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PROSTATE UPDATE

Latest News on Cancer, Health and Nutrition

Man to Man is an educational, not-for-profit prostate cancer support program of the *American Cancer Society.* M2M does not dispense medical advice. Protocols discussed at M2M meetings are often based on anecdotal information. Please consult your physician before choosing any form of treatment.

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"Every patient carries his or her own doctor inside."
- Albert Schweitzer

From the Editor

In spring time and early summer, when the days are getting longer, and the grass and flowers are growing faster and bigger that most of us traditionally celebrate the rebirth of life.

With this issue, we bring you the usual assortment of meeting write-ups, with each of our groups checking in. This time, our nutrition section is devoted to herbs and spices, which you may be growing right in your backyard garden. I have included an article relating to the ongoing PSA issues. One of the noted doctors in this field explains how we really should be looking at PSA, and makes no mention of stopping PSA testing. There is just so much controversy and misguided information in the media; we will try to put a balance on it here.

It is also the time of year when the American Cancer Society holds its Relay For Life events. The events are fund raisers, but they are also a celebration of those who are surviving cancer and a renewal of the memories and tributes for those whose struggles have ended. These events offer an opportunity for cancer survivors to be recognized for their fight against the disease, and to share their experiences with others, and it gives people a chance to remember those who have been afflicted with cancer in a very moving ceremony. This kind of event puts a face, a name, a life to the people affected. I have attended several of these events, and spoken at a few, but it seems that there is a general lack of men attending them. Certainly men are affected by cancer, I know quite a few, yet men do not seem to want to be noticed that way. This shyness, or maybe it's not wanting to seem weak in some way, that prevents the male from being considered as much as they need to be. This may have some long term adverse effects on us. Often, we can see the great work that women have done to fight breast cancer, there is usually an event going on somewhere. Then look at us men. Prostate cancer is close in number of cases and deaths, yet we men tend not to make a fuss. Lack of attention to this disease can possibly result in less effort to find treatments and cures as the economy shifts gears. It's not the PSA test accuracy that's at issue here, it's that we need even better diagnostic measures

to determine the need and kind of treatment, along with more improved treatment methods. It takes $$ to do that, and publicity gets $$. We really need to get out there and put our faces, names, and lives to this cancer. Having cancer is not a sign of weakness, lack of drive to combat the disease is. So, men, let's get out there and participate in these events and help to get other events started! Let's all do our part to help beat this disease!

Even in spring, the disease goes on and we have more newly diagnosed men. Please continue to attend and give a little of your time to attend support groups. You'll be surprised at how much you can learn, not only about PCa, but life in general. With all your help, we can help make the road less bumpy for those actively fighting PCa, and can go a long way to beating this disease. Take some time to enjoy the sights, sounds and smells of spring and summer. Be well and take care! Enjoy the issue.

- Jeff Ozimek, Editor
  anjoz@verizon.net

Long Branch Support Group Meeting

May 7, 2009

By Jeff Ozimek

Attendance continues to be stable and our general discussions continue to be excellent. Folks seem to contribute so much good information; I always learn something. It seems that the new folks do as well. That should keep happening and even increase as Bob S. continues to broaden his role in leading the group.

The Monmouth Medical Center PCa Support Group meets the first Thursday of every month at 7 PM until 9 PM in the Goldsmith Wellness Center on the 4th floor.

Members of the group who are not signed into the Long Branch Bulletin Board may do so by going to http://health.groups.yahoo.com/group/LongBranchNJ-UsToo/ and clicking on "Join This Group!" Anyone with questions about signing in should contact Rich G. at rguilfoy@monmouth.edu.

Brick MAN to MAN Support Group

May, 2009

By Al Rosenberg

Those deadly little differentiated cells are returning...

<u>WHAT DO I DO NOW?</u>

That's the question almost every PCa survivor will eventually have; the dreaded need to ask regardless of his primary treatment.

Fortunately, at our May meeting, many of those questions were answered by our noteworthy guest speaker, oncologist, Dr. David Greenberg, M.D. of Atlantic Hematology/Oncology Associates.

After a concise explanation of the basics of prostate cancer and the pros and cons of early screening's "Lead Time Bias," *(will catching it early extend lives?)* Dr. Greenberg got to the nuts and bolts of his lecture. What to do when PCa recurs.

A NOMOGRAM?

<u>WHAT'S A NOMOGRAM?</u>

"When considering secondary treatment," Dr. Greenberg explained, "we first have to determine the chances of recurrence which include your base PSA, Gleason score and the use of various nomograms available that put your case into a certain category." *(The nomograms Dr. G was referring to are tables and charts that help translate information into prognoses. Your chart will show relationship between one or more prognostic factors and a possible outcome in a numbered scale.)*

An explanation of nomograms and their usage can be found at the website for Memorial-Sloan Kettering Cancer Center: <u>www.mskfirst.org</u>

<u>WELL, WHAT DO I DO NOW?</u>

With a diagnosis of recurrence, there are ways to go. "In the case of a previous radical prostatectomy, we might recommend radiation, but not after previous primary radiation, no matter how long ago," said Dr G. Hormone treatment in the form of Lupron or Zoladex possibly with a bisphosphanate such

as the orals, Fosamax or Boniva or the intravenous Zometa especially where bone pain is a factor, is a first line regimen for recurrence.

Dr. Greenberg also pointed out that there were many different kinds and combinations of chemotherapy protocols that have been used with good results. “There are also many promising ones in the pipeline that are being tested in clinical trials as we speak.”

His first line treatment upon recurrence is the previously mentioned LHRH agonist therapy Lupron or Zoladex. “These drugs cause the pituitary gland to overstimulate the testicles with a rush of testosterone before shutting them down,” and he went on, in more advanced cases where bone mets are present, I'll use an anti-androgen Casodex) first to prevent that flare.” Then the patient will stay on Lupron only. “I will not use both at the same time,” he said emphatically.

LUPRON FOREVER?
Give Me a Break!

Eventually a hormone refractory condition will occur after around twelve to eighteen months. “This is indicated when the PSA begins rising in spite of the low testosterone. Then I might add Casodex,” he explained and continued, “or if the patient has been on Casodex, I'll withdraw it and look for a drop in PSA.” But then he surprised us with the following statement: ***“You should never stop Lupron even when hormone refractory.”***[*sic*] (*This is why hormone manipulation is considered an art more than a science. In the American Cancer Society's huge book, “Complete Guide to Prostate Cancer” we find the following)...*

Intermittent Hormonal Therapy

Nearly all prostate cancers treated with androgen deprivation therapy become resistant to hormonal treatment after six months or years. Some doctors believe that constant androgen suppression may not be necessary, so they recommend intermittent (on-again, off-again) treatment.

In his book entitled “Beating Prostate Cancer: Hormonal Therapy & Diet” Dr. Charles Snuffy Myers has this to say: “There seems to be no controversy about the fact that IHT (Intermittent Hormone Therapy) results in a higher quality of life for men with prostate cancer compared with continuous treatment. I'm concerned with continuous hormonal therapy's impact on other diseases common in men of this age group.”

Dr. Myers discusses just some of the more harmful side effects of long-term hormone deprivation such as rising systolic blood pressure causing widening pulse pressure and increased insulin resistance, which could lead to diabetes.

He sums up the subject with his own personal observation; “My own conclusion is that IHT is preferable because it is certainly less toxic and at least as effective as continuous treatment.”

RASH, NAUSEA, VOMITING, OH MY!

Dr. Greenberg also spoke of another adrenal inhibitor, Ketoconazole (Nizoral). This one too came with a list of uncomfortable side effects, but when guys are looking to cure or forestall the spread of their PCa, such discomforts are the price to be paid.

And with that, Dr, G addressed the subject of the dreaded “chemo” treatments, which he admitted were not curative, but could improve our quality of life with PCa.

Specifically mentioned were mitoxantrone and docetaxel (Taxotere), which are given intravenously and usually in combination with other drugs like prednisone for several cycles. In addition to the side effects mentioned above one might also expect joint pains, peripheral neuropathy (nerve damage usually in the lower extremities), fluid retention and even nail changes.

And because long term hormone blocking can cause bone loss and osteoporosis, Dr. Greenberg detailed the good, the bad, and the ugly of Zometa. “Zometa is a bisphosphonate which is used to strengthen bones and maybe delay the spread of the disease. It will improve osteoporosis, but the side effects can be serious.” One is kidney failure if your kidney function is compromised prior to treatment. Osteonecrosis of the jaw is another. That's an actual eating away of the jawbone around the teeth. If you're planning to go on Zometa, it's imperative to have any dental surgery done <u>before</u> you start your Zometa infusions.

SURFING THE PIPELINE
New Chemo Drugs and Combos

There are new drugs and combinations being tested in clinical trials daily, but the magic bullet has yet to be discovered. Dr. G told us of several including, satraplatin an orally administered chemo agent originally developed for lung cancer currently being studied for PCa. (www.spectrumpharma.com) and ixabepilone, a drug approved for breast cancer and now being used in PCa when taxotere therapy loses its effectiveness. (www.professional.cancerconsultants.com).

WHAT ABOUT PROSCAR®?

During a question and answer session, one member noted that Dr. Greenberg neglected to mention Proscar® (finasteride), a popular urological drug used in BPH and PCa and sometimes administered as part of a complete hormone blockade.*

"Proscar® is being studied for possible prevention of prostate cancer," Dr. G. said, "but I know of nobody that uses it after diagnosis."

And on that note, we thanked Dr. David Greenberg for taking time out from his busy schedule to visit with us and share his views on the very difficult task of dealing with a recurrence of PCa which we may all face at some time in the future.

First PSA=14, Gleason 4+4=8
"LET'S DO SEEDS...Huh?

We welcomed a new member to our esteemed clique. He's Rich (name, that is) and he told us he had his first ever PSA test 5½ years ago and it was 14. A subsequent biopsy gave him a Gleason score of 4+4=8. "The first urologist I saw said, 'Let's do seeds'" but I had done some research prior to seeing him and that sounded wrong, Rich told us.

So he went and had an RP (radical surgery), but after three years his PSA started to rise, .05, .09, .15, .20 on up to 3.8.

Then a Pet Scan found "a suspicious area near where my RP was performed earlier," Rich continued, "A radiation oncologist wanted to radiate the prostate bed, but a Virginia oncologist said 'No, your previously treated colon cancer will come back'". Needless to say, Rich was pleased he attended this particular meeting with Dr. Greenberg. He promised to return next meeting to keep us posted on his progress.

** In a 2000 study, Strum, Scholz et al monitored 255 patients on ADT2 or ADT3 in which 93 were treated with an "Intermittent" protocol. They reported that patients who received Proscar® during their on-treatment and also during "off phase" showed striking results. "These patients had an average time-off treatment duration of 44 months, during which time they were able to recover testosterone function and resolve many if not all of their androgen deprivation signs and symptoms.*
A Primer on Prostate Cancer, Strum and Pogliano. Oncologist 5:45-52, 2000.

Brick MAN2MAN Group meets at Ocean Medical Center in Brick on Jack Martin Blvd between Rtes 70 & 88. We get together on the first Thursday of each month at 7:00PM in the second floor conference room. Take the south elevator up to 2F. There's plenty of free parking. For more information or precise directions just call OMC's Rod Garmin at (732) 836-4092.

And don't Forget...
●NO DUES!
●NO REGISTRATION!
●NO DEDUCTIBLES!
●NO CO-PAYS!
●NO PRESSURE...EVER!

Red Bank Support Group Meeting
May 14, 2009
By Jay Lomberk

The meeting, chaired by Joan Toole, had a turnout of nine men and two spouses. Most of the meeting was devoted to general discussion.

One member brought up a recent Reader's Digest article called "What's Wrong with Cancer Tests" about the latest controversies surrounding the need for prostate cancer screening, among others. There was a lively discussion and everyone agreed that these recent ideas are bogus and most likely the result of a few misguided extremist "experts". The consensus was that screening using PSA blood tests is reasonably accurate, minimally invasive and there is no good reason under the sun for not doing them

except in the case of the very elderly. The theory these so-called experts are promoting (and which the media is hyping) is that the few extra cases which early screening catches aren't worth the effort or the cost. (Just try and tell that to the guys whose lives were saved because of screening.) It was suggested that part of the fuss may be because PSA tests, if misused or taken alone, can be misleading and may not necessarily be conclusive. PSA tests must be taken in the context of other variables such as Free-PSA, PSA velocity, PSA density and more. There is an excellent article by Dr Stephen Strum entitled "What We Should Have Learned about Prostate Cancer in the Last 10 Years, Part 3" which brings all of this into focus (the article can be found at www.pcri.org).

The screening issue discussion then led into the general subject of diagnosis and the effectiveness of biopsies. Members pointed out that biopsies can be inaccurate and can even miss detecting cancer entirely. Several members mentioned the success that Color Doppler ultrasound can have when used in conjunction with biopsies. The Color Doppler allows the doctor to locate suspected tumor sites first and then target biopsy needles right to those sites rather than the shotgun approach that comes from using older black & white ultrasound that most doctors employ. A typical biopsy only samples about 1% of the prostate tissue so without accurate targeting, it's very easy for a biopsy to miss the cancer.

Another member mentioned the progress that Denderon is making with its new cancer drug, Provenge and that FDA approval looks very promising. It was also pointed out that this drug is primarily intended for late-stage prostate cancer patients rather than recently diagnosed, early-stage patients.

One member who had his prostate removed several years ago has recently been experiencing a rising PSA and presumably a recurrence. His doubling time is currently about 16 months. He is now seeing Dr. Meyers in Virginia for additional treatment including a program of vitamin and supplements.

Another member who also had a recent prostatectomy brought in his surgical pathology report for the group to review. It did show that his cancer was a Gleason 7 (4+3) but was organ-confined.

Further discussions centered on the root causes of cancer and how clean living will not necessarily guarantee that you will avoid cancer. Many people are predisposed to cancer through genetics so even with doing all the right things, these people may still fall victim to the disease. Hey, "life ain't fair".

Thanks again to Bill "The Candy Man" for his contributions. The next meeting is scheduled for Thursday, June 11th, 3:00 PM, at Riverview Medical Center, Red Bank.

Neptune Support Group Meeting

April 15, 2009

By Donald Blue and Rich Guilfoyle

Rich G. provided opening remarks. A total of 13 individuals attended the meeting, which included 3 wives. There was first time attendee; Richard G. He was originally diagnosed with PC over 5 years ago. At the time, his PSA was 14 so Richard opted for radical prostatectomy in 2003. Initially he was doing fine. Subsequently, his PSa doubling rate was 15 months and he decided to investigate his condition and related treatment options more closely. During an open discussion with group members Richard was told about various treatments that members experienced first hand; for example, hormonal therapy and salvage radiation therapy. Richard may consider obtaining an appointment with Dr Myers and a visit to Johns Hopkins to checkout their managed observation (Watchful Waiting) process. In any case he will continue to monitor his condition and he'll decide on a treatment after thoroughly investigating the various treatment options. Richard said he will keep the group informed of his condition.

Due to the last minute cancellation of our scheduled April guest speaker, Raj Petal from the NJ Pain Institute, we viewed a DVD titled: "Getting Radiation without Getting Hurt". The DVD was made during a Prostate Cancer Research Institute (PCRI) conference held 6-7 September 2008. Doctors Michael Steinberg and Kevin Lin were the presenters. The DVD contained very detailed information on the various types of radiation therapies, e.g. Proton

Beam, IMRT (Intensity Modulated Radiation), IGRT (Image Guided Radiation Therapy), CBRT (Cone Beam Computed Radiation Tomography 2D&3D) and the use of the Calypso System "GPS for the Body" that provides GPS guidance accuracy to the radiation team on the movement/position of the prostate during radiation therapy treatment delivery. More detailed information on the Calypso System can be found at: http://www.calypso.com . The system helps ensure the prescribed radiation is delivered exactly where needed. In all radiation therapies, the goal is to deliver the right amount of radiation to the precise location that is required to treat the tumor without damaging the adjacent tissue/organs.

UsToo Hot Sheets were not available for February, March and April. They will be distributed at our next meeting on 20 May 09. The April guest speaker, Raj Petal from the NJ Pain Institute will be rescheduled for a future meeting. At our next meeting, Rich G. will conduct a demo for the group on accessing the various on-line websites that contain PC related information. We will also have a DVD.

Marc Gordon, Rich Guilfoyle, Donald Blue and Jim Allen.

Freehold Support Group Meeting April 27, 2009

By Harvey Yesowitz

Twenty men and women attended our April meeting. Leonard. Thomas, our liaison to the American Cancer Society, presented information regarding services available through his organization (summarized below) as well as the ACS position on screening for Prostate Cancer.

Man to Man : This ACS program helps men and their families cope with prostate cancer by providing patient education, support to patients and family members, and awareness of prostate cancer as a major health concern for all men.

"tlc" Tender Loving Care : A magalog (magazine/catalog) that combines helpful articles and information with products for women coping with cancer treatment. *tlc*, or Tender Loving Care, offers wigs, mastectomy forms and products, and a large selection of hats and head coverings.

Taking Charge of Money Matters : A workshop for people with cancer and their loved ones about financial concerns that may arise during or after cancer treatment.

Hope Lodge: Temporary Housing: Hope Lodges provide a home away from home for cancer patients who live far from a treatment center.

Reach to Recovery: Trained volunteers support and comfort patients before, during, and after breast cancer treatment.

I Can Cope : Through the I Can Cope program, cancer patients and loved ones learn to cope with their cancer experience by increasing their knowledge, positive attitudes, and skills in a supportive environment.

Programs for Prevention and Early Detection : Your American Cancer Society's programs for prevention and education.

Look Good...Feel Better for Teens: A unique, free program that helps teenage cancer patients cope with the effects of cancer treatment.

Look Good...Feel Better: A free service for women with cancer that teaches beauty techniques to help enhance appearance and self-image during treatment.

Road to Recovery: Road to Recovery provides rides to and from treatment for people with cancer who do not have a ride or are unable to drive themselves.

Cancer Resource Network : Having cancer is hard. Finding help shouldn't be. The American Cancer Society can help.

Join the Discussion : Ask questions, exchange ideas, and share your stories in message boards.

With regard to screening for Prostate Cancer The American Cancer Society (ACS) does not support routine testing for prostate cancer at this time. ACS does believe that health care professionals should discuss the potential benefits and limitations of prostate cancer early detection testing with men before any testing begins. This discussion should include an *offer* for testing with the prostate-specific antigen (PSA) blood test and digital

rectal exam (DRE) yearly, beginning at age 50, to men who are at average risk of prostate cancer and have at least a 10-year life expectancy. Following this discussion, those men who favor testing should be tested. Men should actively take part in this decision by learning about prostate cancer and the pros and cons of early detection and treatment of prostate cancer.

This discussion should take place starting at age 45 for men at high risk of developing prostate cancer. This includes African American men and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65). This discussion should take place at age 40 for men at even higher risk (those with several first-degree relatives who had prostate cancer at an early age). If, after this discussion, a man asks his health care professional to make the decision for him, he should be tested (unless there is a specific reason not to test).

A new member discussed his history and treatment protocol. He had undergone radiation treatment and hormone therapy for his Prostate Cancer. He did not recall his Gleason score despite the doctor's diagnosis that he had advanced disease. Without knowing the extent of his cancer it was difficult for the group to provide any meaningful guidance. Hopefully he will return with more details.

One of regular members continues to suffer the side effects of his radiation treatment with rectal bleeding caused by radiation proctitis. He had previously been hospitalized for bleeding ulcers caused by excessive use of Aleve as a painkiller.

News and Good Stuff:

Rich sends Dr. Lee's location.
The address is:
1202 Walton Boulevard
Suite 211 Rochester Hills, MI 48307
tel: 248-650-4699 fax: 248-650-4696

The new location is on the North side of Walton, opposite Chrittenton Hospital, in a mall-like complex.

And In case anyone is in need:
Corporate Angel toll free line is 866-328-1313.
Website: http://www.corpangelnetwork.org/

This follows on from previous articles we have included. It adds to the idea that PSA testing should not be halted, as some recent articles seem to say, but it needs to be looked at differently.
- Jeff

Johns Hopkins Medicine
Prostate Disorders Health Alert
March 27, 2009

Johns Hopkins Health Alert
Why the PSA Velocity Test Is So Valuable

In a recent article posted on the Johns Hopkins Health Alerts website, *Recent PSA Studies: What You Need To Know,* H. Ballentine Carter, M.D., Director of Adult Urology at the Brady Urological Institute at Johns Hopkins wrote: "I think a lot of the over treatment we see has to do with using PSA as an absolute cutoff. I think PSA velocity, how fast the PSA moves over time, may be a better measure of the presence of lethal cancer." Here's some basic information about the PSA velocity test.

The PSA velocity measurement takes into account annual changes in PSA values, which rise more rapidly in men with prostate cancer than in men without the disease. A study from Johns Hopkins and the National Institute on Aging found that an increase in PSA level of more than 0.75 ng/mL per year was an early predictor of prostate cancer in men with PSA levels between 4 ng/mL and 10 ng/mL.

PSA velocity is especially helpful in detecting early cancer in men with mildly elevated PSA levels and a normal digital rectal exam. It is most useful in predicting the presence of cancer when changes in PSA are evaluated over at least one to two years. In a study reported in The New England Journal of Medicine, a rapid rise in PSA level (more than

2 ng/mL) in the year before prostate cancer diagnosis and surgical treatment predicted a higher likelihood that a man would die of his cancer over the next seven years.

Moreover, a Johns Hopkins study published in the *Journal of the National Cancer Institute* found that a man's PSA velocity 10-15 years before he was diagnosed with prostate cancer predicted his survival from the disease 25 years later. In the study, 92% of men with an earlier PSA velocity of 0.35 ng/mL or less per year had survived, compared with 54% of men whose PSA velocity was greater than 0.35 ng/mL.

Posted in Prostate Disorders on April 30, 2009

News From the American Cancer Society:

For good information, and the complete story about prostate cancer testing and treatment, go to the ACS website www.cancer.org.

The annual Relay For Life Events are underway right now. They are really special events; I highly recommend that you attend one or more each year. I have included here some information from the ACS on these events. Some more details about some of the ACS programs are in this month's Freehold report above.

- Jeff

What is Relay? Relay For Life is the American Cancer Society's signature activity. It is a fun and unique way for people to raise money for the battle against cancer, right in their own communities! Teams of 8 to 15 people camp out at a local high school or park and take turns walking around a track. Relays are 24-hour events, with the perfect combination of exercise, entertainment and inspiration!

Why Relay? Cancer doesn't discriminate. It affects all races, ages and sexes. Either you or someone you know has been affected by cancer. One in three people will be diagnosed with cancer during their lifetime. The money raised at Relay saves lives by funding cutting-edge cancer research, early detection and prevention, education, advocacy efforts, and life-affirming patient services. It is because of your involvement that we are able to save lives, help those battling cancer, and empower all to fight back against the disease.

Where does the money go?

Research: The Society has funded 42 researchers who have gone on to win the Nobel Prize. The Society is currently funding 12 research grants in New Jersey.

Advocacy: The American Cancer Society is working to be sure cancer early detection tests reach every adult in minority and medically underserved communities. The Society works both independently and collaboratively with others to influence public policies and laws that may help reduce cancer disparities among ethnic groups.

Education: The American Cancer Society provides employee wellness programs such as: Freshstart, a program to help people quit smoking; Meeting Well, a program developed to help people in the workplace plan healthy meals and activities for meetings and events; and Active for Life, a 10-week program that encourages people to be more active on a regular basis.

Services: [*as discussed above in the Freehold report - Jeff*]

Relay For Life Schedule

Remaining event dates:

June 12-13 Manchester, Manchester H. S.

June 19-20 Middletown, MaterDei H.S.

June 20-21 Freehold, Freehold Raceway

July 18-19 Lacey, Richard L. Gille Memorial Park

June 13-14 Matawan/Aberdeen, Matawan Regional H.S.

For more information, or to register for the survivor luncheon or dinner, check

with your local ACS office, or go to http://www.relayforlife.org/relay/
, or call 1-800-ACS-2345

News From the Wellness Community:

The Wellness Community in Eatontown continues its Prostate Cancer Support Group and is including speakers of interest on occasion. Our facilitator is a professional social worker with a Master's degree who has facilitated many support groups in the past including ones for prostate cancer survivors. Teaming with her is a 10 year survivor of prostate cancer who has over 8 years of experience in leading a prostate cancer support group and providing individual support to fellow PCa survivors through the American Cancer Society, and related doctors.

The facility is located in the Victoria Commons shopping area on Hope Road in Eatontown, NJ. It is located less than a mile from the Garden State Parkway Exit 105 and RT. 18. Easy, plentiful parking is free. The location is close to the Monmouth Mall with some very good restaurants nearby. The group meets in a comfortable, home style, living room like atmosphere. The Wellness Community is not associated with any particular hospital and is exclusively focused on cancer survivors.

The Wellness Community Prostate Cancer Support Group meets the 3rd Monday of the month from 6:30-8:00pm. Come join them for a special, informative, and "supportive" session in very comfortable surroundings, and feel free to bring along your personal support team of family or friends, all are welcome. Call the Wellness Community for details!

The Wellness Community offers various educational, mind/body/spirit programs. Please call 732-578-9200 to receive the program calendar and to obtain further information.

Nutrition:

This issue we are including some information about herbs. With summer coming, and many of you growing gardens, you may want to include herbs. Here are some tips about using them, preserving them and which are rated the best for antioxidants. Enjoy!

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-Jeff

Guide to Fresh Herbs

Usage and cooking tips for eleven common garden herbs.

EatingWell, March 2009

Basil: No other herb epitomizes the taste of summer like basil. Available in a number of varieties, this tender annual gives cooks attractive options to strew generously over tomato salads—try opal basil with maroon leaves, for instance. Thai basil's anise tones enhance Thai and Vietnamese dishes. Dessert chefs will appreciate cinnamon basil and lemon basil, especially with peaches.

Cilantro: The pungent flavor and aroma of cilantro is popular in many ethnic cuisines, including Mexican and Vietnamese. The entire plant is edible: the dried seeds are sold whole or ground as coriander, the stems are as flavorful as the leaves and some Asian recipes even call for the roots. Heat can temper fresh cilantro's flavor, so add it to a dish right before serving.

Lavender: Fresh or dried blossoms impart a delicate perfume to herb mixtures, such as herbes de Provence (for lamb, chicken and vegetables), or can infuse the milk destined for a custard or ice cream. Easy does it when using lavender—you want a subtle

fragrance, not the memory of your grandmother's attic. Dried lavender can be found in specialty and natural-foods stores.

Lemon Verbena: This herb captures the tangy scent of lemon without the tart flavor. Unfortunately, it is not commonly available at supermarkets, so look for it at farmers' markets or grow your own. It imparts an exquisite flavor to custards, cream toppings or yogurt; add a finely chopped tablespoon to whipped cream and serve with sliced strawberries. Lemon verbena also makes a beautiful and fragrant garnish for white-wine spritzers or iced tea.

Marjoram: Similar in flavor and appearance to oregano, marjoram is popular in many Mediterranean cuisines. Its slightly sweet flavor goes particularly well with meats and vegetables.

Oregano: A member of the mint family, oregano is related to both marjoram and thyme. Mediterranean oregano has a more mild flavor than its Mexican counterpart. Use it to season spaghetti and pizza sauces, or add a pinch to your favorite chili recipe for another flavor dimension.

Rosemary: With a distinctive piney aroma and a hint of lemon, this sturdy herb is highly appreciated in Italian cooking to flavor grilled and roasted pork, lamb and chicken, hearty pasta sauces and soups. Infuse a syrup for lemonade or lemon sorbet with sprigs of rosemary.

Sage: The distinctive flavor of sage has long been popular in the Mediterranean for both culinary and medicinal purposes. The long, oval, silver-green leaves have a slightly bitter, musty flavor. It's commonly used to flavor meats and dishes that accompany meat, like stuffing.

Spearmint & Peppermint: These hardy perennials have a reputation for taking over gardens, but considering their culinary uses, maybe that's not such a bad thing. The herb you buy in the supermarket is most likely spearmint. Also known as common mint or garden mint, this is the most practical variety for both sweet and savory dishes. Peppermint contains more menthol and is used primarily in candies, teas and sweets. Numerous varietals include gems like apple mint, orange mint, pineapple mint and chocolate mint. All make delightful flavorings and garnishes for desserts.

Tarragon: Long flat tender leaves identify tarragon. The French have perhaps most heartily embraced its bright licorice-like flavor, making it a star ingredient, along with chervil, parsley and chives, in the seasoning mixture fines herbes, as well as in traditional sauces, such as sauce béarnaise. To make the most of its particular flavor, add tarragon near the end of cooking.

Thyme: Best known as a background flavoring for stews and soups, thyme is one of the most versatile herbs. Although typically paired with savory robust flavors, such as red meat, poultry and root vegetables, it is also good with apples and pears. Try infusing hot apple cider with thyme sprigs. In summer, lemon thyme is excellent with fish, zucchini and corn and is delicious with raspberries, blackberries and blueberries.

Preserving Fresh Herbs

Q: I grow fresh herbs in the summer to perk up everyday meals, but when I dry them for winter use, some lose their punch. How can I preserve the intense flavor and aroma?

A: Before choosing a method of preservation, consider the structure of the herb itself. Tender leaves, such as basil, chives, cilantro, dill, mint and parsley, are better suited to freezing. Blanching them first captures the fresh flavor extraordinarily well. Drop into boiling water for several seconds, then with a slotted spoon or tongs, transfer to a bowl of ice water to chill for several seconds more. Blot dry with paper towels. Spread a single layer of the blanched herbs on a wax paper-lined baking sheet, cover loosely with plastic and freeze until solid, about one hour. Transfer to plastic storage bags. Blanched herbs can be frozen for up to four months and can be chopped in their frozen state before being added to soups, stews and sauces. Reserve drying for hardier leaves, such as rosemary, thyme, oregano and sage. A dehydrator is the most efficient way to uniformly dry herbs, or you may simply hang them in bunches from their stems in a dark place for five to ten days, until they are brittle to the touch. To protect the herbs from dust while drying, enclose them in a paper bag with holes punched in it. Store in an

airtight jar out of the light, then crumble to release their fragrance before use.

Top Fresh and Dried Herbs and Spices for Antioxidants

Adding herbs and spices to your diet provides healthy antioxidants.

Antioxidants, the hottest topic to hit nutrition in years, have cropped up in a host of whole foods—fruits, vegetables, nuts and grains. Now a recent study indicates that a surprising category of plants should be added to the list: herbs and spices.

When Rune Blomhoff and other scientists at the University of Oslo in Norway assessed just how much these culinary accents can contribute to a person's total intake of dietary antioxidants, they found the amount to be significant. As little as 1 gram (about 1⁄2 teaspoon) of cloves will contribute more dietary antioxidant than a 1⁄2-cup serving of blueberries or cranberries, two foods famous for their antioxidant levels. And 1⁄2 teaspoon dried oregano contains the antioxidant of 1⁄2 cup sweet potatoes.

Cloves, oregano, allspice, cinnamon, sage, peppermint, thyme and lemon balm lead the pack. Blomhoff says both fresh and dried varieties work: "Many fresh herbs contain so much antioxidant that when dried they are still very good sources." And benefits can even come in the form of teas, which, according to Blomhoff, "may be a significant dietary source."

Antioxidant Sources:

Top 10 Dried Herbs & Spices:

Cloves, Allspice, Cinnamon, Rosemary, Thyme, Marjoram, Saffron, Oregano, Tarragon, Basil.

Top 6 Fresh Herbs:

Oregano, Sage, Peppermint, Thyme, Lemon balm, Marjoram.

This newsletter is a compendium of prostate, health and nutrition news collected by a team of prostate cancer survivors. None of the editors or anyone associated with this newsletter receives any compensation in regard to this newsletter. It is truly a labor of volunteers.

The goal of this newsletter is to provide a "grass-roots" view to help educate and support prostate cancer patients and loved ones. We do not endorse a specific type of treatment or medication nor recommend a particular product to anyone; a person's physician should do this. We try to be as accurate as possible, and apologize if we misinterpret a speaker's statement, or make some other oversight. Unless noted elsewhere within this newsletter, you have our permission to copy and pass on this newsletter for that purpose. If you reproduce only a portion of the newsletter please be sure to credit its source. You may not charge a fee or sell copies of this newsletter.

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Anyone wishing to help support this newsletter should make a donation to Man to Man, at the American Cancer Society, 801 Broad Street, Shrewsbury, NJ 07702. The ACS provides funding for, reproduces, and mails the newsletter.

The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through research education, advocacy, and service.

The American Cancer Society
Hope, Progress, Answers
1 (800) ACS- 2345
www.cancer.org

Benediction:
I place my hands in yours and together we can do what I cannot do alone.

LOCAL PROSTATE CANCER SUPPORT GROUPS

Monmouth County

Freehold CentraState Medical Center
Health Awareness Center, 65 Gibson Place, Freehold, NJ 07728
4th Monday 7:00 - 8:30 PM
Contact: Stewart Snyder, (732) 308-0570, email:
Facilitators: Chris Papa, (732) 946-2694, email: doxite@verizon.net
Harvey Yesowitz, email: yesowitz@comcast.net

Long Branch The Cancer Center at Monmouth Medical Center
300 Second Ave., Long Branch, NJ 07740
Goldsmith Wellness Center, (4th Floor)
1st Thursday 7:00 - 9:00 PM
Contact: Barbara Sierocki (Contact Trudy Merer, (732) 923-6575, TMerer@sbhcs.com)
Facilitators: Jeff Ozimek, (732) 542-6335, email: anjoz@verizon.net
Bob Sherman, email: bobsherm@aol.com
To register call (732) 923-6575

Neptune Neptune Prostate Cancer Support Group
Meeting location: Midtown Community Elementary School, Neptune, NJ
(Corner of Rt 33 and Atkins Ave)
3rd Thursday 7:00 - 9:00 PM
Contact: Rich Guilfoyle (732) 493-3913, email: rguilfoy@monmouth.edu
Facilitator: Marc Gordon (732) 774-3683

Red Bank Riverview Medical Center
1 Riverview Plaza, Red Bank, NJ 07701
Meeting location-Booker Health Center, 1st Floor, Cancer Center Conference Room
2nd Thursday 3:00 - 4:30 PM
Contact: Joan Toole, (732) 530-2468, FAX: (732) 345-2010, email: jtoole@meridian.com

Eatontown The Wellness Community "Just Between Men"
Meeting Location: 613 Hope Road, Eatontown, NJ 07724
3rd Monday 6:30 – 8:00 PM
Contact: The Wellness Community 732-578-9200, email: jan@twcjerseyshore.com
Website: www.thewellnesscommunity.org/jerseyshore

Ocean County

Brick Ocean Medical Center
425 Jack Martin Blvd , Main Conference Room, Brick, NJ 08723
1st Thursday 7:00-9:00 PM
Contact: For more information, please call: 1-800-ACS-2345
Facilitators: Rod Garman, Brenda Dubuss at OMC.
Dick Muller, (732) 240-5717, email: ram645@comcast.net

Toms River Community Medical Center-The Lighthouse Network
591 Lakehurst Road, Toms River, NJ 08755
3rd Thursday 2:00 - 3:30 PM
Contact: Andrea Brandsness, (732) 557-3212, FAX: (732) 557-3218, email: abrandsness@sbhcs.com
Facilitator: Larry Puccio, (732) 349-2950, email: lpuccio1@comcast.net