

# PROSTATE

## Health & Nutrition News

**Man to Man (M2M) is an educational, not for profit, prostate cancer (PCa) support program of the American Cancer Society (ACS). M2M does not dispense medical advice. Protocols discussed at M2M meetings and in this newsletter are sometimes based on anecdotal information. It is always advisable to consult a physician before adopting any form of treatment.**

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***"You must do the thing you think you cannot do."***

***- Eleanor Roosevelt***

### From the Editor

Spring is in the air! With the transition to a new warm season, we are also transitioning the newsletter a bit. We continue to include informative articles related to cancer and its treatment. We hope you like them and learn something from them. With this issue we are expanding our Nutrition section (finally). The folks at Eating Well magazine have graciously offered to let us print some of their recipes. I violated a main tenant of this business and have not tried the recipes before putting them

in our Newsletter. Hopefully you will try the recipes and report back to us so we can include comments in the next issue.

Spring has also brought us some sad news. One of our consistent support group participants, who always provided good words and encouragement about radiation treatment for PCa, as well as being a wonderful source of insight and good stories about the American Cancer Society Hope Lodge, has passed away recently. Gary Fichter died suddenly at the end of March. He always remembered people and had a cheerful "Hello!" Gary would always take a moment to say Hi and chat with my wife when they bumped into each other at the supermarket. Gary will also be missed by many of his extended set of friends. Please keep him in your hearts and minds and he will live on. Our thoughts and prayers go out to Gary's family and all those he touched.

This newsletter is available by softcopy delivered to your email address, as well as in paper copy for those who prefer that. It can also be found on the PCCCNJ Website, [www.pcc-nj.org](http://www.pcc-nj.org). Patti Allen at the Shrewsbury ACS office will be maintaining a softcopy mailing list. So, if you would prefer email delivery, please let us know.

As always, please feel free to send us your suggestions for other items you might want to see us cover, as well as articles of interest. Enjoy the issue.

**- Jeff Ozimek, Editor**  
[anjoz@comcast.net](mailto:anjoz@comcast.net)

## Neptune Prostate Cancer Support Meeting February 15, 2007

by Donald Blue and Rich Guilfoyle

Five men attended the meeting. The turnout was less than normal due to the ice storm the previous day. We did not have a Guest Speaker but we had a very informative Us Too! International DVD show to the attendees. The DVD included the following topics: PC 101 Diagnosis & Staging Charles Myers MD and MD Color Doppler V Saturation Biopsy Gary Onik MD. More on the DVD below.

Marc G. started the meeting by welcoming the members. He told the group about the UsToo University three day training session scheduled for mid May 07. Anyone interested in attending can request a slot in the class however; the individual would be responsible for paying a portion of the cost. He also told the group about the Us Too! "Blue Shoes", PC awareness and fund raising project. Businesses will be urged to participate by having their employees wear blue shoelaces in their shoes. The participating businesses will be required to donate to PC causes through the local Us Too! Group.

Jim, our Librarian setup the PC information table. Attendees were able to review the material and take copies of articles they were interested in. Jim will "set the table" at all future meetings. Any member can check with Jim regarding the donation of PC related information for the table.

The group requested the DVD, Color Doppler segment be played. In the DVD, Dr Onik showed that although Color Doppler based biopsies are a great advancement over TRUS directed biopsies, the technique can miss small cancers in the Prostate Transitional Zone (PZ). He showed that by using the Color Doppler and V Saturation biopsy technique, cancers within the PC TZ are more detectable. V Saturation includes taking biopsy samples every 4-5mm which provides a greater chance of detecting small cancers within the TZ. The DVD was well received by the attendees.

Thanks to Jim, we will have a Guest Speaker for our next meeting scheduled for 7:00PM, 15 March 07 at the Neptune Early Childhood Center. The Guest Speaker will be; Dr. Michael Failla, Garden State Spine and Pain Institute.

Marc Gordon, Rich Guilfoyle, Donald Blue and Jim Allen

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## Neptune Prostate Cancer Support Meeting March 15, 2007

by Donald Blue and Rich Guilfoyle

Fifteen individuals including two new attendees; Moe and Bill plus their wives were at the meeting. Marc G. started the meeting by welcoming the members and guests. He suggested that while we were waiting for the Guest Speakers to arrive, members would provide a brief summary of their prostate cancer histories for the benefit of the guests. The summaries generated lively discussions on the various treatments that were selected by each member that spoke.

The Guest Speakers were Raj Gupta and Michael Failla. Both are Chiropractors with the Garden State Spine & Pain Institute, LLC Oakhurst, NJ. They provided an informative slide presentation covering key health elements; **D**iet, **R**est, **E**xercise, **A**djustment and **M**ental Attitude (**DREAM**). For example, they stressed that being healthy is much more than being symptom free! The presentation was not specifically geared to prostate cancer survivors but it did include health tips that would benefit everyone. Gupta and Failla answered questions during and after the presentation. They had several handouts including a public health survey questionnaire that attendees were asked to complete. Each attendee was given a goodie bag, which included a useful document from the National Cancer Institute (NCI) titled: Eating Hints for Cancer Patients; Before, During, and After Treatment. The bag also contained a gift certificate to receive free medical consultation at the Garden State Spine

and Pain Institute. Gupta and Failla are members of a larger group of medical specialists that accept invitations to speak to groups such as the Neptune PC Support covering topics of mutual interest. A special thanks to Jim A. for making the initial contact with the Guest speakers and for serving as the group's librarian.

Our goal in the future is to alternate monthly between having Guest Speakers or PC related DVDs from Us Too! International. Note; after the meeting, approval was obtained from NCI for recipes and other information from the handout to be reprinted in the Prostate Health & Nutrition Newsletter. In addition, approval was obtained from Living Well magazine for the Prostate Health & Nutrition Newsletter editor to use selected recipes from the magazine in future newsletters.

We will have a DVD titled; Exploring New Pathways: Sharing the Journey/Charles Snuffy Myers Part 1: ProtaScint with CT, MRI, PET/ Sodee and Part 2: Electronic Empowerment/ Lurvey at our next meeting scheduled for 7:00PM, 19 April 2007 at the Neptune Early Childhood Center.

Marc Gordon, Rich Guilfoyle, Donald Blue and Jim Allen

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**CentraState Support Group Meeting**  
**March 26, 2007, Health Awareness Center**  
**Gibson Place, Freehold, NJ**  
by Chris Papa

The meeting of March 26, 2007 was attended by nine men and five of their spouses. It was a meeting that went back to the meaning and roots of survivorship as the entire two hours sped quickly by in rapt discussion of each man's personal history and the lessons to be derived from the experience. There was an astonishingly wide distribution of attendees from several who were just embarking on their journey, all the way to a 19 year survivor .It cannot be stressed often enough that the presence of the wives added

greatly to gathering. The ladies were quick to fill in important gaps in the narratives and were there to explain their support roles, both as advocates and in more domestic items such as providing the staples that enabled the men to change their dietary and lifestyle habits. The need to concentrate on attention to overall personal health, not just the cancer, was seen to be a vital part of continued enjoyment of a suitable quality of life.

Some of the more interesting lessons that arose included a six year survivor's stress on personal learning and working closely with the doctors who cared for him in a knowledgeable fashion. His testimony was that his urologist, though it took some initial persuading, allowed him to become a partner in his care, more than that, when an oncologist was consulted, joined with his colleague to make it an even more productive team. Unfortunately, this was followed by the story from another man whose urologist refused to accept the assistance of an oncologist and told the patient it was either going to be one doctor or the other. The patient wisely jettisoned the urologist and opted for the oncologist who provided him with a very thorough workup for his recurrent cancer and appropriate hormone therapy. Another patient provided a surprisingly upbeat account of how good the brachytherapy was that he had received at a V.A. facility. We have too often heard the opposite. Several men, long term survivors, are watching their PSA gradually rise and are being followed by physicians who providing good support and careful monitoring, not simply are treating the slow PSA increments at this time. Another patient told of multiple repeated biopsies over a ten year span before his cancer was finally found. It was remarked that he seemed to have received a prostatectomy by biopsy, and is a tribute to his patience that he endured this for so long. The fact that imaging techniques are available seems to have eluded many urologists. They do like to biopsy, as evidenced by one man who had such a procedure after brachytherapy when his PSA started to rise. We all wondered what the pathologist saw after the gland had been so scorched. One of the

new men successfully escaped the biopsy proposed for his PSA of 6 by visiting Dr. Lee, who assured him that the value was consistent with the size of his prostate and that there no suspicious areas seen with the color Doppler ultrasound. Another long term survivor recounted as how his original cancer was diagnosed in 1994 and treated by the then rather crude external beam therapy of that era. When the cancer recurred he began a serial medical therapy that started with PC Spes and went on to Lupron, DES and Avodart, which kept the cancer at a very slow progression to where it is now at 2.5, with a search for other drugs to help do the job. One of the new men said that, after attending our meetings he made up his mind to learn as much as he could and instead of rushing to any decision is actively seeking consultations from a reputable urological surgeon, as well as a radiation oncologist at two different academic institutions in New York City. The moderator repeated his cautionary tale of how his repeated negative biopsies led him to demand an endorectal MRI, which quickly disclosed the tumor, how the prostatectomy left him incontinent and how he manages that nicely with a device of his own invention, and how his urologist-colleague lied to him about the results of the surgery. Only four years later did the patient discover that tumor was left at the surgical margin, which explained the slowly rising PSA. If there was ever a stronger plea for making sure that patients ask for all their records, this is it. Rather than accept either hormone blockade or salvage radiation, his 1.0 cm tumor was followed every three months with an endorectal MRI and seemed stable. Since then, combination therapy with Celebrex and calcitriol has kept the tumor in check as evidenced by a PSA , now 11 years after the prostatectomy that is only 0.4.

As the meeting ended, everyone had their say and had freely participated and contributed. It was as it ought to be!

## Toms River MAN to MAN Meeting

April 5, 2007

ACS, Toms River, NJ

By Al Rosenberg

### Motivational Speaker

Patrick Gatton Tells Us How to

### LIVE WELL WITH CANCER

**Huh, you might say. How do I live well with my cancer? Well, let's turn on, tune in and find out...**

Mr. Gatton is a fellow cancer survivor and self-proclaimed "Weaver of Tales." His message is simple: "My purposes are to stimulate thinking about **a. the value and purpose of hope; b. achieving inner peace; c. how stories express our ability to cope; d. healthy effects of harmonizing with nature.**

He explained that hope is "optimism that things will turn out well." And being optimistic means, "we generate and sustain positive thoughts about the outcome we desire."

Patrick disclosed to us that he was currently studying hypnotherapy and had us practice an exercise in self-hypnosis to achieve "Inner Harmony."

- 1. Relax. Close eyes. Breathe deeply.**
- 2. Mentally enter your "healing room."**
- 3. Stay there for two minutes.**
- 4. Give permission for all your body's cells to release negative memories i.e., cancer, surgery etc.**
- 5. Ask your higher power to carry those negative memories away.**
- 6. Give permission to all your cells to function in health.**
- 7. Send the following message to the cells in your diseased area-'I love you.'**

He finished with a poem he was inspired to write during a vacation trip to Maine entitled, "**I Saw Me a Loon.**" After a short discussion period, J. Patrick Gatton promised to return later in the summer to entertain us with some of his stories of hope and healing.

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**Four New Members Enter**

**"THE CLUB**

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> <http://www.pcc-nj.org/bbsubmit.php> <

### **THEY NEVER WANTED TO JOIN!**

In addition to our group of regulars, we welcomed four new members to *"the club they never wanted to join!"*

W. is a 77 year-old gentleman who has a rising PSA and was thinking of getting a radical prostatectomy, but two doctors told him he was too old for RP. We explained that many surgeons won't do RP on an older man, especially if he has other physical issues. The older a man gets, the risks with surgery go up and the recovery is a lot slower.

We discussed some of his options and W. said that while he was deciding, he has been eating tons of tomatoes for the lycopene and its anti-prostate cancer properties he's been reading about.

It was explained to W. that although tomatoes have lots of lycopene, it isn't released until the tomatoes are cooked and even better when oil is added such as olive. Two excellent sources of lycopene are tomato sauce and tomato juice or V8, but watch the sodium content. Another great source of lycopene is watermelon, but there you must be aware of the high sugar content.

### **Forget About That Huge Surgical Scar! "I'LL TAKE FIVE LITTLE HOLES!"**

We then were introduced to J., a very young and fit-looking 63-year-old. J. was treated for prostate enlargement (BPH) prior to his PCa diagnosis due to a rising PSA (1.7 to 2.7 in six months) and biopsy. In March. He was considering laparoscopic radical prostatectomy surgery.

We talked about the advantages of LRP, especially the fact that instead of a large surgical incision in the lower abdomen, there are five small "porthole" incisions through which the laparoscope is inserted. The scope projects a picture of the surgical area, which is transmitted onto a video monitor.

LRP offers less blood loss, less pain meds and shorter hospital stay. Medical research has shown the frequency of incontinence and impotence to be similar between LRP and invasive open surgery.

### **"I WANT TO DO 'WATCHFUL WAITING' What do you guys think?"**

Sounds great, we told R., our next newbies. *No cutting, no hormone blocking side-effects, no radiation burns, no incontinence or impotence and so on.*

BUT...dealing with PCa isn't that easy! Being a young 55 yrs-old, R should have a long life ahead of him. And wouldn't it be great if it was uncomplicated by any or all the aforementioned side effects of the various treatments currently available.

BUT...before R. could feel comfortable there are several factors to consider. With a close family member having PCa, R. was right to monitor his PSAs and when it reached 2.4 a subsequent biopsy showed one positive core sampling with a 3+3=6 Gleason score.

Usually that would indicate a possibly "insignificant" tumor and might be a good candidate for "Watchful Waiting."

We suggested to R. that since he was considering "WW," or as it is also called "Active Surveillance"--which I like because of its more militant-sounding approach to PCa management--he might want to get a second look at his biopsy pathology report from a pathologist who specializes in PCa. The names, J. Epstein at Johns Hopkins; D. Bostwick, Oppenheimer and Dianon Labs were mentioned. His urologist would just arrange to have the slides sent and most insurance would cover the second reading.

"Watchful Waiting" candidates especially should not hesitate to ask for a second biopsy opinion because, as Dr. Steven Strum, PCa oncologist says in his book, *"A Primer on Prostate Cancer"* it is "additional insurance that your Gleason score is accurate because this is a *major* factor in your decision making process."

In addition, the surveillance must be continuous on WW since there is no way of knowing with certainty whether a low aggressive PCa will stay that way or become highly threatening and if so--when.

We also asked R. if he knew the percentage of adenocarcinoma that was found in that one sample. It's important in

determining the PSA density (PSA at biopsy divided by the size of the gland) and doubling time to attempt to assess the aggressiveness for WW.

R. said he didn't know those answers, but would find out, or better still, bring his biopsy report to our next meeting.

**THEN THERE WAS MR.T.  
from the "A-TEAM" (VA we mean!)**

Mr. T., a 65 year-old survivor and a member of the VA, who had EBRT and seeds in 2005 after a PSA of 5.65 and positive biopsy, drove down from northern Monmouth County to share his experiences and get some ideas on management of his survivorship.

He promised to return next month with all his stats so we could discuss at length his situation since several of us had similar treatments and side effects.

**WE'RE NOT DOCTORS, But...**

That's right. We're not doctors, but we're survivors of various treatments of our PCa and we're willing to share our knowledge and anecdotal experiences with you too.

We won't tell you what to do. But we will attempt to enlighten you with potential dangers and options you might not have considered in your quest to defeat "the beast within."

And when you become a regular, you too will have a lot to offer other "newbies" to our group of intrepid PCa warriors.

Our Toms River MAN to MAN group meets at 7:30PM on the first Thursday of every month in the conference room of the American Cancer Society 1035 Hooper Avenue northbound side. Our facilitator is "Dynamic" Dick Muller and our ACS rep is Patti Allen. Just call ACS for info and driving directions at 732-914-1000.

New visitors and guests (wives especially) are always welcome. And don't forget: there are **NO DUES**, **NO REGISTRATION**, **NO CO-PAYS**, **NO DEDUCTIBLES** and **NO PRESSURE!**

PS: If you need further persuasion, light refreshments are always served!

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***News and Good Stuff:***

In the News department this issue, we have two Articles of Interest uncovered by Chris Papa.

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*Here with all the focus on Zometa and jaw necrosis, another dental bombshell has exploded. Androgen blockade therapy is far from the benign procedure some practitioners would have patients believe. These were found in men who had osteoporosis, which some survivors are also not warned about, or screened for, or even have baseline bone densities established. Better inform our survivors, who then might call it to the attention of the local dentists. Long after the Zometa information had been disseminated, I know that my local practitioner had no idea about it when I brought it up during a visit.*

*-Chris*

J Urol. 2007 Mar;177(3):921-4.

**The effect of androgen deprivation therapy on periodontal disease in men with prostate cancer.**

Famili P, Cauley JA, Greenspan SL.  
Department of Periodontics, School of Dental Medicine, University of Pittsburgh, Pittsburgh, Pennsylvania.

**PURPOSE:** We tested the hypothesis that men undergoing androgen deprivation therapy as treatment for prostate cancer are at greater risk for periodontitis and tooth loss.

**MATERIALS AND METHODS:** A total of 81 men with a mean age of 68.5 years who had prostate cancer were consecutively recruited among 325 enrolled in an academic osteoporosis study. Of these men 68 were eligible to participate in the research. The

prevalence of periodontal disease in 41 men with prostate cancer undergoing androgen deprivation for a mean of 1.5 years was compared to that in 27 with prostate cancer not undergoing androgen deprivation, who served as controls. The prevalence of periodontal disease was examined in relation to bone mineral density in men with prostate cancer with and without androgen deprivation therapy. A periodontist (PF) blinded to androgen deprivation status recorded probing depth, clinical attachment level, bleeding, plaque scores, gingival recession, missing teeth and calculus. Logistic regression models were used to test the association between androgen deprivation therapy and periodontal disease. Linear regression models were used to assess the association between periodontal disease and bone mineral density in the 2 groups with prostate cancer (treated/untreated). We adjusted for variables known to influence periodontal disease, including patient age, race, smoking and periodontal disease history.

**RESULTS:** The prevalence of periodontal disease was 80.5% in men on androgen deprivation therapy compared with 3.7% in those not on androgen deprivation therapy (OR 3.33, 95% CI 1.07-10.35). Men on androgen deprivation therapy had significantly greater probing depth and higher plaque scores ( $p < 0.001$  and  $< 0.09$ , respectively). A total of 81 men (76.9%) completed bone mineral density examinations. There was no relationship between bone mineral density and periodontal disease.

**CONCLUSIONS:** Men with prostate cancer undergoing androgen deprivation therapy were more likely to have periodontal disease than men not on androgen deprivation therapy. If confirmed in larger studies, this observation could have important public health implications, given the increasing use of androgen deprivation therapy to treat prostate cancer.

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*The following is an interesting study in that it offers some valuable historical perspective. I'm sure that the improvement in delivering*

*radiation therapy, be it with brachytherapy, more intensive, better focused external beam therapy, or a combination, would probably show a more favorable long term outcome today. In 1996 when I had to make my choice about local therapy, I opted for surgery precisely because there was so little follow up information on the then "primitive" modes of field irradiation, and seeding was still in its infancy. What seems to stand out is, as we know, more men are likely to die of things other than their prostate cancer. This study also seems to imply that the old "watchful waiting" had its risks, particularly since they had no PSA results to follow. The more current use of "active surveillance" may still be an acceptable alternative for some patients, particularly older men with other risks. It is instructive to have such long term results and to know where we've been to better appreciate where we're headed. Now, in an era where the PSA dynamics are followed carefully, and with the current improvements in local therapy, it is probably a good bet that more survivors will die of something other than their prostate cancer. The old statistics weren't too bad. I think we can expect the current and future results to be far better, on all counts.*

*-Chris*

J Urol. 2007 Mar;177(3):932-6.

### **13-year outcomes following treatment for clinically localized prostate cancer in a population based cohort.**

Albertsen PC, Hanley JA, Penson DF, Barrows G, Fine J.

University of Connecticut Health Center, Farmington and St. Francis Hospital and Medical Center, Hartford, Connecticut, McGill University, Montreal, Quebec, Canada, and University of Southern California, Los Angeles, California.

**PURPOSE:** Because data from randomized trials initiated after the introduction of prostate specific antigen testing are unavailable, we performed a retrospective,

population based study to estimate prostate cancer specific survival and overall survival after surgery, radiation or observation to manage clinically localized prostate cancer.

**MATERIALS AND METHODS:** From the Connecticut Tumor Registry we identified Connecticut residents 75 years or younger diagnosed with clinically localized prostate cancer between January 1, 1990 and December 31, 1992. We obtained information from physician offices concerning treatments received by 1,618 patients who underwent surgery (802), external beam radiation therapy (702) or no initial therapy (114) and subsequent medical outcomes. Treatment comparisons were adjusted for pretreatment Gleason score, prostate specific antigen and clinical stage along with age at diagnosis and comorbidities using 3 methods, including categorization by risk, a proportional hazards model and a propensity score.

**RESULTS:** At an average follow up of 13.3 years 13% of patients had died of prostate cancer, 5% had died of other cancers and 24% had died other non-cancer causes. Patients undergoing surgery were younger, and had more favorable histology and lower pretreatment prostate specific antigen compared to patients undergoing radiation. Patients who elected observation had significantly worse cause specific survival than those who elected surgery. They also fared worse than men who received radiation therapy but the difference was not statistically significant, possibly because of the small number of prostate cancer deaths to date.

**CONCLUSIONS:** Our findings suggest that patients undergoing surgery for clinically localized prostate cancer may have a cancer specific survival advantage compared to those electing radiation or observation. However, only a randomized trial can control for the many known and unknown confounding factors that can affect long-term outcomes.

we will be spending more time outside. It's a good opportunity to increase our activity level. This article is provided to us courtesy of the American Cancer Society.

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## **Diet and Physical Activity: What's the Cancer Connection?**

How much do daily habits like diet and exercise affect our risk for cancer? Much more than you might think. Increasingly, researchers agree that poor diets and sedentary lifestyles are among the most important contributors to cancer risk. Fortunately, these are things we can control. Except for quitting smoking, the best way to cut your risk of cancer is to achieve and maintain a healthy weight, to be physically active on a regular basis, and to make healthy food choices. The evidence for this is strong: Each year, about 550,000 Americans die of cancer; fully one-third of these deaths are linked to poor diet, physical inactivity, and carrying excess weight.

### **Control Your Weight**

Maintaining a healthy weight is important to reduce the risk of cancer and other chronic diseases, such as heart disease and diabetes. Being overweight or obese increases the risk of several cancers, including cancers of the breast (among women past menopause), colon, endometrium, esophagus, kidney, and other organs. Being overweight works in a variety of ways to increase cancer risk. One of the main ways is that excess weight causes the body to produce and circulate more of the hormones estrogen and insulin, which can stimulate cancer growth.

**What's a Healthy Weight?** One of the best ways to find out if you are at a healthy weight is to check your Body Mass Index (BMI), a score based on the relationship between your height and weight. Use our easy online BMI calculator to find out your score. To reduce your cancer risk, try to keep your BMI less than 25. If you are trying to control your weight, a good first step is to watch portion sizes, especially of foods high in calories, fat,

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**News From the American Cancer Society:** With the better weather coming, I thought this would be very appropriate, since

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and added sugars. Try writing down *what* and *how much* you eat and drink for a week and see where you can cut down on portion sizes, cut back on some not-so-healthy foods and drinks, or both!

### **Be More Active**

Watching how much you eat will help you control your weight. The other key is to increase the amount of physical activity you do. Being active helps reduce your cancer risk by helping with weight control, and can also reduce your risk by influencing hormone levels and your immune system. More good news – physical activity helps you reduce your risk of heart disease and diabetes, too! So grab your tennis shoes and head out the door! The latest recommendations for adults call for at least 30 minutes of intentional moderate to vigorous activity a day -- this is over and above usual daily activities like using the stairs instead of the elevator at your office or doing housework - - on 5 or more days per week. Even better, shoot for 45 to 60 minutes. For kids, the recommendation is 60 minutes or more a day. Activities considered moderate are those that make you breathe as hard as you would during a brisk walk. This includes things like walking, biking, even housework and gardening. Vigorous activities generally engage large muscle groups and cause a noticeable increase in heart rate, breathing depth and frequency, and sweating.

### **Eat a Healthy Diet**

Eating well is also important to improve your health and reduce your cancer risk. Take a good hard look at what you typically eat each day and incorporate the following suggestions to build a healthy diet plan for yourself:

**Vegetables and fruits:** You need to eat *at least* 5 servings of vegetables (including legumes) and fruits each day, especially those with the most color (a sign of high nutrient content). These foods are packed with vitamins, minerals, antioxidants, and many other substances that work together to lower risk of several cancers, including cancers of the lung, mouth, esophagus, stomach, and

colon. Not only that, if prepared properly, vegetables and fruits are usually low in calories, so eating them in place of higher-calorie foods can help you control your weight.

**Whole grains:** Aim for at least 3 servings of whole grains each day. There are easy ways to add whole grains to your diet -- eat oatmeal at breakfast, choose whole-wheat bread or wraps for your lunchtime sandwich, whip up brown rice at dinner instead of white.

**Processed and red meats:** Cutting back on processed meats like hot dogs, bologna, and luncheon meat, and red meats like beef, pork and lamb may help reduce the risk of colon and prostate cancers. These foods are also high in saturated fat, so eating less of them and eating them less often will also help you lower your risk of heart disease.

### **Cancer Risk Reduction in Our Communities**

Adopting a healthier lifestyle is easier for people who live, work, play, or go to school in an environment that supports healthy behaviors. Working together, communities can create the type of environment where *healthy* choices become *easy* choices. We all can contribute to those changes: Let's ask for healthier food choices at our workplaces and schools. For every junk food item in the vending machine, ask for a healthy alternative. Support restaurants that support your desire to eat well by offering options such as smaller portion sizes, lower-calorie items, and whole-grain products. And let's help make our communities safer and more appealing places to walk, bike, and be active.

### **The Bottom Line**

One third of all cancer deaths are related to diet and activity factors. Let's challenge ourselves to lose some extra pounds, to increase our physical activity, to make healthy food choices, and to look for ways to make our environments healthier places to live, work, and play.

Revised: 10/02/06

## **Nutrition:**

With the help of our Editorial Staff, actually Don Blue, we have established an agreement with the folks at Eating Well magazine to publish some recipes. In this issue we are including some recipes of theirs. Here is one of those times when the information contained in this newsletter belongs to someone else; in this case it is Eating Well. Try them out and let me know how you like them! But don't go trying to claim them as your own... These seem interesting because, in spite of our local weather, spring is really on the way. They appear to be fun to do, so if the weather starts to cooperate, I'll try the pizza out on the grill. We greatly appreciate the support of EatingWell to our newsletter by providing us the opportunity to present some healthy and fun recipes.

The following recipes are © 2007 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](http://www.eatingwell.com) or call toll-free 1-800-337-0402.

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### **PICNIC OVEN-FRIED CHICKEN**

Makes 4 servings

ACTIVE TIME: 20 minutes

TOTAL TIME: 1 hour 35 minutes (including 1/2 hour marinating time)

EASE OF PREPARATION: Easy

1/2 cup buttermilk  
1 tablespoon Dijon mustard  
2 cloves garlic, minced  
1 teaspoon hot sauce, such as Tabasco  
2 1/2-3 pounds chicken legs, skin removed, fat trimmed  
1/2 cup whole-wheat flour  
2 tablespoons sesame seeds  
1 1/2 teaspoons paprika  
1 teaspoon dried thyme leaves

1 teaspoon baking powder  
1/8 teaspoon salt, or to taste  
Freshly ground pepper to taste  
Olive oil cooking spray

1. Whisk buttermilk, mustard, garlic and hot sauce in a shallow glass dish until well blended. Add chicken and turn to coat. Cover and marinate in the refrigerator for at least 1/2 hour or for up to 8 hours.
2. Preheat oven to 425°F. Line a baking sheet with foil. Set a wire rack on the baking sheet and coat it with cooking spray.
3. Whisk flour, sesame seeds, paprika, thyme, baking powder, salt and pepper in a small bowl. Place the flour mixture in a paper bag or large sealable plastic bag. Shaking off excess marinade, place one or two pieces of chicken at a time in the bag and shake to coat. Shake off excess flour and place chicken on the prepared rack. (Discard any leftover flour mixture and marinade.) Spray chicken pieces with cooking spray.
4. Bake the chicken until golden brown and no longer pink in the center, 40 to 50 minutes.

NUTRITION INFORMATION: Per serving: 227 calories; 7 g fat (2 g sat, 2 g mono); 130 mg cholesterol; 5 g carbohydrate; 34 g protein; 1 g fiber; 262 mg sodium; 423 mg potassium. Analysis note: A comparable serving of breast meat has 209 calories and 1 gram saturated fat. Nutrition bonus: potassium (21% daily value).

0 Carbohydrate Servings

Exchanges: 1/3 starch, 4 very lean protein, 1 1/2 fat

MAKE AHEAD TIP: The chicken can be marinated for up to 8 hours.

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### **PORTOBELLO "PHILLY CHEESE STEAK" SANDWICH**

Cheese steaks are a Philadelphia tradition: thin slices from a rich and very fatty

slab of beef, fried up and topped with a heavy cheese sauce. We've cut down on the fat considerably - but not on the taste. All it needs is a cold beer or a glass of pinot noir on the side. Make this vegetarian by using vegetable broth in place of chicken stock.

Makes 4 sandwiches

ACTIVE TIME: 25 minutes

TOTAL TIME: 25 minutes

EASE OF PREPARATION: Easy

2 teaspoons extra-virgin olive oil  
1 medium onion, sliced  
4 large portobello mushrooms, stems and gills removed (see Tip), sliced  
1 large red bell pepper, thinly sliced  
2 tablespoons minced fresh oregano or 2 teaspoons dried  
1/2 teaspoon freshly ground pepper  
1 tablespoon all-purpose flour  
1/4 cup vegetable broth or reduced-sodium chicken broth  
1 tablespoon reduced-sodium soy sauce  
3 ounces thinly sliced reduced-fat provolone cheese  
4 whole-wheat buns, split and toasted

1. Heat oil in a large nonstick skillet over medium-high heat. Add onion and cook, stirring often, until soft and beginning to brown, 2 to 3 minutes. Add mushrooms, bell pepper, oregano and pepper and cook, stirring often, until the vegetables are wilted and soft, about 7 minutes.

2. Reduce heat to low; sprinkle the vegetables with flour and stir to coat. Stir in broth and soy sauce; bring to a simmer. Remove from the heat, lay cheese slices on top of the vegetables, cover and let stand until melted, 1 to 2 minutes.

3. Divide the mixture into 4 portions with a spatula, leaving the melted cheese layer on top. Scoop a portion onto each toasted bun and serve immediately.

NUTRITION INFORMATION: Per serving: 268 calories; 10 g fat (4 g sat, 4 g mono); 15 mg

cholesterol; 35 g carbohydrate; 13 g protein; 7 g fiber; 561 mg sodium; 707 mg potassium.

Nutrition bonus: Vitamin C (140% daily value), Selenium (49% dv), Vitamin A (30% dv), Calcium (25% dv), Potassium (20% dv), Magnesium (16% dv).

2 Carbohydrate Servings

Exchanges: 2 starch, 1 vegetable, 1 high-fat meat

TIP: The dark gills found on the underside of a portobello are edible, but if you like you can scrape them off with a spoon.

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### SMOKY CORN & BLACK BEAN PIZZA

The secret to a grilled pizza is having all your ingredients ready to go before you head out to the grill. Make it a meal: Toss the extra black beans, diced tomato and some avocado with prewashed salad greens and Cilantro-Lime Vinaigrette and dinner is on the table in no time.

Makes 6 servings

ACTIVE TIME: 30 minutes

TOTAL TIME: 30 minutes

EASE OF PREPARATION: Easy

1 plum tomato, diced  
1 cup canned black beans, rinsed  
1 cup fresh corn kernels (about 2 ears)  
2 tablespoons cornmeal  
1 pound prepared whole-wheat pizza dough  
1/3 cup barbecue sauce  
1 cup shredded mozzarella, preferably smoked mozzarella

1. Preheat grill to medium.

2. Combine tomato, beans and corn in a medium bowl. Sprinkle cornmeal onto a large baking sheet. Stretch the dough into about a 12-inch circle and lay it on top of the cornmeal, coating the entire underside of the dough.

3. Transfer the crust from the baking sheet to the grill. Close the lid and cook until the crust is puffed and lightly browned on the bottom, 4 to 5 minutes.

4. Using a large spatula, flip the crust. Spread barbecue sauce on it and quickly sprinkle with the tomato mixture and cheese. Close the lid; grill until the cheese is melted and the bottom of the crust is browned, 4 to 5 minutes.

**NUTRITION INFORMATION:** Per serving: 316 calories; 6 g fat (3 g sat, 0 g mono); 13 mg cholesterol; 48 g carbohydrate; 14 g protein; 4 g fiber; 530 mg sodium; 94 mg potassium. Nutrition bonus: Calcium (15% dv). Exchanges: 3 starch, 3 medium-fat meat; 3 Carbohydrate Servings.

This newsletter is a compendium of prostate, health and nutrition news collected by a team of prostate cancer survivor-patients. None of the editors or anyone associated with developing this newsletter receives any sort of compensation to create the articles or put together this newsletter. It is truly a labor of volunteers seeking only to help prostate cancer patients and their loved ones.

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We wish to help PCa patients make an informed decision in their choice of a treatment. 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.

>>> From time to time our editorial staff will make a comment on some subject and we will identify it as being an editorial comment by enclosing it in bold italic carets such as: **>>>Editorial Comment... Jeff <<<**

When reporting on a meeting we try to be as accurate as possible, though from time to time we might misinterpret a speaker's statement, or only get a part of it,

or make some other oversight. For this we apologize to those speakers and to you, the readers.

From time to time we use copyrighted material, which will be identified as such. We will make a reasonable effort to do everything possible to insure its proper use and credit. As there is no charge for this newsletter, and we are putting it together to educate prostate cancer patients and their loved ones in their struggle with this disease, we believe it constitutes a fair use of such material.

**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.**

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[Patti.Allen@cancer.org](mailto:Patti.Allen@cancer.org)

(732) 758-8220 press option 3,  
then ext 213

### **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: Karen Scott, (732) 308-0570, email: > kscott@centrastate.com <  
Facilitators: Chris Papa, (732) 946-2694, email: > doxite@att.net <  
John Dabrowski, (732) 946-0495, all email through C. Papa

**Long Branch** The Cancer Center at Monmouth Medical Center  
300 Second Ave., Long Branch, NJ 07740  
Steinman-Housman Room 114  
1st Thursday 7:00 - 9:00 PM  
Contact: Anita Pfisterer, (732) 923-6961, email: >ampfisterer@aol.com <  
Facilitator: Jeff Ozimek, (732) 542-6335, email: > anjoz@comcast.net <  
To register call (732) 923-6575

**Neptune** Neptune Prostate Cancer Support Group  
Meeting location: Early Childhood Education Center  
11 Memorial Drive, Neptune (Corner of Rt. 33 and Memorial Drive)  
3<sup>rd</sup> Thursday 7:00 - 9:00 PM  
Contact: Rich Guilfoyle (732) 493-3913, email: > rguilfoyle@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 <

### Ocean County

**Toms River** American Cancer Society-Toms River Office  
1035 Hooper Ave., Toms River, NJ 08753  
1st Thursday 7:00-9:00 PM  
Contact: Patti Allen, (732) 758-8220 press 3, ext 213, FAX: (732) 758-8225, email: >  
patti.allen@cancer.org <  
Facilitator: 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 <  
Co-Facilitator: John Wiuff, (732) 905-3717, email: > Johnewiuff@aol.com <