

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.

From the Editor -----	1
Long Branch Support Group Meeting Apr 2009 ---by Jeff Ozimek -----	2
Brick Support Group Meeting Apr 2009 ---by Al Rosenberg -----	2
Red Bank Support Group Meeting Mar 2009 ---by Jay Lomberk -----	4
Red Bank Support Group Meeting Apr 2009 ---by Jay Lomberk -----	4
Neptune Support Group Meeting Mar 2009 ---by Donald Blue and Rich Guilfoyle -----	5
Freehold Support Group Meeting Mar 2009 ---by Harvey Yesowitz -----	6
In Memoriam -----	7
News and Good Stuff -----	7
From the American Cancer Society -----	11
From the Wellness Community -----	12
Nutrition -----	12
Listing of Local Support Groups -----	15

“Do not wish to be anything but what you are, and try to be that perfectly.”
- Unknown

From the Editor

Spring has sprung, the grass is growing, flowers are blooming, and the PSA controversy flares up yet again. You will notice that in this issue I have included a few articles regarding the recent controversy stirred up by the results of two studies on the benefits of PSA testing published in the *New England Journal of Medicine* and widely discussed in the media. This is a very sensitive subject for those of us

living through a prostate cancer experience. Maybe it is just me, but it seems that, in spite of a rise in cases of prostate cancer (possibly because of this better detection method?) the actual deaths have gone down (ACS statistics). Is it possible that early detection allows the patient and doctor time to review and select treatment options? Listening to the media hype, one gets the impression that adult men should be treated like ostriches – bury our head in the sand so we don’t worry. I guess we poor males are better off not knowing, rather than taking a knowledgeable, careful approach to understanding our health condition. Sorry for my sarcasm, but this one really bothers me. It seems to me that the real approach is not to stop or reduce the use of the only reasonable thing we have to gauge our prostate health, but instead to focus on developing better ways of assessing the progress and lethality of our prostate cancers. Just because there are no clear ways to unequivocally predict our cancer growth does not mean we should stop what we are using so far. Let’s work to find ways to better understand the situation than hide from it. Now there is a cause for us men to take on!

For some reason I found whole grains to be of interest. I can’t explain it, other than we know they are good for us. So, I have included a whole grain soup recipe for cool spring evenings.

I was recently called by a man, outside the Jersey Shore Region, who just wanted to thank us for issuing this newsletter. He has found it very informative and helpful, and somewhat unique in the PCa field. Putting this together is a team approach, as you see in our credits at the end of the newsletter. There are a lot of folks out there working very hard on

their own time and initiative to help many others, along with themselves. The real thanks belong to those folks. With this issue, we have a more balanced approach to reports and articles, hopefully you find that beneficial.

Again, we note the passing of another fellow warrior in the fight of cancer. Chris has provided us some thoughts by which we can remember Bob Laufer.

Remember that we continue to see more newly diagnosed men, and those with it recurring, arriving in our support groups. Please attend a support group meeting and work with us to help those on this long road to beat cancer. There is a wealth of information and sharing in these meetings, come be a part of it. I wish you a warm and love filled spring ! Be well and take care! Enjoy the issue.

- Jeff Ozimek, Editor
anjoz@verizon.net

Long Branch Support Group Meeting

April 2, 2009

By Jeff Ozimek

Attendance continues to be stable. We have not had a speaker for a while, but our general discussions have been so good, that we often extend past our usual end time. A lot of our discussion has been directed toward helping a newly diagnosed couple sort their way through the fog of prostate cancer, treatment options and nutrition implications. We are also working hard to help two men who have found their cancer recurring a few years after treatment. I continue to be pleasantly amazed at how much effort our group puts forth in trying to help others and increase their own knowledge along the way. As one of our regular members said to me afterward, "...there's a lot of good going on in our meetings...".

At this meeting, we announced that Bob S. would be joining Jeff O. as a co-leader of the group, along with Barbara, our facilitator. Bob has been treated robotically and is doing well. He has continued to increase his knowledge and share that with our group. Bob brings with him a calming, helpful, sincere

approach and upbeat spirit to our group. We welcome Bob in his new role, with high confidence that he'll make the group an even better one.

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

April 2, 2009

By Al Rosenberg

The *American Cancer Society's* Director of Patient & Family Services at the Jersey Shore, Leonard Thomas, paid us a visit and gave a short presentation of the many ways the ACS is making a difference in our cancer community.

Leonard told us how the organization can help newly diagnosed and current cancer survivors from diagnosis through treatment, post treatment and in the long term.

He mentioned the ACS' *Cancer Resource Connection, Cancer Survivors Network, Reach to Recovery, Community Programs* and the *MAN to MAN* prostate support groups in New Jersey.

LEONARD'S BRAG SHEET

Leonard was particularly proud to hand out what he referred to as "Leonard's Brag Sheet" which itemized ten important ways the ACS is assisting all cancer survivors, men, women and children in their quality of life.

He discussed financial assistance programs, travel assistance, "Look Good...Feel Better" programs, "Hope Lodge" residence facilities and children's "Days Away" programs. If you or a family member has been touched by cancer, don't hesitate to get in touch with your nearest ACS office. They can help in many

ways. You can call 800-ACS-2345 or connect on line at www.cancer.org.

If you want faster, more personalized help, contact our ACS rep Leonard Thomas directly and he can pave the way for you. His direct line is 732-818-3517 ext. 12.

“I GOT MY LAST RADIATION TREATMENT YESTERDAY...It Was No Big Deal!”

In our October issue I introduced Frank, a 74 year-old gentleman who had recently been diagnosed with PCa. He had a fairly low, but rising PSA and a Gleason 7.

He began a regimen of the LHRH agonist, Trelstar (similar to Lupron) and was scheduled for 40 EBRT treatments.

As of this writing, Frank is on his fourth month of Hormone ablation and he just finished his radiation treatments. He told us that he's feeling fine and the hormone shots haven't been a problem. "I do get a hot flash sometimes, but it's no big deal!"

SHE PUT HER ARMS AROUND ME, GAVE ME A HUG...and said, "Please Call Me Anytime!"

"And that wasn't my wife," Frank announced, "It was my radiation oncologist, Dr. Carol Kornmehl, who was in charge of my EBRT treatments from the beginning to this last session," said Frank, "I was almost sad that they were ending." We were incredulous. Who is this doctor who cares so much for her patients?

We were all jealous of Frank and wished out loud why all our own medical people couldn't be as respectful and compassionate as his doctor is with her patients.

It turned out that this was the same Dr. Kornmehl that had visited our group about four years ago and impressed everyone so much. She recently opened her new facility on route 70 in Lakewood.

She has also written a book entitled, *The Best News about Radiation Therapy.* It's no secret that most of us are kind of nervous about meeting a new doctor for the first time. If you're ever referred to Dr. Carol Kornmehl, just say "Elvis sent me." I'm not kidding, try it!

NEW HORMONE THERAPY APPROVED BY FDA But it Works a Different Way

Not a meeting goes by that we're not discussing the side effects of Lupron, Zoladex, Telstar and other hormone blocking therapies. Granted they're great tools in our battles with PCa, but the price we pay in quality of life can be moderate to devastating.

One of the precautions we have to watch out for is the testosterone surge or "flare" which occurs for several days after administration of the mentioned LHRH agonists.

Interesting news on the "flare front" is that the FDA has recently approved a similar testosterone reducing injectable, Degarelix.

The difference between Degarelix and Lupron, Zoladex etc. is that it blocks testosterone production quickly without the delay of the others so patients don't get the "flare" of hormone levels which can exacerbate an osteoporotic condition and cause a spinal compression.

In fact 96% of patients achieved castrate level testosterone in 3 days compared to 0% of those getting Lupron. By day 14, 99% were at castrate level compared to 18% of Lupron recipients.

The common side effects were similar to those with the Lupron types. The Degarelix is injected in the abdomen similar to Zoladex whereas the Lupron gets implanted in the buttock.*

Ask your urologist or oncologist about Degarelix. Incidentally, Degarelix is the generic name of this new substance. Ferring Pharmaceuticals—the maker—is working on a commercial name for it as you read this.

* www.fda.gov/cder/Offices/ODDP/whatsnew/Degarelix.htm

“NEW CONNECTIONS”

The *American Cancer Society* has a new online newsletter published 6 times a year and it's loaded with many helpful topics.

It's only available online, so if you have a computer or can access one at your local library, it would be worthwhile subscribing to "New Connections."

Each issue is published in three different versions—newly diagnosed, post treatment or caregiver—so you will receive the content that fits your needs.

Just go to www.cancer.org and type in "New Connections" in the search box at the top

to subscribe. You may cancel your subscription anytime. And the best thing is...IT'S FREE!

- **NEWLY DIAGNOSED?**
- **GETTING A NEW SIDE-EFFECT?**
- **GOING INTERMITTENT?**
- **WANT TO TRY "WATCHFUL WAITING"?**

Let's discuss it! That's what our Brick MAN2MAN Prostate Education Group is all about. Get your butt down here and let's talk about the latest PCa treatment updates, studies and personal experiences.

Heard something new on the radio or TV or in a newspaper or magazine? Make a note and let's consider it at our next meeting. We may not be medical practitioners, but I guarantee you'll get answers and ideas you won't hear from your urologist!

We meet every first Thursday in the 2nd floor conference room of the Ocean Medical Center on Jack Martin Blvd between routes 88 & 70 at 7:00 PM. Park in the FREE spacious lot and take the south elevator up to floor no. 2. For more info or directions call OMC's Rod Garmin at (732) 836-4092. Be there or be square!

And Don't Forget:

- **NO DUES!**
- **NO DEDUCTIBLES!**
- **REGISTRATION!**
- **NO CO-PAYS!**
- **NO PRESSURE...EVER!**

Red Bank Support Group Meeting

March 12, 2009

By Jay Lomberk

The meeting, chaired by Joan Toole, had a turnout of nine men and one spouse. Most of the meeting was devoted to general discussion with a few specific topics sprinkled in.

One member who had not made a decision yet regarding treatment asked questions about IMRT treatment. The group discussed some of the latest radiation technology including IG-IMRT (image-guided

IMRT) procedures done at centers like Dattoli Cancer Center in Florida. At that center they use sophisticated imaging for both the planning and treatment phases including Color Doppler, CT and MRI scans. Also each IG-IMRT treatment session begins with an automated CT scan of the pelvic area, which is then used to precisely locate the prostate prior to radiating. In addition to the imaging, the IG-IMRT treatment process uses respiratory gating to cut off the beam during body movements resulting from breathing, coughing, etc.

The group then discussed the problems associated with selecting the right doctor for treatment. It was mentioned how every doctor seems to have his/her own beliefs and methods of treatment. One member pointed out how his doctor had no use for "free PSA" while other doctors consider it an important factor in diagnosis. So how is a patient to navigate through all of this if the experts can't even agree? It was suggested that patients do their homework and seek out information from sources such as the Internet and support groups before making a physician selection. Then make your own decision - don't let the doctor make it for you. You only get one good shot at a cure so it's important to make sure you take the best shot.

Bob C mentioned to the group that he had begun the Collect supplement program. He will keep the group posted on his progress. Bob mentioned the websites for more information on the Collect program: www.ncrf.org, www.collect.org, www.essentialsfactor.com.

Thanks again to Bill "The Candy Man" for his contributions. The next meeting is scheduled for Thursday, April 9th, 3:00 PM, at Riverview Medical Center, Red Bank.

Red Bank Support Group Meeting

April 9, 2009

By Jay Lomberk

The meeting, chaired by Joan Toole, had a turnout of eight men and one spouse. We had one new member this month. Most of

the meeting was devoted to general discussion.

Although our new member had been successfully treated for PCa a few years ago with robotic surgery, he is still experiencing some sexual side effects from his treatment. He commented on the measures he has already tried in order to overcome these issues but, so far, he was not having a lot of success. Bob C suggested that he first get a copy of his pathological and OR reports to see if there were any notes regarding possible nerve damage during surgery. It was also mentioned that, even with nerve-sparing techniques, nerve trauma can occur and may take months or even years to correct itself and, in some cases, there may not be a full recovery. The group discussed a number of options including the use of various types of medications and even implants for more severe cases.

Another discussion revolved around the loss of bone density after PCa treatment and the onset of osteoporosis. One group member reported having osteoporosis while a few others had a milder form, osteopenia. The group discussed the importance of vitamin D3 and calcium in helping correct this problem. Bob C mentioned that the first thing to do is get a "25 hydroxy-vitamin D3" blood test to establish the vitamin D level before beginning any supplements. Once a vitamin D deficiency is found, typical doses can range from 1,000 to 10,000 i.u. per day to get levels back to the new normal range of 32 to 100 ng/mL (optimal desired levels are from 50 to 80). An alternative solution (and much more fun) is to move to a Caribbean island and get some beach time every day. Actually, fifteen minutes or so everyday in midday sun can do the trick (with the right precautions, of course).

We also discussed the importance of prostate cancer support group meetings. Even though many members of these groups have already been treated for PCa, they continue to attend meetings for years afterwards. The reason is simple: "never assume you're totally cured". Although this sounds pessimistic, it can be a realistic way to deal with PCa even after successful treatment. With this disease, you never know when it might rear its ugly head again so it's important to always remain vigilant and keep up-to-date on new developments.

You might need them in the future. And, of course, another big benefit of attending group meetings is learning about the latest in such things as diet and supplements, which can be extremely important in preventing cancer recurrence. Just a side note regarding vitamin D levels as discussed above: optimal levels of vitamin D3 may also be preventative for many medical conditions including cancers and their recurrence. Go to www.VitaminDcouncil.org and also check back issues and links for more info.

Thanks again to Bill "The Candy Man" for his contributions. The next meeting is scheduled for Thursday, May 14th, 3:00 PM, at Riverview Medical Center, Red Bank.

Neptune Support Group Meeting March 19, 2009

By Donald Blue and Rich Guilfoyle

Marc G. and Rich G. provided opening remarks. A total of 13 individuals attended the meeting which included 3 wives. There were no new attendees at the meeting. Bob C. distributed copies of his "Prostate Cancer Prevention" paper that addressed the benefits of avoiding treatments and associated side effects by not getting the disease in the first place. The paper covered Risk Factors such as Family History, Environment, Physical Condition and Diet & Nutrition plus it has a recommended list of things that men should and should not eat or take when prostate health is taken into consideration. A Vitamin D website www.vitaminD3council.org was also provided. A free subscription for the Vitamin D Newsletter is available at the website. The paper also included a take charge of your health section. It has tips such as; get a yearly physical, insist on a free vs. bound biopsy, consider a color Doppler biopsy if feasible, call PC national organizations to obtain up to date PC information and location(s) of support groups and facilities that provide specialized treatments and ask for copies of your medical records to keep for future reference. Finally, the paper contains an updated list of the Monmouth County PC Support Groups.

We did not have a guest speaker scheduled for the meeting. A DVD was shown from the Prostate Cancer Research Institute Town Hall Meeting held in Chicago on 17 June 2006. The topic of the DVD was chemotherapy treatments for hormone refractive PC. The discussion was presented in a panel format with the following participants: Gerald W. Chodak, MD Urologist, Oliver Sartor, MD Oncologist, Charles "Snuffy" Myers, MD Oncologist, Steven Tucker, MD Oncologist, Nicholas Vaoelzang, MD Oncologist, and Daniel Shevrin, MD Oncologist. The participants discussed the pros and cons of the various types of chemo treatments and the best time to place a man on chemo after other treatments fails. A general conclusion was that sooner is better than later regarding the start of chemo for men that require the next step after hormones. It was found that outcomes were generally better when chemo was not delayed. It was also found that a patient might benefit when placed on a different chemo treatment when the original chemo proved ineffective. The DVD was well received by the attendees. Most of the DVDs previously shown to the group did not cover chemo treatment in any detail so the info presented was worthwhile. For example, Dr Charles Snuffy Myers emphasized that men receiving chemo must have a multi-disciplined support team to ensure all aspects of the illness are thoroughly addressed.

An open discussion followed the DVD. The main topic was Medicare issues. For example, the benefits of the Medicare Advantage program were covered. The key goal is for men with PC to obtain the best and most timely care at the most reasonable price. It was suggested that members contact our last guest speaker, Dane Mihlon for details regarding the Medicare program. Dane Mihlon can be reached at (732)742-5211 or www.medsupamerica.com Additional detailed health insurance information is available at the Senior Health Insurance Program (SHIP) website: www.shiipnews.com

UsToo Hot Sheets were not available for February and March. They will be distributed at our next meeting on 15 April 09. The guest speaker is Raj Petal from the New Jersey Pain

Institute. His topic will be Allergies and how to treat them.

Members of the group who have not joined the Neptune Us Too Bulletin Board may do so by going to <http://health.groups.yahoo.com/group/NeptuneNJ-USToo/> and clicking on "Join This Group!" Anyone with questions about signing in should contact Rich G. at rguilfoy@monmouth.edu.

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

Freehold Support Group Meeting March 23, 2009

By Harvey Yesowitz

Seventeen men and women attended our March meeting. We viewed a video presentation titled "State of the Art Scanning" presented by Dr. Daniel Margolis. This presentation was timely because of our ongoing dialog regarding the importance of imaging in properly diagnosing the extent of an individual's Prostate Cancer. An MRI using an endo-rectal or surface coil is utilized to help assess the extent of the tumor in the prostate and surrounding tissues. This information is often critical in determining the proper treatment.

An MRI shows cellular density (cancer cells are tightly packed). Blood flow and concentration of certain chemicals in the body are also indicators. Cancer cells feed on blood and cancer cells actually secrete chemicals that grow new blood vessels. An MRI will see abnormal blood flow.

PET scans can show prostate cancer cells elsewhere in the body. Other methods of searching out cancer involve injections of fluoride, which gets taken up by cancer cells, and choline, a water-soluble essential nutrient usually found within the vitamin B complex, is also a constituent of rapidly producing cancer cells. Dr. Margolis told of a specific lymph node ID agent that is available and in use today, in The Netherlands, as an ultrasound imaging agent to show up cancer, but it is not available in this country, as the FDA is withholding approval, reportedly because the

agent has not been shown to definitively “cure” anything.

One of the new visitors to our meeting was diagnosed by Dr. Lee utilizing the Color Doppler and is currently utilizing active surveillance to monitor his condition. Another member has been on Lupron for the past year and is starting to experience an increase in his PSA. His Doctor has added Casodex to his regimen. A third man has had robotic assisted surgery to remove his prostate and has reported an excellent outcome.

We would like to extend our condolences to the family of long-time group member Bob Laufer. His insights and humor will be missed.

For Endo-Rectal MRI or a PET Scan in New Jersey you can contact Memorial Sloan Kettering Cancer Center Basking Ridge, 136 Mountain View Boulevard, Basking Ridge, NJ 07920 Tel. 908-542-3000

In Memoriam:

Bob Laufer

By Chris Papa

ROBERT LAUFER

AGE: 76 COLTS NECK

Robert Laufer, 76, of Colts Neck, passed away Monday, March 23, 2009, at Robert Wood Johnson University Hospital, New Brunswick. Born in Pittsburgh, Pa., he graduated from Mt. Lebanon High School in Mt. Lebanon, Pa. He then earned his Bachelors, Masters, and PhD in organic chemistry from the Carnegie Institute of Technology, Pittsburgh. Prior to his retirement in 1981, Dr. Laufer had worked as a chemist for Consolidation Coal Co., Pittsburgh for 10 years, for International Flavors and Fragrances (IFF), Union Beach for 10 years, and for Norda, East Hanover. Dr. Laufer was a member of the American Chemical Society, the Garden State Theatre Organ Society (GSTOS), the Colts Neck Senior Citizens, the Prostate Cancer Support Group, and was a member of the Colts Neck Reformed Church. Bob loved to garden, and to play the theater organ.

He is survived by his wife, Judith; his son, Kenneth Laufer; his daughter, Karen

Moretti and her husband John; and his granddaughter, Angelina Moretti.”

The outline of the passing and life of Centra State Prostate Cancer Support Group member Bob Laufer were covered in the Asbury Park obituary column on March 25, 2009.

Untold is the special relationship that Bob had with the other members of the prostate cancer support group. He was a regular meeting attendee who could be counted on to regale those present with his well researched, learned opinions on the subject of prostate cancer. If there was ever any patient who truly called the shots in the management of his disease, it was Bob. His specialty was wearing out physicians with questions, many of which were left unanswered and simply frustrated Bob. He finally came under the care of Dr. Nissenblatt and was one of his greatest fans, since he was treated with skill, and most of all, great respect. Although Bob had extensive bone metastases, it is ironic that he did not die of prostate cancer, but after emergency surgery for an unrelated acute bowel obstruction.

Bob was a scrappy battler and fought his prostate cancer with a will, as well as a very great sense of humor. His presence will be missed by those of the Centra State Prostate Cancer Support Group and all who were privileged to know him.

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/>

I recently saw an article written by Dr. Arthur Israel of Morristown Urology Associates. With his permission I have included it here. In this article he addresses some of the recent news regarding studies concerning the value of PSA testing. This is a hot topic at the moment, so I thought it would be worthwhile to include it here. Dr. Israel promises more to come in May.
- Jeff

PSA SCREENING

Since the early 1990s the use of PSA screening for prostate cancer has become commonplace in the United States. Death rates from prostate cancer have fallen 4% a year since 1992 as reported by the National Cancer Institute. Is this decrease in death rate due to PSA screening or improved treatment with better surgical techniques and more sophisticated radiation therapy? Despite this decreasing death rate the controversy about PSA screenings continues to rage. Recently the results of two studies were published in "The New England Journal of Medicine" causing this controversy to resurface. A recent article in the New York Times "Studies show prostate cancer test saves few lives" reported on these two studies.

The two studies have different outcomes and there are problems with both studies. In the American Study also known as the PLCO trial, men were randomized to either a screening group or a usual care group. The study was high powered with about 34,000 evaluable patients in each arm. The study was designed to look at mortality from prostate cancer. In the screened group at 10 years there were 3452 cancers versus 2974 in the "non-screened arm." More than 50% of patients in the non-screened group had PSAs performed making the PSA contamination of this group significant. It is unclear in the unscreened group what prompted biopsies and why prostate cancer was diagnosed. It seems there are a high number of cancers in an unscreened group. All of the patients had their cancers for less than 10 years with the patients undergoing various treatments for prostate cancer. Ten years is much too short a time period to expect to see a change in the death rate. The number of subjects with advanced

disease was similar in the two groups. It is well established that PSA testing causes stage migration to much earlier stages. More patients with advanced disease are not seen in the non-screened group. In this study there was no mortality benefit from combined screening with PSA and DRE.

The second study, the European Randomized Study of Screening for Prostate Cancer (ERSPC), reports that PSA screening without DRE was associated with a 20% reduction in the death rate from prostate cancer at a median follow-up of 9 years. The European study had a total of 182,000 patients across seven countries with about half in each arm. Contamination of the control arm is not reported but PSA is much less widespread in Europe so contamination is probably less. The screening interval in 6 of 7 countries was every 4 years with one country Sweden performing PSAs every two years. Their conclusions were that 1068 men would need to be screened and 48 would need to be treated to prevent one death from prostate cancer. Again follow-up is too short and the death rate from prostate cancer was decreased by 20% in the screened group.

Multiple experts have reviewed these two articles and agree that neither clearly asserts that PSA testing causes more harm than benefit. Serial PSA has at best a modest effect on cancer related mortality during the first decade of follow-ups. Whether these screening's true effect will be seen in the second decade of follow-up is yet to be determined. While there are study design flaws in both studies hopefully that information will be forthcoming. One must not lose sight of the decreasing prostate cancer mortality in this country, which may be the most important piece of information available.

At least at this point there is information to argue against screening in the elderly population. This will be a hard sell since most patients regardless of age demand screening. The dilemma of treatment is a separate issue and with the increased incidence of prostate cancer, urologists are constantly faced with the question of how much treatment is enough. This dilemma has spurred interest in active surveillance and focal therapies. Hopefully in the future, markers will be developed to further

identify the bad actors. The American Urological Association's opinion is still that the PSA test is a valuable screening tool that saves lives. The AUA is finalizing a best practice statement that will be presented at its national meeting at the end of the month.

What follows is my extract of some information in the Johns Hopkins email letter on the recent PSA testing studies. Dr. Carter is well respected in the prostate cancer area (particularly by me...) and was a pioneer in use of the PSA test for many years. I have extracted the essence of the article in the email in order to save some space here.

- Jeff

**Johns Hopkins Medicine Prostate
Disorders Health Alert
March 27, 2009**

According to H. Ballentine Carter, M.D., Director of Adult Urology at the Brady Urological Institute at Johns Hopkins, the studies will not end the controversy surrounding the PSA test, a blood test that millions of men have been taking since it was first introduced in the late 1980s. "I am not sure that we learned a tremendous amount from the NEJM studies," admits Dr. Carter. "We already knew that we were over diagnosing and over treating this disease. Now we have numbers to document the extent of over treatment."

"PSA screening is certainly not perfect, but it is clearly saving some lives," says Dr. Carter. "If an individual is thinking about being tested, we now have some numbers to give him and he can make up his mind whether or not to be tested. If a man wants to continue to be tested, that's certainly reasonable."

"Americans are not like Europeans," concedes Dr. Carter. "We tend to be aggressive about wanting to know more. In spite of these new reports, I still think most men will still want to have the PSA test."

In light of these new studies, what should a man do? Says Dr. Carter: "I like what Dr. Michael J. Barry, M.D., medical director of the John D. Stoeckle Center for Primary Care, said in his NEJM editorial about the studies. He

wrote, "The implications of the trade-offs reflected in these data, like beauty, will be in the eye of the beholder. Some well-informed clinicians and patients will still see these trade-offs as favorable; others will see them as unfavorable. As a result, a shared decision-making approach to PSA screening, as recommended by most guidelines, seems more appropriate than ever."

Bottom line: What the studies point out is that right now we still don't have a one-size-fits-all type test. While Dr. Carter believes that the value of the PSA test is still debated, until we have a better biomarker test that can differentiate inconsequential from lethal tumors, the PSA test needs to be used more judiciously. "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.

"Doctors can get a lot more information if there is a PSA history, which is why I believe getting a baseline PSA at a younger age is a reasonable thing to do," says Dr. Carter. "I recommend that all men should have an initial PSA test starting at age 40. A follow-up test should be given at age 45 and then again at age 50. Combining that information with the patient's age, size of the gland, and the free PSA test, should improve the accuracy of the PSA test. This will indicate their risk of developing prostate cancer.

"While not precise, it offers the best indication we have so far about the presence of cancer and what should be done," he says.

Chris sent me this information about a clinical study. I am passing it along here, in case someone is interested in participating or following the results.

- Jeff

CINJ Investigates New Uses for Old Drugs

The FDA-approved drugs Celebrex® and Lipitor®, used respectively for arthritis pain and lowering cholesterol, are being tested by investigators at The Cancer Institute of New Jersey (CINJ) to see if they hold promise in

slowing or stopping the growth of prostate cancer when combined. Selected patients will undergo testing before and during treatment, including blood work to detect prostate specific antigen (PSA) levels and CT or bone scans.

For six months, participants will take both drugs by mouth daily. Following that period, patients will have their PSA levels assessed every three months for the next two years.

Dr. Susan Goodin, associate director of clinical trials and therapeutics at CINJ and professor of medicine at Robert Wood Johnson Medical School, is the lead investigator.

For information on how to participate, call 732-235-7251.

Here's a very interesting paper. It was a very large study conducted over a few years and makes you wonder about rushing into any kind of therapy.
- Chris

Eur Urol. 2009 Apr 1.

The Role of Primary Androgen Deprivation Therapy in Localized Prostate Cancer.

Wong YN, Freedland SJ, Egleston B, Vapiwala N, Uzzo R, Armstrong K.

Medical Oncology, Fox Chase Cancer Center, Philadelphia, PA, USA.

BACKGROUND: Primary androgen deprivation therapy (PADT) is frequently used as a sole modality of treatment in men with localized prostate cancer, despite a lack of clinical trial data supporting its use.

OBJECTIVE: To measure the impact of treatment with PADT compared to observation on overall survival in men with organ-confined prostate cancer.

DESIGN, SETTING, AND PARTICIPANTS: The design was for an observational cohort from Surveillance, Epidemiology, and End Results (SEER) Medicare data. The cohort consisted of 16 535 men aged 65-80 yr at diagnosis with organ-confined well-differentiated or moderately differentiated prostate cancer who survived >1

yr past diagnosis and did not undergo treatment with prostatectomy or radiation therapy within 6 mo of diagnosis. They were diagnosed between 1991 and 1999 and followed until death or until the end of the study period (December 31, 2002).

INTERVENTION: Study subjects were selected to receive PADT alone if they received luteinizing hormone-releasing hormone agonists or bilateral orchiectomy in the first 6 mo after diagnosis, and they were selected to be observed if they did not have claims for PADT during the same interval.

MEASUREMENTS: Overall survival.

RESULTS AND LIMITATIONS: After adjusting for potential confounders (ie, tumor characteristics, comorbidities, and demographics), patients who received ADT had a worse overall survival rate than patients who were observed (hazard ratio: 1.20; 95% confidence interval: 1.13-1.27). In observational studies there may be unmeasured differences between the treated and untreated groups. The SEER database does not provide information on prostate-specific antigen levels.

CONCLUSIONS: This large, population-based study suggests that PADT did not improve survival in men with localized prostate cancer, but it suggests that PADT may instead result in worse outcomes compared with observation. Patients and physicians should be cognizant of the potential long-term side effects of ADT in a patient population for which expectant observation is an acceptable treatment strategy.

This is an interesting experiment, which helps explain the proposed benefits of statins on PCa, but now adds Zetia, which lowers cholesterol by a different mechanism. I guess the bottom line is that a lower cholesterol is good for men's cardiovascular and prostate health.

- Chris

Am J Pathol. 2009 Mar;174(3):1017-26. Epub 2009 Jan 29.

Ezetimibe is an inhibitor of tumor angiogenesis.

Solomon KR, Pelton K, Boucher K, Joo J, Tully C, Zurakowski D, Schaffner CP, Kim J, Freeman MR.

Dept. of Orthopaedic Surgery, Harvard Medical School, Boston, MA 02115, USA. keith.solomon@childrens.harvard.edu

Epidemiological and preclinical observations have suggested a role for one or more products of the mevalonate/cholesterol biosynthesis pathway in the progression of prostate cancer. In this study, we used ezetimibe (Zetia), a specific, FDA-approved, cholesterol uptake-blocking drug, in combination with either a hyper- or hypocholesterolemic diet, to show that elevated circulating cholesterol levels promote, whereas a reduction in circulating cholesterol levels retard, the growth of human prostate cancer xenograft tumors in mice. Circulating cholesterol levels also modified tumor angiogenesis; higher cholesterol levels increased microvessel density and other indicators of vascularity. Consistent with these data, the reduction of cholesterol levels also increased the levels of the angiogenesis inhibitor thrombospondin-1 in the xenografts. Our results thus suggest that hypercholesterolemia directly accelerates the growth of prostate carcinomas, and that the pharmacological reduction of serum cholesterol levels may retard prostate cancer growth by inhibiting tumor angiogenesis.

News From the American Cancer Society:

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

*There is often interest in immunotherapy for our prostate cancers, particularly when it has recurred after a primary treatment. The ACS made me aware of a report by the **New York Times**. It tells that the maker of a*

prostate drug that has generated substantial controversy says the drug increased survival and that full results of their studies will be released at an upcoming medical meeting. The drug, Provenge, uses a patient's own cells to stimulate the immune system to attack the cancer. If approved, it would become the first therapeutic vaccine against cancer. In 2007, the FDA declined approval, saying additional clinical data was needed, which led to the current study. It is briefly described in a press release, of which I have included only a portion below. The American Cancer Society is looking forward to the release of the results and, I suspect, will issue a statement after review and consideration. Part of the company press release follows:

- Jeff

“SEATTLE, April 14, 2009 - Dendreon Corporation (Nasdaq: DNDN) announced today that the pivotal Phase 3 IMPACT study of PROVENGE® (sipuleucel-T) in men with advanced prostate cancer met its primary endpoint of improving overall survival compared to a placebo control. The magnitude of the survival difference observed in the intent to treat population resulted in the study successfully achieving the pre-specified level of statistical significance defined by the study's design. The safety profile of PROVENGE appeared to be consistent with prior trials.

The 512-patient, multi-center, randomized, double-blind, placebo-controlled IMPACT (IMmunotherapy for Prostate AdenoCarcinoma Treatment) study enrolled men with metastatic androgen-independent prostate cancer was conducted under a Special Protocol Assessment agreement with the U.S. Food and Drug Administration (FDA).

PROVENGE is Dendreon's investigational product candidate for men with advanced prostate cancer and may represent the first in a new class of active cellular immunotherapies specifically designed to engage the patient's own immune system against cancer.

Detailed results from the IMPACT study will be presented during a plenary session at the American Urological Association's Annual Meeting in Chicago on Tues., Apr. 28 at 2:20 pm CT.....”

“About PROVENGE

PROVENGE[®] (sipuleucel-T), an investigational product in development for men with androgen-independent prostate cancer, may represent the first product in a new class of active cellular immunotherapies (ACIs). PROVENGE and other ACIs are uniquely designed to use live human cells to engage the patient's own immune system with the goal of eliciting a specific long-lasting response against cancer. In controlled clinical trials, the most common adverse events were chills, fever, headache, fatigue, shortness of breath, vomiting and tremor. These events were primarily low grade with a short duration of 1-2 days following infusion.”

News From the Wellness Community:

The Wellness Community in Eatontown is announcing changes to our Prostate Cancer Support Group. 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.

The Wellness Community in Eatontown is having a speaker at their May 18 PCa meeting. Dr. Keselman is a noted urologist in our area, so it should be very interesting. It will be very informative considering the recent studies regarding the use of PSA testing and early diagnosis, even though he is focusing on choosing treatments, including watchful waiting.

Nutrition:

Here are some tips about two good grains and a recipe for the cool spring evenings. Enjoy!

This comes from the folks at Eating Well magazine. Remember, this is © 2009 Eating Well Inc. Reprinted by permission from EatingWell, Where Good Food Meets Good Health. EatingWell delivers delicious, healthful recipes, cooking how-to and nutrition news for readers who are passionate about great-tasting food and lifelong healthy eating. For a sample issue of EatingWell magazine, visit www.eatingwell.com or call toll-free 1-800-337-0402.

-Jeff

Healthy Whole Grains Cooking Tips

Barley is rich in soluble fiber and makes a good whole-grain choice because it is digested slowly, leaving you feeling satisfied longer. It can be found in supermarkets and natural-foods stores.

Toasting quinoa before cooking enhances its flavor and rinsing removes any residue of saponin, its natural, bitter protective covering.

Barley-Root Vegetable Chowder

Nutrition profile:

Low Calorie | Low Carb | Low Sodium | Low Cholesterol | Low Sat Fat | Heart Healthy | Healthy Weight.

This hearty soup is full of root vegetables: celery root, rutabaga, carrots and parsnips. The chowder is made with beef broth, but vegetable broth can be used instead to make a vegetarian version. This robust-flavored recipe makes 12 first-course portions. Or serve double-size portions along with a salad and crusty bread for dinner.

Makes 12 servings

ACTIVE TIME: 30 minutes

TOTAL TIME: 1 1/2 hours

EASE OF PREPARATION: Easy

4 cups reduced-sodium beef broth or vegetable broth

4 cups water

1/2 cup pearl barley

1 celery root (celeriac), peeled and cut into 1/2-inch pieces

1 turnip, peeled and cut into 1/2-inch pieces

1 rutabaga, peeled and cut into 1/2-inch pieces

1 carrot, peeled and cut into 1/2-inch pieces

1 parsnip, peeled, cored and cut into 1/2-inch pieces

1 cup chopped green cabbage

1 onion, cut into 1/2-inch pieces

2 tomatoes, chopped, or 1 15-ounce can diced tomatoes, with juice

1 bay leaf

1 teaspoon salt

1/2 teaspoon dried sage

1/2 teaspoon dried thyme

Pinch of freshly ground pepper

1. Bring broth and water to a boil in a Dutch oven. Add barley. Reduce heat, cover and simmer until the barley is tender, about 20 minutes.

2. Add celery root, turnip, rutabaga, carrot, parsnip, cabbage, onion, tomatoes, bay leaf, salt, sage, thyme and pepper and bring to a boil. Reduce heat to low, cover and simmer until all the vegetables are tender, about 30 minutes. Discard the bay leaf before serving.

Nutrition information: Per serving: 78 calories; 1 g fat (0 g sat, 0 g mono); 0 mg cholesterol; 15 g carbohydrate; 4 g protein; 4 g fiber; 251 mg sodium; 372 mg potassium.

Nutrition bonus: Vitamin A (21% daily value), Vitamin C (28% dv).

1 Carbohydrate Serving

Exchanges: 1/2 starch, 1 vegetable

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.

When we use copyrighted material, we will insure its proper use and credit. As there is no charge for this newsletter, and we are trying to educate prostate cancer patients and their loved ones, we believe it constitutes a fair use of such material.

Editorial Staff:

Editor: Jeff Ozimek

Assoc. Editor (Monmouth Medical Center, Long Branch):
Peter Farwell

Assoc. Editor (Ocean Medical Center, Brick):
Al Rosenberg

Assoc. Editors (Riverview Hospital, Red Bank):
Bob Carter, Jay Lomberk

Assoc. Editors (Neptune):
Don Blue, Rich Guilfoyle

Assoc. Editors (CentraState Medical Center, Freehold):
Chris Papa, Harvey
Yesowitz

Editor Emeritus: Frank Reedy

This newsletter is available by softcopy delivered to your email address, as well as in paper copy for those who prefer that.

For email or paper subscriptions and to Subscribe or Unsubscribe to this newsletter, please contact Ms. Marissa Scotto at:

Marissa Scotto

Manager, Patient and Family Services

American Cancer Society

Jersey Shore Region

801 Broad Street

Shrewsbury, NJ 07702

732-758-8259, ext 212

marissa.scotto@cancer.org

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