

PROSTATE UPDATE

Latest News on Cancer, Health and Nutrition

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

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“To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment.”

- Ralph Waldo Emerson

From the Editor

Another New Year has arrived. I truly hope you had a wonderful holiday season and wish you a Healthy, Happy New Year!

This time of year we often get involved in other activities, and some group sessions are cancelled because of low attendance or because they fall on or near a special holiday date. As a result, I am taking a break, too, and making this a combined November and December issue. With any luck, we will be back next year on a monthly basis. This issue

contains a few extra of our usual reports, some very good articles and recipes. We also note the passing of one of New Jersey’s strongest advocates in the war on Prostate Cancer.

The holidays are a time to spend with family and friends. Some gifts I received from cancer are the ability to enjoy spending more time with those folks close to me, and a greater appreciation of each day I wake up. Just to see the day, smell the smells, feel the sun and cold air, hear the birds sing, and see smiles on people’s faces, are wonderful gifts worth savoring. As the New Year starts, I am asking you to savor those moments and enjoy each day even more than you did before. That’s probably the best resolution I could encourage you to adopt for the coming year.

With the New Year, please continue to give of yourself to help those joining us on this long road to beat cancer. There is nothing like hearing it from someone who’s been there. Add support group attendance to your list of resolutions. I wish you all the best for every day of the New Year.

Be well and take care! Enjoy the issue.

- Jeff Ozimek, Editor
anjoz@verizon.net

Long Branch Support Group Meeting
Nov 6 & Dec 4, 2008
by Jeff Ozimek

We had Amy Safiotti, a dietician in the oncology department at Monmouth Medical Center, talk with us at the November meeting. It was a good interactive discussion session. Amy answered our questions about foods,

herbal supplements, and food & drug interactions. For instance, she said we should not load up on anti-oxidants before radiation therapy. The reason is that they help cell regrowth, so it counteracts the effects of radiation. After treatment is complete, it is a good thing to do. For reference, she uses the book, Mosby's Handbook of Herbs and Natural Supplements by Linda Skidmore-Roth. Her copy was well worn, so she must refer to it often. Amy also told us of an article she found on WebMD about the best foods to eat. The article is too long to include here, but it is worth reading.

Our December meeting was the usual discussion session. It went a bit long as we talked with some newly diagnosed men and tried to answer their questions. **By consensus, we decided to cancel our January session, since it would fall on Jan 1. Our next meeting will be on February 5, 2009.**

The Monmouth Medical Center PCa Support Group meets the first Thursday of every month (**except Jan 2009**) 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

November 6, 2008

by Al Rosenberg

"YOU ARE NOT ALONE!"

That's the American Cancer Society's promise to prostate cancer patients and survivors.

How many times have we felt lost and abandoned after a diagnosis of PCa, or any cancer for that matter? We even tend to insulate family members from our inner torment when faced with such devastating news.

Fran Curtis, herself a cancer "survivor" and Patient Liaison for the ACS® in Ocean County, visited with us this day to remind us that we weren't alone in our battle.

Armed with a winning smile and a valise filled with informative books, brochures, pamphlets and even lapel pins, Fran proceeded to tell of just a few of the advantages maintaining contact with ACS can provide.

Cancer Survivors Network® is a community created by and for survivors and caregivers. A link at www.cancer.org will enable you to listen, read or download prerecorded personal stories and discussions. You can also create your own homepage to share and connect with others.

Road to Recovery® arranges patient transportation to and from scheduled medical appointments. This service is provided by volunteer drivers who donate their time and personal vehicles to help cancer patients get the lifesaving treatments they need.

Hope Lodge® are free, temporary residences where patients can stay when their best hope for effective treatment may be in another city. There are currently 28 Hope Lodge locations throughout the U.S. and space is available on a first come-first served basis.

Free Books and Pamphlets are available from ACS just for the asking. Some pertaining to PCa are: ***"Facts on Prostate Cancer and Testing"*** ***"Nutrition for the Person with Cancer"*** ***"Cancer Support Groups"*** ***Prostate Cancer Treatment Guidelines for Patients"*** ***Advanced Cancer and Palliative Care"*** ***"Cancer Related Fatigue and Anemia"*** ***"Personal Health Manager"*** *This is a free packet to help you file, coordinate and manage all info and material regarding your personal battle with Prostate Cancer in one handy briefcase that can be taken with you to support group meetings or doctor appointments.*

For any of the above listed materials or information just call the **American Cancer Society at 1-800-227-2345** or visit **their website at www.cancer.org.**

HORMONE BLOCKING— Drop Your PSA, but at What Cost?

Again the ubiquitous subject of hormone therapy came up at this meeting. No matter what you call it, **CHB** (Complete Hormone

Blockade), **ADT** (Androgen Deprivation Therapy), or more simply hormone shots, the controversy rages on.

Sure, the LHRH agonists *Lupron, Zoladex, Trelstar* etc. stop the production of testosterone which can, in turn lower PSA dramatically, but at what cost to our bodies overall?

The more commonly known side effects of *hot flashes, loss of bone density, short-term memory loss and confusion, bouts of depression and/or anxiety attacks, loss of libido and impotence* are just the early outward signs of the lack of testosterone.

LET'S START AT THE BEGINNING

In 1966, Dr. Charles Huggins was awarded the Nobel Prize for showing that reducing testosterone is important in treating PCa. At that time, the only way to stop the production was by surgically removing the testicles (orchiectomy). Naturally the procedure was irreversible.

Subsequently, the LHRH agonists mentioned above were developed and used to decrease the stimulation of testosterone in the testicles, which was considered a strong growth factor of prostate cancer cells. This resulted in a chemical castration the effects of which might be reversed if discontinued.

Originally, the LHRH agonists were used in later stages of PCa or after surgical and radiation therapies failed causing recurrences.

Now, hormone blockade is commonly used before, during or right after radiation or seed implants to enhance therapy. It is also used to shrink the gland prior to radiation treatments to mitigate the possibility of urinary complications.

HORMONE BLOCKING continued,,, Diabetes, Hypertension, Osteoporosis, Muscle Loss, Big Breasts and something called Metabolic Syndrome!

Lack of testosterone in men can have a devastating effect on their quality of life and the latest research literature is bringing that fact to light.

In a paper titled: ***The Dark Side of Testosterone Deficiency*** appearing in the *Journal of Andrology, Sept. 2008*, authors

Traish, Saad and Guay had the following to say:

“Low testosterone precedes elevated fasting insulin, glucose and hemoglobin A1c values and may even predict the onset of diabetes.” Their paper goes on to say, *“Treatment of prostate cancer patients with surgical or medical castration exacerbates insulin resistance and glycemic control, strengthening the link between testosterone deficiency and onset of type-2 diabetes.”*

In an earlier paper appearing in the *Journal of Clinical Oncology*, Keating, O'Malley and Smith concluded:

“Androgen deprivation therapy for men with locoregional prostate cancer may be associated with an increased risk of incident diabetes and cardiovascular disease.”

And in another paper by Strum et al: featured in the *British Journal of Urology* 79:933-41: ***Anemia Associated with Androgen Deprivation in Patients with Prostate Cancer Receiving Combined Hormone Blockade.*** They concluded that- *“The anaemia associated with androgen deprivation is significant and occurs routinely in men receiving CHB...it usually resolves after CHB is discontinued.”*

At the risk of belaboring the point, here is one more paper from *Journal of Andrology*, October 2008, by Dr. S. Basaria. ***Androgen Deprivation Therapy, Insulin Resistance and Cardiovascular Mortality: An Inconvenient Truth.*** *“ADT is used in the treatment of locally advanced and metastatic PCa. Although its use as an adjuvant therapy has resulted in improved survival in some patients, ADT has negative consequences.”*

“Complications like osteoporosis, sexual dysfunction, gynecomastia and adverse body composition are well known. Recent studies have also found metabolic complications in these men.”

SO WHAT'S THE BEST WAY TO USE HORMONE BLOCKADE?

Using hormone manipulation to control PSA and PCa is truly a medical conundrum. Some Docs will use only one (Lupron or similar), some will add an anti-androgen (Casodex or similar) and some will use *triple blockade* consisting of an LHRH agonist

(Lupron), anti-androgen (Casodex) and a 5alpha-reductase (Proscar or Avodart) to block DHT (*to be discussed in a future issue*).

One hormone specialist on the west coast, Dr. Bob Leibowitz, usually uses the latter (triple) intermittently and explains why: *“Continuous hormone blockade is the worst way...since it essentially always evolves to hormone resistant/refractory prostate cancer.”* He then maintains, *“Intermittent androgen blockade (IAD) is far superior to continuous blockade, if for no other reason than the fact that when you are off hormone blockade, your quality of life markedly improves.”*

www.compassionateoncology.org/approach.html

This is why it's so important to always try to come to a meeting of the minds with your doctor regarding your treatment.

Dr. Israel Barken, a top drawer medical oncologist specializing in PCa puts it bluntly: *“What people forget is that the other side of testosterone deprivation is the damage created to the body overall.”*

So, when contemplating hormone manipulation, you must ask yourself, is this kind of therapy justified for me as an individual? As Dr. Barken spells out, *“You can see an immediate drop in PSA by the cancer initially, but at the same time there is accumulative damage to the brain, heart, muscle, bone etc. In the overall balance was a real benefit achieved?”*

MY PERSONAL EXPERIENCE WITH ADT!

Long ago, it seems like just after the Jurassic Period, 2001 to be exact; I was diagnosed with a Gleason 6 in a couple of cores. Jon Epstein, expert prostate pathologist at Johns Hopkins later found some in an additional core and I decided to have seed implants.

My gland was about double normal size and my uro suggested that three to six months hormone treatment would shrink the gland to minimize the swelling from the radiation seeds that might cause urinary problems.

I was on Casodex and Lupron and doing fairly well so I stayed on them for eleven months figuring I'd be reducing the tumor load in the bargain. My PSA stayed below 0.1 and the testosterone stayed below 50 (castrate level).

By the time my seeds were implanted, my gland had reduced from 55gm to 20gm. The seeding went fairly easy and the expected inflammation was manageable.

I did experience ALL the side effects listed previously, but felt it was worth it and since my implants in November 2002; my PSA has been very low and steady except for the expected “bump” about 18 months out.

As I look back, I have no regrets. The side effects were self-limiting. About six months after cessation of the hormone blockade, the excess fat was disappearing, my testosterone returned and six years later I'm doing as well as can be expected.

Aside from an impressive array of vitamins and supplements, I've taken no drugs or medical intervention in the past six years and I certainly do NOT MISS looking like the “Pillsbury Doughboy”!

NEW 10-MINUTE PSA TEST Can be done in your doctor's office!

Just received this release via email from www.zerocancer.org. This could be a boon for any of us who've become obsessed with our PSAs.

A fingerprick prostate cancer test has been launched in the UK and has the ability to assess a man's PSA level in just 10 minutes. This new test, called PSAWatch, requires only a small drop of blood to analyze using a portable machine, eliminating the need to send blood to a lab to be evaluated.

“The test will be invaluable for patients who have active surveillance of their PSA levels or for monitoring of progression or success of treatment,” said Dr. Tim Lerner, urologist at Brighton and Sussex University Hospital. *“For these patients, any delay can cause extreme anxiety and unnecessary distress.”* (Yeah, especially for us survivors who now live from PSA to PSA!—AR)

ONCE MORE INTO THE BREACH!

No, this isn't the battle for Harfleur, but one much more serious for our group! We're waging war against our prostate cancers. We've radiated, frozen, blocked hormones, surgically removed and now we're dieting and supplementing our nasty little cells to apoptosis (death).

If you've just been diagnosed and are looking for information or advice or have some suggestions of your own to share, c'mon down and help us out and help yourself in the process. We have lots of great ideas and latest medical literature to augment our "slings and arrows" in this conflict.

We meet every first Thursday of the month at 7 PM at Ocean Medical Center on Jack Martin Blvd between rtes 70 and 88. Park in the spacious lot and take the south elevator to the second floor conference room. Stop in, have a cup of coffee and say "hello."

For more information or directions please give our facilitator, the indomitable Dick Muller a call at (732) 240-5717.

And Don't Forget:

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

Red Bank Support Group Meeting

Nov 13, 2008
by Jay Lomberk

The meeting, chaired by Joan Toole, had another good turnout of nine men and one spouse. There were no new members this month so most of the meeting was devoted to general discussions and status reports.

We continued discussion from a past meeting that revolved around Dr. Strum's recent articles on PCa diagnostics, specifically the use of PSA, free PSA, PSA doubling time, PSA velocity and PSA density. I handed out a graph showing my own PSA rise over the past ten years and how my PCa could have been diagnosed three or four years earlier had doctors taken notice of PSA velocity rather than just relying on the proverbial "4.0". It was discussed how PSA alone is not a sufficient indicator of PCa in many cases. It is important to take into account all the generally accepted indicators in order to effectively diagnose PCa before it reaches untreatable stages as it nearly did in my case. We continued the discussion regarding how each doctor seems to have his or her own style and how some

accept certain diagnostic tools and others do not. It continues to amaze us how there is not more consensus among doctors and how doctors each cling to their own, sometimes misguided theories, usually at their patients' expense.

Several members updated the group on their status. Paul recently completed Lupron treatments and is now deciding whether to continue with some form of radiation or begin a watchful waiting program. Art also discussed his success with intermittent hormone blocking (Lupron), which he has been doing for over 13 years (8 years since his last treatment). Although his recent bone scan was good, Art's PSA has slowly climbed back up to 10 and some group members suggested he look into also getting a Color Doppler ultrasound just to verify where his PCa stands. Another member, Pat, has also recently completed both hormone blocking and IGRT treatment at Riverview and is doing well. Pat also commented on how he elected to switch from a 4-month Lupron shot to a 1-month shot due to the more severe side effects he had with the 4-month shot. I reported on my one-year checkup at Dattoli (treated in 2006). My results were very good and I apparently survived the dreaded "PSA bounce" with post-treatment PSA now dropping to 0.13. Another gentleman recently diagnosed with PCa has decided on proton radiation therapy at Massachusetts General and is currently waiting for acceptance into their program. If all goes well, he expects to start treatments in March of 2009.

The group continued discussing proton radiation therapy since it is beginning to show some excellent long-term results. Although proton therapy has been around for a while, there are only a few centers in the US that offer it so there are not a lot of patient studies available when compared to other treatment options. The reason for so few treatment centers (and patients) is the extreme cost of the equipment (\$200 million for a proton accelerator versus \$2 million for an x-ray/IGRT accelerator). The big advantage of proton therapy is that, unlike x-rays, protons release most of their energy inside the prostate rather than surrounding tissue so collateral damage to other organs (and resulting side effects) is normally much less. In discussing these newer

radiation treatment options, Joan also mentioned progress with the CyberKnife, which is being used for prostate cancer treatment at Riverview. Besides its accurate targeting, the CyberKnife operates using multiple planes/angles, which minimizes collateral tissue damage.

Red Bank Support Group Meeting

Dec 11, 2008

by Jay Lomberk

The meeting, chaired by Joan Toole, had a turnout of six men and two wives. There was one new member who was visiting from another support group in order to hear this month's presentation. This month's meeting focused on post-treatment urinary problems and specifically, the use of catheters. Most of the meeting was devoted to a special presentation on self-catheterization by Bill E, a regular group member.

Bill began the presentation by reviewing his own unique situation and history. Bill has had total urinary blockage ever since being seeded back in 2001. Doctors had tried remedies including TURP and Flowmax, all to no avail. Bill had no choice but to be catheterized. He had no urinary problems prior to his PC treatment so, needless to say, this problem posed a major change in his quality-of-life. Rather than risking further complications with additional procedures or the prospect of dealing with a permanent catheter, he took it upon himself to learn how to self-catheterize and has been doing so successfully for the past eight years.

Bill continued the presentation by showing the group a number of different catheter types and sizes along with other equipment needed to clean and store catheters. He then provided detailed instructions in how to use the catheters as well as tricks and techniques to maintain them for home and travel use. He discussed typical problems associated with handling and inserting catheters including the potential for infection and how to deal with it. Bill solved infection problems by the use of Chloraseptic solution in the catheter. The group had many

questions regarding the use of catheters, especially from our visiting member who is also considering catheterization to relieve his own urinary issues.

The last part of the meeting was spent reviewing member status. Bob C reported that he is about to try the Collect supplement program (information available at www.collect.org and www.ncrf.org). He briefly reviewed how the Collect program worked. He will keep the group updated on his progress. One other group member recently diagnosed with PCa reported that he has now decided to go on a watchful waiting program rather than have any treatment at this time.

Thanks again to Bill, the "candy man", for his generous contributions as well as his excellent presentation.

The next meeting is scheduled for Thursday, January 8th, 3:00 PM, at Riverview Medical Center, Red Bank.

Neptune Support Group Meeting

Nov 20, 2008

by Donald Blue and Rich Guilfoyle

Marc G. provided opening remarks for the 15 attendees, which included 3 spouses. He said approval to continue using the new Midtown Community Elementary School (MCES) after September 2009 is still pending. However, we are good for the October 2008 to September 2009 timeframe. The meeting was the second one held in the new, MCES facility. It was the first time we used the hi-tech, Smart Screen system to display the DVD video and sound. We had previously announced a guest speaker for the meeting but due to a scheduling conflict, the speaker was unable to attend the meeting. We will try to reschedule the speaker for March 2009.

Two of the attendees were considered "new" but both; Vince R. and Neil G. had attended previous meetings in Neptune. Vince, who is 80, gave a brief overview of his current condition. He had a prostatectomy in 1996 and was doing fine until 3 years ago. His PSA showed yearly increases beginning in 2006 to the present; 1.6, 2.8, 3.8 and 5.8. He was unsure of the next logical step required to

deal with his rising PSA. Several members offered advice including not rushing into a treatment for a condition that may not be serious. The other "new" attendee who's following a watchful waiting option talked to Vince after the meeting about the path he has taken so far. We encouraged Vince to attend future meetings and to keep his options opened.

The DVD was made during the Prostate Cancer Research Institute (PCRI), Conference on "Recurring Prostate Cancer" held on September 9, 2006 at the Golden Eagle Conference Center, Cal State, Los Angeles, CA. We viewed two segments of the three segments DVD. The first segment was presented by Mark Scholz, MD Oncologist whose topic was Treatment of Hormone Refractory PC. The treatments discussed included both oral and IV medications. The IV meds should be considered if the milder oral meds fail to work. PSA should be checked every 2-4 weeks. Patients should allow at least 2 months to determine if a med is working. Combining different oral meds shows some promise. The second segment was presented by Jacket Pinski, MD Oncologist. His presentation covered: chemo as a treatment option, when to start and stop chemo, the optimum number of chemo cycles (varies by the patient's chemo tolerance), intermittent treatment, and chemo for elderly patients (age should not be a factor in prescribing chemo). The DVD contains a lot of detailed/technical information on treatment options for Hormone Refractory PC. The Neptune PC Support does not endorse any treatment options covered in the DVD. The outlined above is for information purposes only. The DVD can be obtained for loan as support group resource material from "Jackie" at 1-630-1002, US Too International, Downers Grove, IL.

Copies of the November 2008 Hot Sheet were distributed plus copies of an article from the November 2008 Men's Health Magazine titled: The Healers. The article covered Doctors Vance and Vincent Moss humanitarian missions (2) of mercy to Afghanistan to treat the local population for all types of ailments. Treatments included surgeries performed in primitive environments.

Vance Moss was our October 2008 guest speaker. Marc G. told the attendees that all are invited to our Christmas Party scheduled for 18 December 2008 at the MCES facility, Neptune. Members and their wives were asked to bring a simple gift for swapping. Marc's wife Naomi reminded attendees that "Stand by Your Man" 2009 Calendars are available for purchase. Funds raised will support the PC Coalition of New Jersey (PCCNJ).

Future meetings will be held at the new, Midtown Community Elementary School located at the corner of Corlies (Rte 33) and Atkins Aves, Neptune, NJ. Enter the front parking lot from Atkins Ave. Meetings are held on the third Thursday of the month from 7-9PM.

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

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.

News and Good Stuff:

Dr. Lee's new location.

- Rich

The new 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.

Although there were other aims in mind, this only reinforces the limited value of prostate biopsies. It's a wonder they did not consider using any of the several good imaging techniques available at places like MSK to really determine the size and extent of the cancers. That would have been so much more useful than simply doing more biopsies.

- Chris

: J Urol. 2008 Nov;180(5):1964-7;

Pathological upgrading and up staging with immediate repeat biopsy inpatients eligible for active surveillance.

Berglund RK, Masterson TA, Vora KC, Eggenger SE, Eastham JA, Guillonneau BD.

Division of Urology, Memorial Sloan-Kettering Cancer Center, New York, New York 10021, USA.

PURPOSE: Active surveillance with selective delayed intervention is a treatment regimen used in patients with low risk prostate cancer. Decision making is based on pretreatment prostate specific antigen, clinical stage and prostate biopsy results. We reviewed our experience with immediate repeat biopsy in patients eligible for active surveillance with selective delayed intervention.

MATERIALS AND METHODS: A retrospective review was done of the records of consecutive patients who underwent repeat biopsy within 3 months of a first positive biopsy from March 2002 to June 2007. Patients were considered eligible if they had prostate specific antigen less than 10 ng/ml, clinical stage T2a or less, Gleason pattern 3 or less, 3 or fewer positive cores and no single core with 50% or greater cancer involvement.

RESULTS: A total of 104 patients met eligibility criteria. Of the 104 repeat biopsies performed 27 (26%) were negative, 59 (57%) had a Gleason score of 6 or less and 17 (16%) had a Gleason score of 7. One patient had a Gleason score of 9, while 10 of 104 (10%) had greater than 3 cores involved on repeat biopsy and 12 (12%) had 50% or greater involvement of at least 1 core. Of 104 cases (27%) 28 were upgraded and/or up staged. Treated cases that were upgraded and/or up staged were more likely to show higher pathological stage and grade at radical prostatectomy than those that were not ($p = 0.003$ and $p = 0.001$, respectively).

CONCLUSIONS: Immediate repeat biopsy in cases of active surveillance with selective delayed intervention resulted in 27% being upgraded or up staged and those were more likely to show higher grade and stage disease at radical prostatectomy. We recommend repeat biopsy because it improved our discrimination of who are the best candidates

for active surveillance with selective delayed intervention.

PSA testing seems to be more controversial than I would expect it should be. These answers are provided by one of the pioneers in the PSA area.

- Jeff

Johns Hopkins Health Alert
PSA Questions Answered

Is there a reliable PSA cutoff? H. Ballentine Carter, M.D., Professor of Medicine at the Johns Hopkins Hospital, answers this question and others in this excerpt from the *Johns Hopkins Health After 50* newsletter.

Q. Is there a reliable PSA cutoff?

Dr. Carter: In the past, doctors relied more heavily on a standard PSA cutoff of 4.0 ng/mL to determine when a biopsy should be done, but no absolute cutoff point is accurate for everyone. Other risk factors we need to know about include a history of prostate cancer on both parents' sides and race -- black men are at much higher risk for developing prostate cancer, particularly life-threatening prostate cancer. Age is also very important. A younger man might be at much higher risk for harboring cancer than an older man with the same PSA level. Younger men are less likely to have a PSA elevation due to prostate enlargement.

Q. Are you ever old enough to stop getting a PSA test?

Dr. Carter: This is a very difficult question that no one has adequately addressed. If a man is over 70 and in poor health owing to another illness or condition, a PSA test may not be necessary since it's unlikely that he will die of prostate cancer. On the other hand, it may make sense for a healthy 70-year-old to continue with PSA testing. If a man has maintained a very low PSA throughout his life (e.g., below 3.0 ng/mL), he may not need testing after age 75.

Q. What other tests besides PSA are currently under exploration?

Dr. Carter: Robert Getzenberg, M.D., Director of Research at the Brady Urological Institute at Johns Hopkins, discovered a protein (early

prostate cancer antigen, or EPCA) that is present in the blood in higher amounts in men with prostate cancer than in men without it. EPCA appears to be more prostate-cancer specific than PSA, and the test could reduce unnecessary biopsies and, possibly, over diagnosis and over treatment of prostate cancer. More work is needed to determine the value of this test for early detection.

Posted in Prostate Disorders on December 4, 2008

News From the American Cancer Society:

Fran Curtis is leaving the ACS and will no longer be our ACS contact person for this newsletter. We thank Fran immensely for her help in putting together our newsletter and getting it published and mailed. Thanks Fran, we will miss you and wish you well in your future endeavors! Be well and take care.

We also want to welcome the new ACS contact person, Marissa Scotto. Our editors are looking forward to a long and fruitful relationship with Marissa and a continued productive and beneficial relationship with the ACS. We'd be lost without them!

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

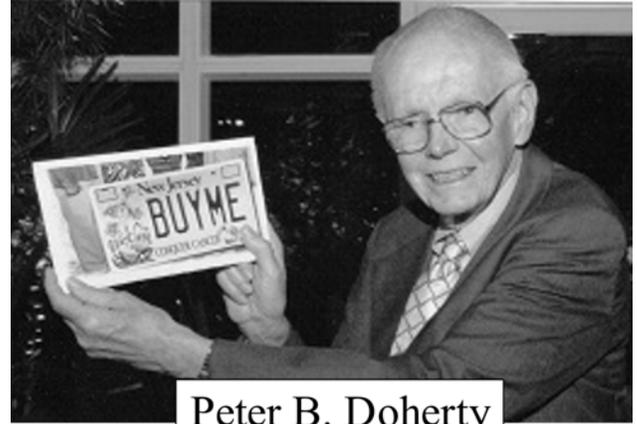
It is with sadness that we inform you of the passing of Peter Doherty. Peter B. Doherty, 81, of Homestead Village in Lancaster died peacefully on Sunday November 23, 2008. In lieu of flowers, please contribute to the Peter B. Doherty Men's Cancer Center at the Morristown Community Hospital 100 Madison Ave. Morristown NJ 07960.

The following words were provided to us from Ann Marie Hill, Executive Director, New Jersey Commission on Cancer Research, 3635 Quakerbridge Road, PO Box 369, Trenton, NJ 08625-0369.

- Jeff

"In life we shall find many men that are great, and some that are good, but very few men that are both great and good."

"It is with deep sadness that I inform you of the death of one of the most dedicated and talented volunteers that the New Jersey Commission on Cancer Research has ever known. Peter Doherty died at his home in Lancaster Pa on Sunday, November 23, 2008 after a long illness. He is survived by his wife of 47 years, Carolyn Putits Doherty."



Peter B. Doherty

"If you have a conquer cancer license plate on your car, you have Peter to thank. He created, designed, and promoted this 'first of its kind' specialty license plate dedicated to supporting cancer research in New Jersey. Since 1998, the license plate raised more than \$4,000,000 for more than 75 cancer research projects right here in New Jersey. Peter Doherty literally 'took the fight against cancer to the streets of New Jersey.'"

"Peter also helped thousands of men deal with prostate cancer. He helped create and lead the Morristown Prostate Support Group, one of the largest support groups in the country. He was a founding member of the Prostate Cancer Coalition of New Jersey and worked on numerous programs and seminars aimed at helping educate men with prostate cancer. He recently was awarded the Harry Pinchot Award for extraordinary service to others in the prostate cancer community."

"For me personally, Peter was mentor, sage and most importantly, a dear friend. Peter was that special person who brought the best out in all of us. We worked harder, dug deeper and strived further because of him. He was not only a great person but a truly **good** man. We will miss you, Peter, but you will always be a part of us. "

Ann Marie Hill

News From the Wellness Community:

The, "Just between Men" group meets the 4th Wed of the month from 6:30-8:00pm at The Wellness Community in Eatontown, but exciting changes are in the works!! Stay tuned and call the Wellness Community for details!

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

Nutrition:

I couldn't resist these two recipes. Pomegranates are so good for us as are cookies. At least that's what I think about cookies...Ok, maybe neither of these are that extra healthy, but even after all the food from the holiday season, these recipes look good. Enjoy!

These come from the folks at Eating Well magazine. Remember, this is © 2008 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

Pomegranate Champagne Punch

From *EatingWell Magazine* December 2006

NUTRITION PROFILE:

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

For a nonalcoholic version, combine 2 1/2 cups seltzer and 2 cups pomegranate juice.

Makes 6 servings, 3/4 cup each

ACTIVE TIME: 5 minutes

TOTAL TIME: 5 minutes

EASE OF PREPARATION: Easy

2 cups champagne

1 cup pomegranate juice

1 cup seltzer

1/2 cup citrus vodka

Lemon twists for garnish

Combine champagne, pomegranate juice, seltzer and vodka in a large bowl or pitcher. Serve over ice with a twist of lemon.

NUTRITION INFORMATION: Per serving: 128 calories; 0 g fat (0 g sat, 0 g mono); 0 mg cholesterol; 7 g carbohydrate; 0 g protein; 0 g fiber; 2 mg sodium; 72 mg potassium.

Nutrition bonus: Antioxidants.

1/2 Carbohydrate Serving

Lava Rocks

From *EatingWell Magazine* November /December 2008

NUTRITION PROFILE:

Low Calorie | Low Carb | Low Sodium | Low Cholesterol | Low Sat Fat | Heart Healthy
Strategy and operations director Josh Gitlin gave this low-fat cookie three layers of chocolate flavor with cocoa powder, grated bittersweet chocolate and cocoa nibs.

Makes 2 dozen cookies

ACTIVE TIME: 25 minutes

TOTAL TIME: 50 minutes

EASE OF PREPARATION: Easy

2 1/4 cups sifted confectioners' sugar

6 tablespoons unsweetened cocoa powder

2 tablespoons all-purpose flour

Generous pinch of sea salt

3 large egg whites

3/4 teaspoon vanilla paste (see Ingredient Notes) or 1 teaspoon vanilla extract

7 ounces (about 2 cups) pecans, chopped and toasted (see Tip)

1 1/2 ounces bittersweet chocolate, grated

4 teaspoons cocoa nibs (see Ingredient Notes)

1. Preheat oven to 325°F. Line 2 baking sheets with parchment paper or nonstick baking mats.

2. Thoroughly stir together confectioners' sugar, cocoa, flour and salt in a large bowl. Beat in egg whites, one at a time, with an electric mixer on low speed. Add vanilla paste (or extract) and beat for 1 1/2 minutes on high speed, scraping down the sides of the bowl several times. Fold in pecans, chocolate and cocoa nibs until evenly incorporated.

3. Spoon the dough by heaping tablespoonfuls onto the prepared baking sheets, about 2 inches apart.

4. Bake the cookies, in batches, in the center of the oven, until dry and glossy on the surface but soft in the centers when pressed, 15 to 17 minutes. Let cool on the pan for 5 to 10 minutes. Carefully transfer the cookies, on the paper or mats, to a wire rack to cool completely.

NUTRITION INFORMATION: Per cookie: 119 calories; 7 g fat (1 g sat, 3 g mono); 0 mg cholesterol; 15 g carbohydrate; 2 g protein; 1 g fiber; 13 mg sodium; 62 mg potassium.

1 Carbohydrate Serving

Exchanges: 1 carbohydrate (other), 1 fat

TIP: Ingredient notes: One tablespoon of vanilla paste is equivalent to 1 whole bean. Find it in specialty baking shops or online at thespicehouse.com.

You can find cocoa nibs (bits of roasted and hulled cocoa beans) at large grocery stores, gourmet retailers or online at chocosphere.com.

MAKE AHEAD TIP: Store in an airtight container at room temperature for up to 3 days or freeze for up to 1 month.

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

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

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

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

The American Cancer Society

Hope, Progress, Answers

1 (800) ACS- 2345

www.cancer.org

Benediction:

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

LOCAL PROSTATE CANCER SUPPORT GROUPS

Monmouth County

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

Long Branch The Cancer Center at Monmouth Medical Center
300 Second Ave., Long Branch, NJ 07740
Goldsmith Wellness Center, (4th Floor)
1st Thursday 7:00 - 9:00 PM
Contact: Barbara Sierocki (Contact Trudy Merer, (732) 923-6575, TMerer@sbhcs.com)
Facilitator: Jeff Ozimek, (732) 542-6335, email: anjoz@verizon.net
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
4th Wednesday 6:30 – 8:00 PM (Men only)
Contact: The Wellness Community 732-758-9200, 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