



POUGHKEEPSIE MAN TO MAN



Prostate Cancer Education & Information Support Program since July 1993

September 7 & October 5, 2006 Issue 9 & 10 (Meetings to date # 172 & 173)

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Our web site www.boodrow.com

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.

September 7, 2006 M2M Lecture

In This Issue:

- Program for September 7 & Oct 5
- Newcomers & PCa 101 Sept 7 & Oct 5
- Plastic and Dioxins
- PCa and the Veterans Administration
- Healthy Bites-Nuts
- Research Squibbs
- Aureon Labs has develops a molecular test
- About Face the New & Improved M2M
- Joke Du Jour
- Celebration of Life Dinner
- Custom Motorcycle & Survivors Day
- Meetings and speakers for 2006

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 September, 7 & October 5, 2006 in the Central Hudson Electric Company Auditorium, Rt.9, Poughkeepsie, NY. There were 45 in Sept. including 2 new M2M members and 6 SXSs. October 7, meeting had 32 including 3 new member and 8 SXS. The new members were given our NEW-BIE BOOK.

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

<http://www.boodrow.com>

DR. MATTHEW MILOWSKY

Targeted Therapy in PCa : Monoclonal Antibody J591

Dr. Matthew Milowsky is an Assistant Professor of Medicine and Urology at the Weill Medical College of Cornell University - NY Presbyterian Hospital. He earned his undergraduate degree at U. of PA, MD at SUNY - Downstate and Interned at Tufts/ New England Medical College. Subsequently, he completed a Fellowship in Medical Oncology and Hematology at Weill Medical College, published extensively and was offered a faculty position.

Dr. Milowsky has worked closely with Drs. Neil Bander and David Nanus on the development of monoclonal antibody treatment of patients with PCa. He is specifically in charge of the clinical trials required for the acceptance of any new medication and treatment.

Dr. Milowsky started by describing the target pathways in a cancer cell. Ideally, a monoclonal antibody protein substance in the blood should seek a unique protein expressed by the cancer such as PSMA (prostate specific membrane antigen) which is found only in PCa. Monoclonal

antibodies have been developed for numerous other cancers such as: breast (Herceptin), lymphoma, leukemia and colon cancer (Erbix). They have all helped to extend life in some affected patients without some of the serious side effects of chemo, surgery or radiation.

One monoclonal antibody (MoAB) had already been found for PCa which is the one in ProstaScint (7E11). However, that MoAB is only effective for soft tissue, but not for hard (bones). PCa tends to metastasize to both the lymph system (soft tissue) and the bones. The quest at Cornell was to find or create new MoABs that would attach to PSMA wherever the cancer spreads. That research led to J591, the best candidate. To image the cancer a metal like indium is sufficient to tag the MoAB, but to kill the cancer a radioactive isotope must be used. Isotopes of yttrium and lutetium were chosen because they can be attached to the MoAB and radiate the cancer to destroy it. The isotope 177 lutetium was finally chosen in the evaluations. In the clinical trials for phase 1, the dosage and toxicities had to be determined. For Y the maximum safe dose was 17.5 microcuries per square meter; for Lu the dose was 75 MCi/m². Ultimately, the Lu was preferred because it had a shorter damage proximity for normal, adjacent cells.

As the dosages were assessed, it was found that the primary negative effect was the suppression of blood cells, both white and red. There was a nadir in blood counts in 30 days and a subsequent restoration of the counts in the following 22.5 days. No permanent harm was evident in these cycles.

The excellent targeting of PCa could be seen in bone scans. The reason is that the J591 goes to both hard and soft tissue. When required, retreatment with the same MoAB is also possible.

The next clinical trials have now begun to measure the efficacy of the drug. Although some remarkable recoveries have been seen already, and highly publicized by the news media, Dr. Milowsky commented that he believes that the

treatment may serve best as a neoadjuvant treatment, before primary treatment, or as an adjuvant treatment, after primary treatment. Today, only those patients with refractory cancer (no PSA suppression with testosterone lowering) and those with bone mets are eligible for clinical trials. After success with these worst case patients, new trials will evaluate earlier and less severe cases of PCa. The work is " in progress " and it remains to be seen where it will fit among the tools to treat PCa. It may not be the "magic bullet" that everyone hoped for, but it may be a useful supplementary tool to treat and control PCa.

Dr. Milowsky answered many questions at the end of the talk which we found very clear for such a complex subject. He advised people about their eligibility for clinical trials. At this time, despite the excellent imaging it offers, it is not being offered as an alternative to ProstaScint. The reasons are business related and not technical.

Dr. Milowsky also mentioned at the end of his talk that he will be moving from Weill-Cornell to Sloan Kettering Memorial Cancer Center on October 1.

Paul Totta, Poughkeepsie M2M Co-facilitator

Newcomers and PCa 101 September 7

There were two new men, both received a copy of our newbie book.

1) He recently underwent a robotic radical prostatectomy operation. He was out of the hospital in a few days.

2) He was recently diagnosed with PCa. He has been talking to many people and has read numerous books and articles on PCa. He has selected robotic RP at Columbia. His PSA is 6, GG=6.

F.Y.I.

M2M Poughkeepsie's executive committee has decided to retire our very popular and informative Newbie Book. Beginning with our next meeting OCT 5, 2006 we will be distributing literature printed by the NCI and handing out a booklet "What You Need To Know About Prostate Cancer Published by the U.S. Dept. Of Health & Services, NIH and NCI. NIH Publication No. 03-1576, printed Sept. 2003. We will also be distributing materials from the ACS.

Program October 5, 2006

The meeting took on a different twist. We set the chairs in a circle. The meeting was facilitated by Herm London and Mike Kulla. The main focus of the meeting was placed on the new men, with a lot of discussion from our members. The members contributed so much with their Q & A and the information given to the new members.

M2M Poughkeepsie will continue to host some very innovative meetings like this one. Our goal is to get the attendees more involved and to have them sitting on the edge of their seats with the information that is available, and hopefully stimulate them to bring a friend and get involved.

Editor

ABOUT FACE

The New & Improved M2M

Time for changes as M2M meetings are getting thinner and thinner? Well, in our October gathering we made changes from our usual format. Chairs were arranged in a circle, eliminating a barrier between audience and facilitators, creating a more level playing field. Dennis observed that this was like the meetings when M2M was in its infancy. Perhaps this is a case of the maxim that going back to basics has its merits.

We talked about anything and everything. The plan was to split into smaller groups about half way through, but we abandoned that idea because all

was going well. There was an electricity in the room. I saw more men getting involved, more interchanges from the gut -- in short, a deeper involvement in the process. We may even have gotten a guy who said he was not coming back to stay on. As someone said, no one was nodding off (as they have done at many previous meetings).

So far, it looks as if we need more interaction between group members to sustain and grow M2M -- more personal involvement. We also need to have information, but, I believe, that informal intercommunication is the glue to make these meetings meaningful.

Anyone else with comments? Bring them to the meetings or submit them to the newsletter.

Mike Kulla, Poughkeepsie M2M

Newcomers and PCa 101

October 5

There were three new men. They received a copy of our newbie literature. The age of the three newbies are in their mid 50's.

1) His PSA went from 3.6 to 5.2 in two years. He is a bit confused as to his GG. He will undergo an RP next week. The possible side effects of RP were discussed.

2) He has heard that the possible side effects of surgery, are impotence and incontinence and does not like this option. His PSA went from 2.6 to 3.8 in 18 months and his GG=3+4. He is still gathering information before making a decision.

3) Not much info available on this newbie, other than his doctor wanted to begin a regimen of Chemo and he has decided to wait and check out other options.

Valuable information for all.

You may already know it, never-the-less worth thinking about! Some interesting facts !!!

Cancer update: Johns Hopkins - Cancer News from Johns Hopkins:

- 1. No plastic containers in micro.**
- 2. No water bottles in freezer.**
- 3. No plastic wrap in microwave.**

Johns Hopkins has recently sent this out in its newsletters. This information is being circulated at Walter Reed Army Medical Center.

Dioxin chemicals causes cancer, especially breast cancer. Dioxins are highly poisonous to the cells of our bodies. Don't freeze your plastic bottles with water in them as this releases dioxins from the plastic. Recently, Dr.. Edward Fujimoto, Wellness Program Manager at Castle Hospital, was on a TV program to explain this health hazard. He talked about dioxins and how bad they are for us.

He said that we should not be heating our food in the microwave using plastic containers. This applies to foods that contain fat. He said that the combination of fat, high heat, and plastics releases dioxin into the food and ultimately into the cells of the body. Instead, he recommends using glass, Corning Ware or ceramic containers for heating food. You get the same results, only without the dioxin. So such things as TV dinners, instant ramen and soups, etc., should be removed from the container and heated in something else. Paper isn't bad but you don't know what is in the paper. It's just safer to use tempered glass, Corning Ware, etc. He reminded us that a while ago some of the fast food restaurants moved away from the foam containers to paper. The dioxin problem is one of the reasons.

Also, he pointed out that Saran wrap is just as dangerous when placed over foods to be cooked in the microwave. As the food is nuked, the high heat causes poisonous toxins to actually melt out of the plastic wrap and drip into the food. Cover food with a paper towel instead.

This is an article I believe you should forward to your family and friends--

anyone who is important in your life!

Submitted by Mark O'Hara Watertown N.Y.

PROSTATE CANCER & THE VETERAN ADMINISTRATION

My experience as a veteran with the VA may provoke food for thought and even be enlightening to some. I am not writing for or about others who have VA access but about my own experience, condensed to make it more palpable. Possibly the VA is under funded. I do not know, but this should not be the reason for running into a brick wall.

Seven years ago when I started hormone blockade for PCa, I readily got 50 mg Casodex from the VA, paying a miniscule price for my supply. I went back on hormone therapy recently and was readily prescribed 150 mg Casodex, triple the dose I had before, by the VA urologist. Without notifying me, I discovered that the Casodex had been discontinued when I attempted to refill it. Neither the VA neurologist or oncologist nor their nurses returned my calls! Of course I was interested in why this medication was abruptly and secretly cut off in midstream, leaving me in the lurch. I also requested "side effect" drugs which were refused, such as Fosomax (bones), Ursodiol (liver) & estrogen (hot flashes), all formulary drugs carried by the VA. The above prescriptions plus Lupron were recommended by my outside (the VA) oncologist, Dr. Charles Myers.

Not one to give up easily, I tried to contact the chief of staff. No luck, but I was referred to the patient advocate, which I believe is a misnomer, as the advocate's only role in my case was to pass information back and forth. Eventually I was able to talk to an "in charge" doctor who gave me a little information but not much. The long and the short was that nothing changed.

No one seemed to know what the appeal process was. Finally, on August 11, 2006 I wrote to the Director of the Health Care System, which apparently is their informal appeal process. I was told that there in no independent course of appeals beyond the Director.

So far I have had no answer to my letter. A friend who fills prescriptions said that he waited years for an answer, but that was his experience.

Perhaps related, I tried on numerous occasions to get a speaker from VA to talk to our M2M group. The answer was always positive, but so far there have been no takers. The VA has a brochure entitled "Dual Care" between VA and private doctors. The brochure states that "the VA is willing to work with you and your private doctor to coordinate your health care." Since some meds involve higher risks "the VA will only dis-pense these medications if you take the necessary monitoring tests.

The VA likes to do their own monitoring but will accept it being done elsewhere as long as they get the results. A key problem was that the VA doctors did not adhere, I believe, to the last clause in the brochure. This is what too frequently happens when an oversized-run-by-the-books organization interfaces with a doctor that doesn't fit their mold (and who may even be innovative). All the more reason why M2M should meet with VA policy makers.

**Mike Kulla Poughkeepsie M2M
HEALTHY BITES
NUTS**

For many of us snacking between meals is a way of life. Candy bars, chips and crackers may banish hunger pangs but they offer very little in the way of beneficial nutrients. Not so with nuts. In an article in the Buffalo News (8-4-06) nuts are featured as an excellent source of vitamins, minerals and protein. Ounce for ounce, nuts have nearly as much protein as lean meat but are naturally cholesterol free and high in fiber.

The results of two large studies showed that the consumption of small quantities of nuts on a regular basis is linked in men with a lower risk of developing prostate cancer. Nuts are rich in phytochemicals and antioxidants, nature's cancer-fighting compounds. Yes, nuts are relatively high

in fat, polyunsaturated and monounsaturated fats that are known to have many important health benefits. Not only do they serve as a concentrated source of energy, they also supply the body with essential fatty acids and fat-soluble vitamins. Although nuts are relatively high in calories, they promote weight loss rather than weight gain. A study in which overweight adults ate 3 oz. of almonds daily for 6 months lost 62% more weight than those on a nut-free diet with an equal number of calories.

Over the past two decades, many studies have shown that regular small portioned eaters have significantly lower heart problems than non nut eaters. A Harvard study of 86,000 women over 14 years found that women consuming 5 oz. of nuts a week had 35% lower risk of coronary heart disease than those who ate less than 1 oz.per week.

The cardio-protective effects of nuts is believed due primarily to their cholesterol-lowering properties. Regular consumption of walnuts has been shown to increase heart healthy LDL cholesterol. Nuts may help the heart in other ways. For instance, research suggests that the omega-3 fatty acids in walnuts help prevent abnormal heart rhythms and also reduces the risk of developing blood clots that can lead to heart attacks and strokes. Nuts help to make nitric oxide which in turn helps reduce the workload of the heart by relaxing constricted blood vessels, lowering blood pressure and enhancing blood flow. As if nuts haven't really earned their spurs, research suggests that they may significantly reduce the risk of type 2 diabetes.

Long ago I discovered that there is no perfect agreement among experts. At best we may find a general consensus. For example, Charles Myers, MD, a noted PCa oncologist, recommends almonds, macadamia nuts, hazel nuts, cashews and pistachios as well as oils made from these nuts. Not on his list are pecans, walnuts and peanuts, but he doesn't give reasons as to why.

MUSHROOMS & VEGETABLES.

From Life Extension (7-3-06) comes the benefits of portabella and crimini mushrooms which they say rank with carrots beans, red peppers and broccoli as excellent sources of antioxidants. Free radicals are thought to play a role in the aging process and in many diseases, including cancer, Alzheimer's and atherosclerosis. Studies have shown that those who eat the most fruits and vegetables rich in antioxidants have lower incidence of these diseases.

White button mushrooms, the most commonly consumed in the US, have antioxidant value, though roughly one-third that of portabella and crimini mushrooms. White buttons' antioxidant value are above tomatoes green peppers, pumpkins zucchini and green beans. "You don't have to eat only the vegetables with the highest antioxidant capacity to benefit. If you eat a variety of mushrooms along with a variety of vegetables, you'll be getting a variety of antioxidants," says the researcher at Penn State University, who did the above studies. A lot of technical information was included but I opted to leave it out. Anyone interested in the details can contact me.

Mike Kulla Poughkeepsie M2M

RESEARCH SQUIBS

DIET AND STRESS

New research from the Moores Cancer Center and School of Medicine at the University of California in San Diego, suggests that diet changes reinforced by stress management may be effective in slowing or halting the spread of prostate cancer.

The 6 month study, published in the September issue of Integrative Cancer Therapies, focused on the change of PSA level as a marker in response to a plant based diet and stress reduction. Patients ate a diet composed of leafy greens, beans, legumes and fruit and reduced

intake of meat, dairy and refined carbohydrates. This regimen was effective in significantly reducing the PSA rate of change. This was a pilot study, which are generally small, of ten patients. At the end of the trial, four of the ten experienced an absolute reduction of PSA and nine of 10 experienced a decrease in the rate of PSA rise. This translated to a very desirable increase of the doubling time from an initial value of 11.9 months to 112.3 months. This is a phenomenal result, considering that no toxic or detrimental effects were seen.

RISK FOR BLACKS IDENTIFIED

Researchers have identified a DNA segment on chromosome 8 that is a major risk factor for prostate cancer in African-American men. This factor doubles the likelihood of PC in younger black men. Researchers are now trying to identify the exact gene on that chromosome. This will be a tremendous breakthrough, since past studies have been unable to uncover this mystery.

Dr Matthew Freedman, a Harvard Medical School instructor at the Dana-Farber Medical School, was the lead author. The study is outlined in the online edition of the Proceedings of the National Academy of Sciences.

PSA AND TREATMENT SUCCESS

A PSA test after 7 months of hormone treatment is a good predictor of survival. This study, of 1345 men, was done on men with distant metastases. The results showed that men whose PSA dropped below 4 had a quarter the risk of dying than men whose PSA was more than 4 after the hormone blockade. Results appear in the Aug. 20 issue of the Journal of Clinical Oncology. The researchers found 69 percent of the men maintained a PSA level of less than 4 after 7 months of hormone blockade and 43 percent had an undetectable level of PSA at that time. Patients whose PSA was higher than 4 survived 13 months, while patients whose PSA was below 4 but above 0.2 lived 44 months and those whose

PSA was undetectable lived 75 months.

The attractive feature is that PSA is easy to track. These findings could then be used to identify ineffective treatments to avoid and help researchers in further trials. The study was multicenter and led by researchers at the University of Michigan Comprehensive Cancer Center.

JIM KISEDA Poughkeepsie M2M

The Following is a summary of an article in the quarterly newsletter 'PAACT' (patient advocates for advanced cancer treatment) Dated Sept. '06.

Article is by Jason M. Alter PhD from Aureon Labs Inc. (914-377-4036).

Aureon Labs has developed a molecular test called PROSTATE-PX which, it claims, can predict for those who have had a Prostatectomy:

- 1• A rising PSA within the next 5 years with an accuracy of 96%.
- 2• A recurrence of the prostate cancer within the next 5 years with an accuracy of 89%.

If true this could relieve the patient of some anxiety and could also signal the doctor/patient as to his post-op treatment. The technique is based on tissue study of the patients prostate, protein markers in the tissue samples, and clinical data such as Gleason score, etc.

Aureon is in the final stages of an additional test to determine disease severity from a biopsy sample to aid in the decision on primary treatment options.

More info can be obtained at

**www.prostatepx.com.
Joe Kern, Poughkeepsie M2M**

Joke du Jour Geriatric Humor

Two elderly gentlemen from a retirement center were sitting on a bench under a tree when one turns to the other and says:

"Slim, I'm 83 years old now and I'm just full of aches and pains. I know you're about my age. How do you feel?"

Slim says, "I feel just like a newborn baby."

"Really!? Like a newborn baby!?"

"Yep. No hair, no teeth, and I think I just wet my pants."

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, and is always available to answer questions, 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

Celebration of Life Dinner

Our dinner was a complete hit! There were 65 in attendance. Hosted by Peter & Teresa Hardin who did a fantastic job making all the arrangements and contacting members etc.

Peter introduced our founder Dennis O'Hara who informed us that this was our 12th annual dinner

and thanked all who attended. Dennis then discussed the fact that we really do not know the hidden talents our members have or what they did during their lifetime, until we read about ones life when one dies, and we read the obituary. With that said he decided to do some investigating about certain members and discovered that Jim and Virginia Kiseda are ballroom dancing experts (Trophy winners) and he invited them to give us a demonstration of ballroom dancing. What a treat, they glided around the dance floor like they were dancing on air. Next Herm London was introduced as our MC, he lead us into a very enjoyable program. One part was the "Your right Your Wrong" Q & A session. Herm is a trivia expert among his other attributes and he put together 20 questions, if you answered right you were still wrong. Gag gifts were handed out to each contestant.

Several members took advantage of the dance floor and cut a rug with music provided by "All Together DJ Brian O'Hara ."The food was great, desert and coffee superb and most of all the company was fantastic. A grand time was had by all. We look forward to next years event.

Editor _____

**Vassar Brothers Medical Center (VBMC)
Poughkeepsie, NY.**

VBMC has for the past 13 years has hosted our "Cancer Survivors Day Event" Every year's program is better than the previous year. This years event held June 10, 2007 will include a raffle on a "Cancer Survivors" theme custom built motorcycle. Built especially for this event by "Bull Dog Customs"

Raffle tickets are on sale call 1-877-729-2444(mention M2M) all major credit cards accepted. There will only be 1,000 tickets sold. The prices are \$100.00 per ticket, 3 for \$250.00 6 for \$550.00. Additional information will be in our upcoming newsletters & posted on--- [wwwboodowcom](http://www.boodowcom)

Get em while there hot!!!!!!! _____

Meetings and speakers for 2006

- November 2-Kenneth M. Pollock, Sexual Dysfunction it's problems causes & treatments.
- December 14-American Medical Systems and Hudson Valley Urology, ongoing trials for PCa.

Please Note

The December meeting will be held on DECEMBER 14 not December 7-----

DECEMBER 14

DECEMBER 14

Attention:

We always meet the first THURSDAY OF THE MONTH UNLESS OTHERWISE SPECIFIED

**Next meeting Thurs, November 2, at 6:30pm. Held at Central Hudson Auditorium Rt 9 in Poughkeepsie--
SXS Joins us. For Directions Call 452-2932 press 3 and then 10 to reach local receptionist**

Volunteer drivers are always needed by the American Cancer Society to transport patients for treatment. This is a good cause. As little as an hour a week will make a huge difference in someones life. Contact our local ACS office at **452-2932** press #3 and then #10. Mention M2M. Side by Sider's are welcome to volunteer.