attended the meeting for information. He has not been diagnosed.

June M2M Program

This meeting featured a lecture by Dr. Glenn Agoliatti, MD. Dr. Agoliatti has spoken to the group on several previous occasions and has always been enthusiastically received. He is very interested in CAM (complimentary alternative medicine)

Dr. Agoliatti is an Internist, Hematologist and Medical Oncologist. He has been in practice in Dutchess County for over 20 years. He is currently a part of the Hudson Valley Hematology Oncology Associates, with three offices in our area.

Immune System

When dealing with cancer it is very important to have a positive attitude. Stress is a big factor in cancer because it works against your immune system. He spoke about Leukemia and how

volatile it is compared to PCa. Be wary of chemicals of all kinds. He has a patient that worked on Jet planes. He is in his 40's. The doctor is convinced the chemicals in fuel etc wrecked this man's immune system thus causing his very aggressive PCa. We should keep our immune systems at peak operation at all times especially when fighting cancer so our bodies can recognize the cancer cells and destroy them. T Cells are very important ***(T cells belong to a group of white blood cells known as lymphocytes, and play a central role in cell-mediated immunity. They can be distinguished from other lymphocyte types, such as B cells and natural killer cells by the presence of a special receptor on their cell surface called the T cell receptor (TCR). The abbreviation T, in T cell, stands for thymus, since it is the principal organ in the T cell's development).*** He suggests some of the following.

- Vitamin A-Good for immune system
- Vitamin D-for bone integrity
- Fish Oils
- Flaxseed - Good for overall health.
- Zinc-Take 50mg per day to ward off cancer. Also good for your enzymes.

The fumes from coal burning plants out West drift into the North East carrying cadmium, mercury and lead (CM) in our air, thus we are inhaling CM.. We are poisoning ourselves with chemicals. Take zinc to help counteract this.

Diet

Our diets have deviated from what we are supposed to eat. Our diet today is totally different from what nature designated. Both PCa and BC (breast cancer) are totally out of proportion. New cases of younger men and women are in epidemic stages. He relates this to, in a large part, our diets which changed drastically in the 1950's. White flour and white bread were introduced, and whole grains were rejected. Whole grains are the best. Nature gave China rice, Europe black bread. When the immigrants came to America they lacked their own diets, and their health deteriorated. High corn fruitcose syrup

(HCFS) is in everything including our breads. HCFS is a culprit to our health. High sugar content raises insulin levels very high causing inflammation. There is a lot of research and evidence coupled with many scientists who feel inflammation causes cancer.

Some Cancer causes.

Stress, sugar (HCFS) dairy, red meats, farm raised fish, preservatives.

“Leave the Table Hungry”

That is Dr Agoliatti’s mantra. We over-eat, obesity is at epidemic stages in America. It is very important to change our eating habits. Avoid salt, sugar, honey, ice cream, donuts, cookies and soda. Japan has the lowest sugar intake per capita in the world, and the lowest rate of PCa in the world. In the USA we ingest approximately 100 lbs of sugar each year per person (holy mole that’s a lot of sugar) Dr. Agoliatti suggests we drink water or mineral water and club soda instead of any sweet drinks and or soda’s. He was very adamant about not ingesting artificial sweeteners (AS). Over 25 million packets of AS are consumed daily in the USA. Our bodies do not recognize diet stuff and AS. He also stated that sweeteners “are carcinogenics (cancer causing). Our lifestyle with sugars and desserts is not very conducive to our health.

The doctor believes in a biblical diet (fruits, vegies, and a balanced diet). Eat less. Sugar feeds cancer; so does protein. “The less you eat, the less your chances of getting cancer. We must return to a more primitive diet.” Cook with ginger and garlic. Grits are healthy. Oatmeal with flaxseed. We have become a “Muffin and Dessert Society” Too much sugar and butter in our diets.

We don't want our bodies to be acidic, our PH has to be correct. Eat alkalizing foods ie- vegetables, fruits. Stay away from red meats, milk products. If we can change our eating habits we can alter our chemical makeup. He also stated “throw out our deodorants.” The chemicals in

them are harmful to our immune system.

Dr. Agoliatti, as an oncologist, has seen thousands of patients over the years and is convinced that many of the patients have acquired their cancer either through diet or the environment. We have talked about some of these things before but it is important to reemphasize them again so that we may save family and friends in the future.

The doctor covered many topics and passed out papers that contained do or don't lists for many of the items. We can only quickly summarize what was gathered and pass it on.

On environmental issues, he stressed watching your workplace and avoiding the toxic chemicals and polluted air in many environs. He talked about patients who worked with chemical solvents and eventually came down with cancer. Chlorine, from our showers, is readily absorbed by our large skin surface and is very toxic.

As mammals, we share a large number of genes with animals. We can learn a lot by studying them in their habitat and also using some for the in vivo cancer trials. The mice and rats, which are specially bred for cancer trials, are an invaluable resource.

There are three important parameters, in cancer, that we can control. These are: our oxygen environment, our body pH, and our sugar intake. Cancer hates oxygen since it is anaerobic. We can increase body oxygenation through exercise. This is why you see exercise recommendations in the various articles and books on cancer. Secondly, cancer loves an acid body to grow in. Thus, we must alkalinize our system through diet. And lastly, we see sugar as a big player. It is well known that sugar is the favorite food of cancer. Cancer cells have about 20 times the affinity for sugar as a regular cell. Our world is bombarded with food sugar from many sources. We must try to curb our sugar appetites. But, don't think that you can simply use sugar substitutes

and think you are safe. Several of them are carcinogenic and not a good choice. This is too large a subject to explain here. In addition to the sugar itself being bad, it causes a reaction that spikes your insulin-something already studied and implicated in breast cancer. Sodas, with their fake sugars, are very bad for everyone. Try to break the habit.

The main lesson here is to boost your immune system and avoid the cancer drivers mentioned above. This will go a long way in avoiding relapses in cancer and keep you in remission if you are a survivor. If you don't have cancer, it could be preventive.

**Dennis O'Hara, founder facilitator emeritus
Jim Kiseda co-facilitator M2M Poughkeepsie**

Newcomers and PCa June , 2008

1) No age given. His PSA rose from 3 to 3.6 to 5.9. His latest PSA was 4.5. His doctor recommends a RP. He went for a second opinion and the doctor gave him an antibiotic as he may have BPH. He went for another PSA but they lost his records. He will get another PSA. before he decides on any further protocol.

2) No age given. His PSA is 7. A biopsy showed his right lobe clear of PCa but left lobe had 5 samples positive for PCa. He has been staged between T1 and T2. No decision on treatment yet. He was considering robotic RP. He was informed about the possibility of incontinence problems and now is not so sure of using that treatment.

Herb Ilker PCA 101

High-Intensity Focused Ultrasound (HIFU) for Prostate Cancer

Some men with prostate cancer are planning expensive trips abroad -- but not for vacation. They are seeking a high-tech and somewhat controversial treatment for their cancer that

promises fewer side effects and a rapid recovery and, perhaps, higher odds of survival. Not approved here in the US for prostate cancer is the minimally invasive HIFU (High Intensity Focused Ultrasound). It uses focused ultrasound beams to heat the prostate to temperatures higher than 80 degrees Celsius, destroying cancer cells. While it sounds promising, this procedure, is not as simple as it first appears to be. There are risks inherent to traveling abroad for medical procedures, in general. (See Daily Health News, January 17, 2008, for more on "medical tourism.") And then there's the treatment itself...

AN UNFINISHED TALE

HIFU treats prostate cancer without destroying surrounding tissue, reducing the likelihood of problems such as incontinence and impotence, which are often associated with other treatments such as surgery, radiation and cryotherapy. This is alluring to the growing number of prostate cancer patients who, expecting to live years beyond their treatment, want to preserve their health and quality of life. Though one in six American men will be diagnosed with the disease in their lifetime, only one in 35 will die from it.

HIFU can be an excellent technology when used "in the right hands among appropriate patients," I was told by Thomas Gardner, MD, associate professor of urology at Indiana University School of Medicine in Indianapolis. He is a researcher involved in clinical trials of Sonablate HIFU here in the US. Phase I/II trial results, published in the Journal of Urology in December 2007, were encouraging: "High-intensity focused ultrasound in patients with previously untreated prostate cancer is generally well tolerated and it has the potential to completely ablate the prostate gland," their study concluded, noting "with further refinement of the optimal treatment dose and technique, this technology has the potential to be an effective form of therapy for localized prostate cancer." However, research efforts have been partly delayed for the Phase III trial due to recruitment and funding problems.

Of course, given risks of the current treatment options, such as surgery, many men are still anxious to try what appears to be a better, more tolerable and more effective method. Though there are claims of fewer side effects compared with other prostate cancer treatments, Dr. Gardner said this has yet to be proven -- and the same holds true for HIFU's long-term cure rates. No published US clinical trial data comparing long-term cure rates of HIFU with other standard prostate cancer therapies is available.

HOW HIFU WORKS

There are two types of HIFU technologies, neither approved in the US. Both use a transrectal probe to deliver ultrasound energy directly to the prostate without causing damage to areas outside of the gland. "This technology can spare nerves, whereas other prostate cancer treatments often cannot," Dr. Gardner explained.

Sonablate. This technology is available in Mexico as well as Canada, the Dominican Republic, Costa Rica, Argentina, Japan, Europe and South Africa. The equipment uses a split-beam technology allowing the doctor to visualize and treat the cancerous area. It has four different probes of varying focal lengths that can all be used sequentially in one treatment session. "The Sonablate is a more controllable device because it can provide adjustable focused ultrasound," explained Dr. Gardner. HIFU with Sonablate is an outpatient procedure usually lasting between two and three hours, depending on the size of the prostate. Since it involves no incision, cutting or radiation, it can easily be repeated if necessary. It can also be used as a salvage therapy if there is a recurrence of cancer in the event other treatments fail.

Ablatherm. In comparison, this is a device produced by the French company EDAP TMS and is approved for use in Canada, Europe, Russia, South Korea and Australia. It employs just a single focal zone length and does not allow for monitoring during treatment. It's more of a "one size

fits all' device because it only delivers focused ultrasound at one distance," says Dr. Gardner. Also, Ablatherm sometimes requires a pre-surgical procedure, called a transurethral resection of the prostate (TURP) in large prostates, while the Sonablate does not.

THE PRICE IS ONE BIG PROBLEM...

Beyond a lack of data, the real downside of HIFU for consumers is cost. Treatment can range between \$10,000 and \$25,000, depending on where the patient is treated. Insurance companies rarely pick up the tab. It's perhaps understandable that some patients, especially those with deep pockets, might waive those concerns, but the problem with seeking HIFU treatment overseas is that some clinics offering the therapy may be largely motivated by big profits, says Dr. Gardner, not quality patient care. The results can be devastating. Many off-shore sites seek to treat as many patients as quickly as they can... potentially leaving a significant percentage under-treated. Due to the size of the prostate and amount of time it takes to treat it effectively, two or three HIFU treatments may be required to eradicate the cancer -- and patients are not necessarily told this before they begin. For PCa patients who are nonetheless interested in pursuing HIFU, how can they protect themselves?

First, says Dr. Gardner, is to find out whether or not it's a good therapy for their cancer. HIFU therapy is reasonable for patients who meet all these criteria:

- **Early stage (T1 or T2) cancer with localized (organ-confined) tumors**
- **A Gleason score (a grading score of the prostate tumor that indicates how likely the tumor is to spread) of less than or equal to 6**
- **A PSA level less than 10 ng/mL**
- **Have had a recent (within six months) prostate biopsy that is positive for cancer cells.**
- **A prostate volume of less than 40 cc.**

Be sure to carefully investigate the quality of physicians and facilities at the HIFU clinic you are considering. Dr. Gardner has concerns about the treatments in places such as Mexico or the Dominican Republic, where he believes there's not as much control over the quality of care -- a problem that gets truly dangerous when coupled with a financial incentive in some clinics to treat as many patients as possible. Also, while there is no data demonstrating Sonablate to be superior to Ablatherm, Dr. Gardner believes its flexibility makes it easier to use. How to reconcile the choice? He says wait for a clinical trial or take your chances.

However, Dr. Gardner urges caution. "Patients should be very careful," he said. "There are several established techniques, such as surgery, radiation and cryotherapy, available in the US for the treatment of localized prostate cancer. While these do have some risk to future male function, unlike HIFU, they are generally conducted in approved hospital or surgical settings. Here in the US, it is only safe to have unapproved techniques such as HIFU in a clinical trial setting."

Do not sign up for treatment unless you have thoroughly discussed your case and your eligibility with your doctor, he cautions.

Source(s):

Thomas Gardner, MD, associate professor of urology at Indiana University School of Medicine in Indianapolis, Indiana. Dr. Gardner specializes in the care of patients with cancers of the urinary system including prostate, kidney and bladder. He joined the Indiana University faculty after completing a Urologic Oncology Research Fellowship at the University of Virginia. He continues to develop novel therapies for patients with urologic cancers and conducts clinical trials through the Walther Oncology Center.

Submitted by Herb Ilker, M2M Poughkeepsie

“Da VINCI ROBOTICS”

On May 22 nd, Dennis and I attended a Robotics Surgery Conference at the Greenwich Hospital in Connecticut. Dr Molinelli chaired the event. Speakers were chosen from each of the groups using the machine for operations. The lectures lasted for two hours but it moved very fast since each speaker was only allotted 10 minutes time. This might sound too short, but the speakers did an excellent job in describing their discipline and how the machine was used by them.

There were 6 speakers. Their topics were: History of Robotics; Prostate Cancer; Future Development; Gynecology; General Surgery; and, Anesthesia.

We were treated with having the complete da Vinci machine on display in the lecture room. We were even allowed to sit at the console and actually manipulate the robot. Placed remotely from us was a target model of various geometric shapes and sizes. Some of the shapes had plastic rings around them and we were to remove the rings and move them to other shapes and force the ring on them. Also, 2 coins were placed in the array on edge and we were to remove them and place them, on edge, between these shapes. It was truly amazing how quickly we became adapted to the machine and were able to do these exercises.

What struck us was the exquisite color picture in our eye pieces that gave us the effect of 3D. One can quickly see why the doctors extol the great surgical field of view. Also, the surgical tool that is placed in the patient, has a range of motion that is not possible with the human hand and not possible in straight laparoscope's .

We won't dwell on the all the various surgeries but concentrate on prostate surgery. Robot surgery is quickly overtaking radical prostatectomies as the matter of choice. There is very good reason for this. Some of advantages are:

- Shorter hospital stays
- Less Pain
- Less risk of infection
- Less blood loss and transfusions
- Less scarring
- Extremely small incisions for the tools
- Faster recovery
- Quicker return to normal activities

The side effects still have to be proven over time but the claim now is that the time to continence is short and there is less erectile dysfunction.

The anesthesiologist at the meeting had the operation himself and said that everything ran smoothly for him. He stated that the anesthesia is nothing special and is the same as a regular operation.

Our overall opinion is that this was the best presentation we have heard, on the subject. The question and answer period was very lively, with excellent response from the audience.

Jim Kiseda, co-facilitator M2M Poughkeepsie

Additional information on the *Da Vinci* Robot

During the Q & A, a question was raised on how difficult it was for the surgeon to lay down (so to speak) his knife and pick up the controls of the robot. The panel of doctors all agreed that it was not difficult at all. There was an adjustment period where they had to learn how the feel of the tools as opposed to having hands on.

There is software being developed that someday in the near future the doctor will be able to voice command the robot to operate.

Robotics are also being tested on the battlefield by the Armed Forces. A doctor will be able to operate on a wounded soldier on the battle field in a temporary surgical area, and the surgeon will be at a remote site in a safe environment operating the consul that controls the robot. Many lives will be saved when this takes place.

While I was operating the consul I actually took a Dime (ten cent piece) and picked it up off of the operating table and turned it around and read the date. The clarity of the letters etc. was simply amazing.

Definition of the *Da Vinci* Surgical System

The *Da Vinci Surgical System* is powered by the state-of-the-art robotic technology. The system allows your surgeon's hand movements to be scaled, filtered and translated into precise movements of micro-instruments within the operative site.

The *Da Vinci System* enhances surgical capabilities by enabling the performance of complex surgeries through tiny surgical openings. The system cannot be programmed nor can it make decisions on its own. The *Da Vinci System* requires that every surgical maneuver be performed with the direct input from your surgeon. The *Da Vinci System* has been successfully used in thousands of PCa procedures worldwide.

**The above is taken from the literature
"Da Vinci Prostatectomy"
Dennis O'Hara, founder & facilitator
emeritus, M2M Poughkeepsie**

***Check out back issues of M2M
Poughkeepsie and more at.***
<http://www.boodrow.com>

JOKE DU JOUR

A little old lady was sitting on a park bench in a Florida adult community. A man walked over and sits down on the other end of the bench. After a few moments, the woman asks, 'Are you a stranger here?'

He replies, 'I lived here years ago.'

'So, where were you all these years?'

'In prison,' he says.

'Why did they put you in prison?' He looked at her, and very quietly said, 'I killed my wife.'

'Oh!' said the woman. 'So you're single...?!'

Author Unknown

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 May 1, & June 5 in the Central Hudson Electric Company Auditorium, Rt.9, Poughkeepsie, NY. There were 30 in May including 1 new M2M member and 8 SXSs. The June meeting had 38 including 2 new M2M members and 8 SXS.

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 for 2008

- July 10 (date change due to 4th of July) General Meeting with an Open Discussion**
- Aug 7 Two Videos from 2007 PCRI Symposium**
 - #1 Dr. Colin Campell-Effect of Diet on Pca (37 min)*
 - #2 Dr. Charles (Snuffy) Meyers Impact of Supplements. (3 2min)*
- September 4 TBA**
- October 2 Bob Carter on His journey with PCa.**
- November 6 TBA**
- December 4 TBA**

Worth Checking RESEARCH SQUIBS

TREATMENT SIDE EFFECTS

In the March issue of The New England Journal of Medicine, 1200 men were surveyed as to their side effects at 2 years after their treatment. Sexual problems existed in 43% of men after surgery, in 37% after radiation and in 30 % after seeds. Urinary problems existed in 7% after surgery, in 11% after radiation and in 16% after seeds. Bowel problems existed in 1% of men

after surgery, in 11% after radiation and in 8% of men after seeds. This information may be helpful to men trying to make a treatment decision. These numbers seem low compared to reports from the men in our group.

TOXIC METALS

Toxic metals have shown, in past studies, to somehow link with prostate cancer. Getting rid of metals is tricky and complicated. Modified Citrus Pectin (MCP) trials proved effective in removing metals. But, new studies combining MCP with alginates (kelp seaweed) proved highly effective in metal removal. The small study was done at the Amitabha Medical Clinic near San Francisco. Heavy metals were slashed an average of 74% in the small group. One of the men reduced his PSA from 102 to 0.1 where it has stayed for 18 months. This was all reported in the December/January issue of Research in Complementary Medicine, a German publication.

INCONTINENCE EXPERT (PATIENT)

I met a man at a Man to Man meeting in California who is remarkable. He had a prostatectomy. When they wheeled him back to his room on a gurney they were forcefully lifting him to his bed. Unfortunately they forget to disconnect his catheter bag from the gurney. They ripped up his insides and he has serious incontinence to this day. He made himself an expert in this area and knows more about all the aspects than most doctors.

He can tell you the best clothes to wear at home or traveling. He travels a lot. He evaluated all the diapers and pads on the market and knows the best. He can tell you the best places to change diapers or pads on a trip. He has evaluated the various penile clamps. He knows which operations work. He is a wealth of knowledge.

He gave permission to use his name and phone number to help any men who need it. His name is John Theriault and phone is 714-962-4611.

Jim Kiseda, co-facilitator M2M Poughkeepsie

<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

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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

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**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**

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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**

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**MONMOUTH COUNTY NEW JERSEY
M2M GROUPS**

**FREEHOLD-CHRIS PAPA (732) 946- 2694
LONG BRANCH-JEFF OZIMEK (732)542-6335
NEPTUNE-MARC GORDON (732) 774-3683
RED BANK-JOAN OTOOLE (732) 530-2468
EATONTOWN-WELLNESSCOMM(732)758-9200**

OCEAN COUNTY NEW JERSEY

- 1. TOMS RIVER-DICK MULLER (732) 240-5717**
- 2. TOMS RIVER-LARRY PUCCIO-(732) 349-2950**

September is NATIONAL PROSTATE CANCER month
and 2008 is the 15th year of Man to Man, Poughkeepsie
Come join us at the
"Celebration of Life" dinner

Place: The Villa Borghese, Widmer Road, Wappingers Falls
Date: Thursday, September 18th, 2008
Time: 6:30 PM, Social hour (cash bar)
7:30 PM, Dinner
Entertainment: The "All Together" sounds of Brian O'Hara

Menu: Buffet
Carving station – Breast of Turkey
Sliced London Broil
Chicken Marsala
Pasta Primavera
Mussels Marinara
Roasted Red Potatoes
Seasonal Hot Vegetables
Salad Bar and Fruit Salad
Dessert and Coffee

Price: \$28 per person

Reservations are required: Mail your check and form to the address below
or bring to the next meeting.

Peter and Teresa Hardin, 12 Penn Street, Fishkill, NY 12524
RESERVATION DEADLINE: SEPTEMBER 11, 2008

Tear off and mail this form with your check or hand in at the meeting

Make your check payable to: Peter Hardin, Special Events

PLEASE PRINT!!

Name _____

Phone No. (_____) - _____ - _____

Address _____

City _____ State _____ Zip _____ E-mail _____

No. of reservations: _____ x \$28 = \$ _____
