



# POUGHKEEPSIE MAN TO MAN



*Prostate Cancer Education & Information Support Program since July 1993*

Meetings to date 196

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 4 and October 2, 2008

Issues 9 & 10

## **BOB CARTER'S JOURNEY WITH PROSTATE 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 Thursdays, September 4 and October 2, 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.**

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### **Any Questions? We're here!**

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### **September 4 M2M Program**

#### **Guest Speaker**

**(Due to a family medical emergency Dr. Samadi could not attend our meeting. We will be in contact with him for future dates)**

#### **DAVID B. SAMADI, M.D.**

He is a leader in the field of robotic surgery, and the Chief of Robotics and Minimally Invasive Surgery, Department of Urology, at the Mount Sinai Medical Center in New York City. He is one of the very few urologic surgeons trained in both oncology and laparoscopy, He has performed more than 1,400 prostate removals using robotics.

Due to the absence of Dr. Samadi, an open discussion meeting was held among the attendees.

The primary topic of discussion was focused on the newbies who were in attendance, and a Q&A period from the audience.

## **Newcomers and PCa September 2008**

**1.)** He was diagnosed in May with a PSA of 3.8; GG unknown. The biopsy showed 2 or 3 areas that were positive for PCa. His urologist recommends surgery. He is here for more information and he will get a second opinion.

**2.)** He is 63 years old. He was diagnosed in July. His PSA is 1.8; GG= 4+4. His doctor has recommended an RP followed up with RT treatments. His urologist did not mention hormone treatment prior to surgery (neoadjuvant therapy). He went to an oncologist for an opinion; who recommended hormone treatment, then IMRT followed by seeds. He is here for more information.

**3.)** He is 52 years old. His PSA is 4.0 with a GG 6 He has opted for surgery but has not decided on which medical institution; robotics, laprascopy or retropubic radical prostatectomy. He is here for additional information.

### **Herb Ilker, PCa 101, M2M Poughkeepsie**

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#### **October 2 M2M Program**

#### **A PATIENT'S JOURNEY WITH PROSTATE CANCER**

**Bob Carter**

**“ The Rest of the Story “**

**Bob Carter** from Little Silver, NJ was kind enough to visit Poughkeepsie M2M to relate his experiences with PCa from 1994, when there was initial detection of carcinoma, to the present. Bob is exemplary in keeping meticulous records at all times, and he was persistent in pursuing all tests and treatments which he considered useful.

**Bob** had two careers in his background. The first was as a teacher and department head of Industrial Technology in NJ and CA high schools for 28 years. The second career was in the manufacture and technology of fiber optic cable con-

ductor hardware for a dozen years. Not only has he had two careers, but he has willingly shared his knowledge of PCa with many patients and doctors.

**Unlike** many of us who resorted to hormone therapy after failure of local treatment, Bob used intermittent hormone therapy for 12 years before resorting to local prostate treatment ( 4D-IG-IMRT and radioactive seeds ). He graphed all his PSA results on log-normal graph paper so that 12 years of therapy could be shown on one piece of 8.5x11 paper.

In his journey he was given bad advice and good advice by doctors, but through self-education he was able to sort out good directions. Some of the contacts were through the PCRI organization. Some of his helpful doctors were Dr. Fred Lee and Dr. Snuffy Myers; Drs. Sodee and Dattoli. He had excellent analysis with color doppler ultrasound (Lee) and fusion ProstaScint(Sodee). Ultimately, in 2005, Bob went to Dr. Myers for some additional therapy such as Leukine, ketoconazole and hydrocortisone. This was followed by Dr. Dattoli with advanced IMRT radiation plus implanted seeds ( 148Gy of radiation in all ). Along the way he was also treated with Zometa to ward off osteoporosis from all the hormone treatments. What is interesting is that many of our Poughkeepsie M2M, enlightened people have used the same treatments, diagnostic techniques and doctors that Bob has used.

**Bob** passed out copies of “books” on his passage with PCa. Besides the narrative of his story he lists all his prescription and non-prescription drugs , with exact sources and costs. The references are extensive with doctors, literature and websites. In addition, Bob spent a lot of time on recommended diets for prostate cancer patients. Essentially recommending a Crete Mediterranean diet, he talks about the elimination of most red meat and saturated fats; the adoption of fish, chicken, turkey, lots of fresh vegetables and fruits, olive oil, etc. It is all described in fine detail. Lycopene, vitamin D3, fish oil

( omega 3 ) and pomegranate extract are important supplements to his Mediterranean diet.

**Bob** has handled his PCa while fighting other problems with his health. These details are also presented.

The conclusion is that if a person educates himself well about his disease, keeps good records, finds the right doctors and pays attention to diet and healthy life style that substantial life extension is attainable.

**Paul Totta, Co-facilitator of Poughkeepsie M2M**

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### **Newcomers and PCa October, 2008**

1.) He is here for information on PCa for a friend.

2.) He is 55 years old. His GP suggested a PSA which was 3.8. A biopsy was suggested and showed positive for PCa with a GG of 8. He was diagnosed in Feb 2008. He did a lot of research and decided on Robotic Radical Prostatectomy. He is experiencing minimal side effects.

3.) He is 65 years old. His GP suggested a PSA, which was 5. His doctor suggested he see a urologist who performed a biopsy of the prostate. Twelve samples were taken and two were positive for PCA. He does not know his GG it was suggested he begin his research by obtaining all his medical records and keeping an up to date file. He was also informed that in NY State the law states that one is entitled to copies of medical records. He attended the meeting for info and for sure he got a suitcase full.

**Editor**

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#### **Joke du Jour**

•Five surgeons from big cities are discussing who makes the best patients to operate on.

•The first surgeon, from New York , says, 'I like to see accountants on my operating table

because when you open them up, everything inside is numbered.

•The second, from Chicago , responds, 'Yeah, but you should try electricians! Everything inside them is color coded

•The third surgeon, from Houston , says, 'No, I really think librarians are the best, everything inside them is in alphabetical order

•The fourth surgeon, from Los Angeles chimes in: 'You know, I like construction workers. Those guys always understand when you have a few parts left over

••But the fifth surgeon, from Washington , DC shut them all up when he observed: 'You're all wrong. Politicians are the easiest to operate on. There's no guts, no heart, no testicles, no brains and no spine, and the head and the butt are interchangeable

**Taken from a conversation overheard in a men's room in a big city hospital!!**

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### **ABOUT DRINKING WATER**

Do we really need to drink 8 glasses of water a day? Enter Heinz Valtin, an internationally recognized expert on water balance and the kidney and former chair of the Department of Physiology at Dartmouth Medical School. Valtin thinks the advice to drink 8 glasses daily started in the 1940's when the Food and Nutrition Board of the Institute of Medicine made the recommendation that we should drink a proportion of water to the calories we eat, or about an 8 ounce glass. The Board also noted that much of the water comes from the solid food we eat. White bread, for instance, is more than 30% water. The first observation became a legend; the second one was forgotten.

Valtin could find no scientific support for the recommendation to drink 8 ounces of water, not for preventing kidney stones, urinary tract infection

or bladder cancer. Does the bottle water industry promote the 8 ounce water myth? Valtin "is sure of it." Bottled water is a huge money earner for Coca Cola, which sells Dasani, and for Pepsi, which sells Aquafina, both enhanced waters. The first to get off the ground was Coke's Vitamin Water, which makes you more relaxed. But there is no evidence that it will do anything for your nerves. Coke's Dasani and their Defend+ Protect sound just what you need when your family, friends or co-workers are "coming down with something." But again, there's no evidence it can help you from catching what's going around. Nutrition Action says: "Forget Defend+Protect. Immunity claims mean Deceive+Defraud."

Finally, there's Aquafina Alive Satisfy by Pepsi, enhanced with 10% of your daily value of fiber, says the label. How do they get fiber, the stuff in bran and whole grains into water? It's not that kind of fiber. How does it work in water? No one knows! It's a soluble fiber, so it won't keep you regular. Whether it helps you lose weight by making you feel fuller than ordinary water is "anyone's guess."

Can we drink too much water? Yes, according to Valtin. When the amount of water we take in can't be excreted, the body retains water and the water goes into the cells. Most body cells tolerate that; they swell. But brain cells tolerate it poorly because they can't expand against the skull. That can cause neurological symptoms and can even result in death.

Do people think bottled water is healthier? Probably, otherwise they wouldn't drink so much of it. But it's a myth. How much water should we drink? Drink what you usually drink with or between meals when you are thirsty. As long as the concentration of blood remains normal, it's being properly hydrated.

**Source: Nutrition Action 6/08**

**Mike Kulla, M2M Poughkeepsie**

## **Attendance Information**

Joint meetings of Man to Man (M2M) and Side by Side (SXS), the prostate cancer (PCa) support and education groups sponsored by the American Cancer Society, were held on September 4 & October 2 in the Central Hudson Electric Company Auditorium-6, Rt.9, Poughkeepsie, NY. There were 50 in September including 3 new M2M members and 13 SXSs. The October meeting had 34 including 4 new M2M members and 6 SXS.

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## **TO ALL RECIPIENTS OF OUR NEWSLETTER.**

Are you experiencing problems 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

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## **It's Winter time again in NY!!!!!!**

### **ATT: M2M Meeting weather cancellations**

In the future we will base our decisions whether to cancel M2M & Side by Side meetings dependent on what the school systems in our area do. When the authorities either delay or close the schools in our area, we will probably cancel. Call the local ACS at 845-452-2932, then 10 to reach the operator or answering machine. Listen to the local radio stations; they will also announce cancellations of M2M meetings. You can also call our own hotline 473-9827 and listen to the message.

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

**<http://www.boodrow.com>**

## Meeting Dates for 2008

- November 6 TBA
- December 11 TBA

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## Meeting Dates for 2009

- January 8
- February 5
- March 5
- April 2
- May 7
- June 4
- July 9
- August 6
- September 3
- October 1
- November 5
- December 3

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## FISH and MERCURY

In late 2003 I wrote a 2-part series entitled "If Fish Could Vote." I excerpt from these articles what is relevant today, while updating material, this time with an emphasis on mercury. Not all fish grow as nature intended them to free of harmful levels of mercury, antibiotics, PCBs, synthetic coloring agents, growth hormones and other contaminants. Farmed fish, usually served in restaurants, have in common with commercial beef that they are both fed grain products. Non-organic grain is what is used, resulting in seafood picking up pesticides that were used on the grains, and run-off from neighboring farmland.

Wild fish is an exception. Wild salmon, for instance, eat creatures like shrimp and krill which contain non-harmful chemicals that make salmon pink. Since farm-raised fish don't eat a natural diet, their flesh is gray unless given artificial additives to make them pink and thus more marketable.

A number of men in M2M volunteered to be studied for heavy metal exposure by Richard

Horowitz, MD, a local physician. If my memory serves me right, most men scored very high for mercury and lower for lead. My mercury scores were off the chart. In 2003 the major source of environmental mercury pollution was coal power plants. I think it still is. At the time, 10 to 25% of American women (7 to 21 million) had mercury levels above the dose that may put a fetus at risk for adverse effects. The Environmental Protection Agency (EPA) and the National Academy of Sciences (NAS) determined that eating mercury-contaminated seafood is the main source of mercury exposure.

Bacteria and chemical reactions in lakes and wetlands change mercury into a much more toxic form known as methylmercury. Fish become contaminated with it by eating plankton as well as smaller fish that have absorbed methylmercury. Dr. Joseph Mercola says that all fish have mercury, some more than others. By taking hair samples he found that patients who don't eat any fish have immeasurable mercury levels in their hair. Mercola recommends to stop eating fish, whether from the ocean, lakes, streams or farm-raised unless it is wild from Alaska or such places where fish live and spawn in a pristine environment.

**U.S.Pirg**, a public interest and advocacy group, found that metal mining and utilities are the biggest polluters (in 2003, 3.4 billion pounds of toxic chemicals released by mines and 1.2 billion pounds by utilities). And this does not include toxic hazards from oil wells, airports, waste incinerators or chemicals put in products. There were in 2003 approximately 80,000 chemicals on the market according to EPA. Screening for health and environmental effects are not available for more than 90% of these chemicals! Pregnant women and children are advised by our government not to eat species with the most mercury in it -- swordfish, shark, king mackerel and tilefish, White tuna should be restricted to no more than 6 ounces a week. Environment Working Group (EWG) expanded the list (2003) to include tuna steaks, sea bass, oysters (Gulf of Mexico), mar-

lin, halibut, pike, walleye, white croaker & large-mouth bass. Seafood, especially bigger, older fish, higher up on the food chain, like tuna, are leading sources of mercury. Canned white tuna has three times more mercury than light tuna.

Fortunately, there's not enough mercury to worry about in salmon, clams, oysters, sardines, anchovies, crabs, scallops, catfish, tilapia or pollock (Nutrition Action). In addition, the following fish were considered safe for pregnant women by EWG in 2003: farmed trout and catfish, shrimp, fish sticks, summer flounder, wild pacific salmon, croaker, mid-Atlantic blue crab and had-dock. An alternative to fish is contaminated-free fish or krill oil that is high in Omega-3 fatty acids.

Consumers have a right to know about contamination of the food supply. FDA needs to be responsive to this right. Longer term, the solution is to halt mercury pollution from coal-burning power plants, the largest man-made source of environmental mercury. Currently, they are completely unregulated. Fuel switching from coal to renewable energy sources along with development of conservation measures will go a long way from polluting sources of power.

**Mike Kulla, M2M Poughkeepsie**

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### **Worth Checking**

#### **Nationwide Prostate Cancer Study Being Conducted**

Volunteers are needed to participate in clinical research study.

Researchers are currently conducting a study to compare the effectiveness of two procedures in treating low-risk, localized prostate cancer.

One of the procedures being tested is cryotherapy (freeze therapy), a commonly used minimally invasive treatment for localized prostate cancer that already is approved for treatment by the U.S. Food and Drug Administration (FDA). In the

study, cryotherapy will be compared with an investigational procedure that uses high-intensity focused ultrasound (HIFU). This procedure is not approved by the FDA. This comparison will help researchers and the FDA understand if HIFU is as safe and effective as cryotherapy.

Previous studies of this form of HIFU treatment conducted among men with low-risk prostate cancer in Europe have shown negative biopsy rates ranging from 82[1] to 93 percent.[2] Approximately 13,000 men have been treated to-date with HIFU worldwide.

A number of treatment options are available to men with low-risk prostate cancer, including prostatectomy, radiotherapy, and cryotherapy. Each comes with its own side effects that must be weighed carefully by men and their spouses and families when making treatment decisions.

In the last several years, minimally invasive treatment options, of which cryotherapy is one, have been examined more closely to determine what benefits they may offer over other standard therapies. The goal of minimally invasive options is to reduce the impact of the treatment on the patient, resulting in quicker recovery and fewer side effects, while maintaining the effectiveness of standard treatments.

To be eligible to participate in the study, volunteers must meet specific criteria, including having a diagnosis of localized prostate cancer and being a male, aged 60 or older. To learn more about the study, call toll-free at 1-800-288-0031 or visit [www.PCaResearch.com](http://www.PCaResearch.com).

[1] Chaussy , et al Curr Urol Rep. 2003;4(3):248-52;

[2] Blana et, al Urology. 2004;63(2):297-300;

**M2M is not endorsing the trial, just passing on the information.**