



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

Meetings to date 209

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.

October 1, & November 5, 2009

Issue 10 & 11

GUEST SPEAKER: FRANK HILDENBRAND Member M2M Poughkeepsie & GENERAL MEETING

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, October 1 & November 5, 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:

- Program for October 1, & November 5
- Newcomers & PCa 101
- Joke Du Jour
- Prostate Cancer, A Perspective
- Research Notes
- Meetings and speakers for 2009

October 1, M2M Program

OCTOBER MEETING SUBJECT

Frank Hildenbrand discussed his recent treatment at the Dattoli Cancer Clinic in Sarasota, Fl.

Frank's primary treatment failed with his cancer returning aggressively.

Highlights will include the extremely thorough technology utilized for his re staging and Dattoli's clinical approach of Intensity Modulated Radiation Therapy in conjunction with Brachytherapy (the New Gold Standard).

Any Questions? We're here!

Dennis P. O'Hara, Founder & Facilitator Emeritus.

P/F-845-473-9827 e-mail: <iggy41@aol.com>

Co-Facilitators:

Jim Kiseda 845-223-5007 <jkiseda@optonline.net>

Paul Totta 845-297-7992 <pmtotta@att.net>

Herm London 845-831-3930 <hermlon@yahoo.com>

Mike Kulla 845-635-1948 <Sue Saluga@aol.com>

Frank Hildenbrand 845-454-8335 <fbhildenbrand@aol.com>

American Cancer Society Information

Local ACS # 845-452-2932

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

My history with PCa

Chronology:

Date	PSA	
12/1992	1.8	
12/1993	2.1	
08/1996	2.8	
02/1998	3.6	
05/2000	6.9	GP says see Urologist
06/2000	7.3	
08/2000		Biopsy NEGATIVE
Frank: "I know your technology and procedure! I want another BIOPSY. You missed it! You can't rationalize with blood markers." Doctor: "I won't do another BIOPSY!" and leaves the room.		
02/2001	11.5	Biopsy POSITIVE, Color Doppler ultrasound by Dr. Lee. Gleason 4+4, in nerve bundle, in 'hard spot' DRE. Systemic/don't know how it was missed.
03/2001		Started 13 month Triple Androgen Blockage (TAB)
04/2002		TAB completed
07/2006	14.4	Started 2nd TAB 12 months
11/2008	7.7	Biopsy POSITIVE, Color Doppler ultra sound by Dr. Lee Gleason 4+4, tumor wrap- ping urethra, "incurable."
12/2008		Decision to go to Dr. Dattoli
01/2009		Started 3rd TAB
01/2009		Staging
02/2009		30 days 4D-IG-IMRT 7000 RADS
03/2009		Brachytherapy, Paladium 103
07/2009		8 days Booster 4D-IG-IMRT
03/2010		Checkup

DATTOLI CANCER CENTER

Sarasota, Florida 34237

Tel 941-957-1221

Fax 941-957-0038

Toll free 1-877-Dattoli

Web www.MyDattoli.com

**"THE NEW GOLD STANDARD -
BRACHYTHERAPY and 4D IG-IMRT"**

MY EXPERIENCES WITH TREATMENT AT THE DATTOLI CANCER CENTER

Prologue:

Whatever your plan is, it should be at this level
of detail. Note the exhaustive use of the **LAT -
EST TECHNOLOGY** in every aspect, from
STAGING to EXECUTION.

AGENDA

- INITIAL CONTACT
- STAGING - INITIAL VISIT
- TREATMENT PHASE ONE - 4D IG-IMRT
- TREATMENT PHASE TWO -
BRACHYTHERAPY.
- TREATMENT PHASE THREE - POST SEED-
ING BOOST
- TREATMENT PHASE FOUR - FOLLOW- UP
- PATIENT SUPPORT/EDUCATION
- SUMMARY
- POST SCRIPT
- TECHNOLOGY HIGHLIGHTS
- DATTOLI INFORMED PATIENT BINDER

INITIAL CONTACT

- you call for information
- send copies of your relevant medical records
i.e. biopsy report, lab results, x-ray/scan
reports, physician notes, Ultrasound reports and
procedure notes
- receive call to schedule one hour free doctor
telephone consult
- initial treatment flow chart will be sent to you
- schedule first visit
- initiate TAB
- contact for cost/insurance coverage

STAGING - INITIAL VISIT

Presented with the DattoliBinder, Comprehensive
Blood Work consists of psa, free psa, pap, bsap,
igf-1, testosterone panel includes total, bio-
available testosterone, dhe as dht, androstene-
done, prolacton lh and estradiol, vitamin D, 1, 25,
25-hydroxy, n-telopeptide, cross linked and uri-
nalysis with cytology

STAGING - continued

- Diagnostic Scans
- 18-F Fluoride PET/CT infusion evaluates total
body lymph nodes and soft tissue sites & bones
- 3D color flow Doppler ultrasound with penile
vascular imaging technician directed by
Oncologist
- Bone density mineral densitometry scan
(QCT)
- Fine section (2mm) helical CT scans of chest,
abdomen, pelvis
- Proscint/CT Fusion Study

- Endo-rectal Coil Dynamic MRI

Complete 4D IG-IMRT Plan

- 3D anatomical simulation of pelvis via CT scan, cast alpha cradle for lower body immobilization, dosimetry creates daily program, second simulation prior to first treatment, oncology doctor sign off.

TREATMENT PHASE ONE - 4D IG-IMRT

- prescribed medications, protect colon/rectum, improve blood flow & antibiotic
- daily radiation
- nursing reviews after 5th daily dose
- schedule for seeding
- additional blood work
- additional black and white ultrasound studies track gland volume
- helical CT pubic arch study

TREATMENT PHASE TWO-BRACHYTHERAPY

- 10 days to 12 weeks after 4D IG-IMRT
- pre-op ultrasound for seed implant diagram
- pre-op blood work, EKG, anesthesia
- surgery, 3D color dopler guidance and over night observation.
- discharge 6 am next morning.
- report to DCC for stereo-shift radiographs and fine section, helical CT imaging for verification
- discharge instructions and medications

TREATMENT PHASE THREE - POST-SEEDING BOOST

- 90 to 105 days after seeding
- new simulation CT scan
- new Dosimetry treatment plan
- 4D IG-IMRT daily radiation to the periprostatic margin and lymph nodes but not to the prostate, bladder, urethra or rectum

TREATMENT PHASE FOUR - FOLLOW-UP

- follow-up visits annually
- 3D color flow Doppler ultrasound, blood work, CT scans, QCT bone scan, evaluation& follow on plan.

PATIENT SUPPORT AND EDUCATION

- the Dattoli “bible”
- education seminars on nutrition, medical procedures, the Dattoli PCa Essentials for the Survival Series always helpful & cheerful personnel.

SUMMARY

The Dattoli Cancer Clinic has it all

- the technology,the knowledge to utilize it,the staff to execute it, the educated patient to benefit from the above the seamless integration in the delivery of success

POST SCRIPT

- local housing discounts to Dattoli patients
- Tampa Hope Lodge
- traffic is **&##@@**
- lengthy stay, week of scans, daily radiation

TECHNOLOGY HIGHLIGHTS

Color Flow Doppler Ultrasound with Tissue Harmonic Technology, Enhanced discrimination of smaller objects and improves contrast resolution to discern very subtle differences in images. It enhances the ability to discern normal vascularity vs. tumor.

Sonocubic Computer Program

We are now able to look at the Doppler images in true 3-D. Areas of suspected tumor growth can be fully assessed from 360 degrees using this pioneering software, A three-dimensional and transparent model of the prostate is created by the computer. This model can be rotated on the monitor to view the transparent Structure from all sides over time in effect, making the technology 4-D

DART - Dynamic Adaptive Radiotherapy

Technology convergence Image-guided tools-Data management-Planning capabilities, auto segmentation, deformable registration.

Result: delivering the exact dose, to the exact place, at exactly the precise time, every time.

DATTOLI PATIENT BINDER

Privacy Statement, Team Dattoli, Staff Roster

Important Phone Numbers, Annual Calendar
Local Map, Radiation Therapy, IMRT: What to
Expect, Medications, Scheduling Policy, Post-
Seeding Boost.

Seeding (Brachytherapy)

What to Expect, Scheduling Your Implant

Post Seeding

What to Expect, Post Seeding Follow-Up
Tips for Communicating, Resources- Sarasota
Highlights, Food for Thought.

Nutrition & Exercise

During Treatment, Post Treatment

DATTOLI PATIENT BINDER - continued

All About:

The Emotional Side of Cancer

Sexual Function

More Medications

Glossary

Blood Tests

QCT Scan

Defination of Terms

Frank Hildenbrand co facilitator Poughkeepsie M2M

Newcomers and PCa October 1, 2009

1) He is 58 years old. A DRE was negative . A biopsy of the prostate was positive with a GG=7. Robotic surgery was his choice of treatment. His PSA following RRP was 0.1 The margins were clear. He has had monthly PSA's which gradually rose to 0.9 after 3 months. He drinks pomegranate juice and runs for exercise. He is undergoing salvage radiation treatment.

2.) His age is unknown. His PSA was 16 and rose to 40. He went to Memorial Sloan-Kettering and participated in a study (unknown what the study consisted of) there. His PSA dropped 15 points, He has not had any radiation or chemo. After 6 months his PSA dropped another 6 points. MSK has not been able to tell him where the cancer is located. He is now taking just Casodex..

3.) His age is unknown. He was diagnosed with PCa. in September with a GG=7. PSA increased from 7 in 2002 to 7.8 in 2009. He began hormones on the advice of his doctor. His doctor feels the PCa it is contained in the prostate capsule. His brother also has PCa.

4.) His age is unknown. He is here for information. His PSA was 1.7 and rising. He has had 3 opinions and started taking Avodart, and his PSA dropped to 2.4.

5.) His age is unknown. His PSA was 4.1 last year and is now 4.2. A biopsy of the prostate with 12 samples taken was positive for PCa with a GG=7. He is seeking a second opinion of his slides. He is now pursuing watchful waiting.

6.) His age is unknown. His PSA is 8.8. A biopsy of his prostate was positive for PCa with a GG=4+3=7. He is here for information. He will seek a second opinion and has appointments with several doctors to consider surgery, radiation, and hormones. He is leaning toward robotic surgery as he checked out the procedure on line. Both bone and CT scans were negative.

Herb Ilker PCa 101, Poughkeepsie M2M

November 5, M2M Program

Topics and speaker choices were discussed for the 2010 year.

A panel of survivors was available, that covered most treatment modalities, and answered question in reference to prostate cancer.

Newcomers and PCa November 5, 2009

There were no newcomers at this meeting

Herb Ilker, PCa 101, Poughkeepsie M2M

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 Oct.1, and Nov. 5, 2009. There were 44 in Oct. including 6 new M2M members and 10 SXS. The Nov. meeting had 27 including 0 new M2M member and 7 SXS.

JOKE DU JOUR

One morning the husband returns after several hours of fishing and decides to take a nap, leaving his fishing gear in the boat. Though not familiar with the lake, the wife decides to take the boat out. She motors out a short distance, anchors and reads her book.

Along comes a Game Warden in his boat, pulls up alongside her and says, "Good morning, ma'am. What are you doing?" "Reading a book," she replies (thinking, isn't that obvious?). "You're in a restricted fishing area," he informs her. "I'm sorry officer, but I'm not fishing: I'm reading." "Yes, but you have all the equipment. For all I know you could start at any minute. I'll have to take you in and write you up."

"For reading a book?" she replies. "You're in a restricted fishing area," he informs her again. "I'm sorry, officer, but I'm not fishing. I'm reading." "Yes, but you have all the equipment. Again, for all I know you could start at any moment. I'll have to take you in and write you up."

"If you do that I'll have to charge you with sexual assault," says the woman. "But I haven't even touched you," says the Game Warden. "That's true, but you have all the equipment. For all I know you could start at any moment."

"Have a nice day ma'am," and he left.

MORAL: Never argue with a woman who reads.
It's likely she can also think.

Mike Kulla, Co-Facilitator Poughkeepsie M2M

PROSTATE CANCER, A PERSPECTIVE

Among the most vibrant, as opposed to stale, prostate newsletters is Prostate Cancer Communication or PAACT. PAACT has always navigated on the horizon, identifying what is new and promising and exciting in the field. Many of the prostate notables are contributors. One article in the latest issue (9/09) by Sherry A. Rogers caught my eye. Rogers could never be described as a establishment physician. I won't attempt to summarize her article but instead select certain parts of interest (at least to me).

Rogers notes that prostate cancer (PCa), the most common cancer in men, is "so epidemic now that 1 in 3 men" will get it. She urges that we become knowledgeable in self-care, because medical education and journals are "strongly influenced by the pharmaceutical industry," where the focus is (all too often) on "poisoning" the body with for example chemotherapy, eventually causing other cancers, and irradiating it with carcinogenic X-rays. "God created the body to heal, not to be drugged," she believes.

She is a strong proponent of the macrobiotic diet which she says extends life in PCa patients about 3 times as long as people not on this diet. An explanation on how to get started is in the December 2006 issue of Total Wellness. Heavy metals that we all harbor are, according to Rogers, the main reason PCa suddenly becomes vicious after it's thought to be under control with treatment. Arsenic, cadmium and other heavy metals turn PCa into a form that resists further treatment, (metastasis). Likewise, plasticizers, like plastic water and soda bottles, Styrofoam coffee cups and cooking with Teflon are the highest pollutants in the body and also makes PCa hormone refractory, she says.

We are the first generation ever exposed to so many chemicals. We're paying the price with cancer as the number one cause of death now alarmingly in children and young adults. Cancer is the second largest cause of death in older adults.

Even though the forgoing information on carcinogens comes from the most prestigious journals and medical centers, this information is still not being taught in medical schools. She says!

Rogers discusses a blood test and other parameters to check the above, in order to bring the body back to balance. For brevity's sake I will not pursue this aspect of her article. For more information you can read Total Wellness newsletter, written for the past 20 years by Dr. Rogers or contact her publisher: Prestige Publishing.com.

Mike Kulla, Co-Facilitator Poughkeepsie M2M

RESEARCH NOTES

GAMMA RAY CAMERA

Brookhaven Lab's and Hybridyne Imaging, a Canadian company, have invented a new detector for prostate cancer. The camera is in the form of a rectal probe but much smaller than the MRI probe conventionally used. The camera is reported to give extremely detailed pictures of the prostate. A blood vessel injection is required to decorate the tumor for the detector to work. This sounds similar to the decorating scheme used by the Prostatecint Scan. When we learn more details we will report.

PROSTATE CANCER PUZZLE

Doctors have long been puzzled by the fact that some men with a high PSA and repeated negative biopsies go on to develop aggressive prostate cancers. Researchers now believe they have an answer.

It seems that tumors can lie hidden on the top of the prostate where they are undetectable by the most common diagnostic tools, including needle biopsy. The Princess Margaret Hospital, in Great Britain, discovered that 87% of these hidden tumors could be easily seen with an MRI scan.

Jim Kiseda Co-Facilitator M2M Poughkeepsie

TO ALL RECIPIENTS OF OUR NEWSLETTER. PLEASE NOTE Pok. M2M has back issues of our newsletters & information on PCa. at <http://www.boodrow.com>

**ATTENTION•ATTENTION
•ATTENTION**

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, WE Will NOT EXTEND OUR DEADLINE! 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!

=====
**Meeting Dates for 2009
December 10. Dr. Naeem Rahman, Hudson Valley Urology. "Emerging Therapies For PCa."**

**<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**