

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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“So when you feel like hope is gone, look inside you and be strong, and you'll finally see the truth, that a hero lies in you”
- Song “Hero” by Mariah Carey

From the Editor

Finally, our first issue of the new year! I'll bet you thought we forgot you. We didn't, we just have been very busy. It's odd, how the paying customers that I work for in my other life put a demand on my time.

With any luck, you are also receiving the Oct 2008 issue at the same time as this issue. There were some changes made at the American Cancer Society and the best they can tell is that the issue got lost somewhere in the shuffle. So the good folks at the ACS are sending you a double issue. We can't complain; the folks at the ACS work hard for us and all people affected by this disease. In fact, we are very grateful for their dedication and service to us, and the publishing and mailing of this newsletter.

Due to this being a three month issue, we have a lot of support group reports to include. In fact, most of the issue is devoted to them. There have been a lot of very good and informative articles sent our way. I just have not included many articles this time because the reports took up most of the room. We will put more articles in the next issue. I couldn't refuse a chocolate recipe though, so you will find that in here.

We also regret that we have to tell you of the passing of another warrior in the fight against cancer. Bill Finegan was an inspiration to those of us who were honored to know him.

Spring is arriving, and, unfortunately, more newly diagnosed men are arriving in our support groups, too. We also are seeing men come who are struggling with recurrence. Please attend your support group meetings and give of yourself to help those joining us 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 healthy, happy year ahead.

Be well and take care! Enjoy the issue.

- Jeff Ozimek, Editor
anjoz@verizon.net

Long Branch Support Group Meeting February 5, & March 5, 2009 By Jeff Ozimek

We did not have a January meeting since it fell on New Year's Day. Our February and March meetings were the usual discussion session. They both went a bit long as we talked with some newly diagnosed men and tried to answer their questions.

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 December 2008 By Al Rosenberg

BRIAN IS TRYIN' To Help You Fight Your Prostate Cancer!

No kidding! Brian Dullum is the chief Nuclear Medicine Technologist at Ocean Medical Center and this guy can be an important ally in your battle with PCa. Brian was trained at Robert Wood Johnson hospital and UMDNJ. He explained that "nuclear imaging is functioning imagery; it's alive and moving, tracing injected isotopes as they travel in the body as opposed to static imagery like an x-ray."

A comprehensive explanation of just what Nuclear Medicine entails can be found at

www.radiology.org. The website defines NM as, "A branch of medical imaging that uses small amounts of radioactive material to diagnose or treat a variety of diseases, including many types of cancers. Radionuclide Imaging procedures are non-invasive and usually painless. "Depending on the type of nuclear exam, a radiotracer is injected into a vein, swallowed or inhaled as a gas and accumulates in the area of the body being examined. The energy is detected by a camera or PET scanner."

Back to Brian who told us that he specializes in bone scans, a very important imaging procedure for prostate cancer patients who may be facing metastatic conditions.

WHAT IS A BONE SCAN? Why Should I Get One?

"Bone scans are important in prostate cancer," Brian said, "because the process of metastasis invades the skeletal structure and causes a demineralization of the bones, thus weakening them seriously over time." He informed us that, "Nuclear Medicine imaging usually has no side effects because the radioactive isotope injected is not a dye or iodine for the kidneys to filter. It's a very benign test. We use technetium, a commonly used radionuclide because of its short half-life of only 6 hours and all the radioactivity cools off after 24 hours."

Brian was sure to emphasize that, "nuclear radiologic medicine is used for diagnostic purposes therefore it is low dose imaging. Therapeutic radiation like EBRT, IMRT and radioactive seed implants are much more powerful and meant to kill cells."

BRIAN'S LABYRINTH

Who said, "No Nukes is Good Nukes!"

The surprise of the evening was when Brian asked us, "Would you like to see my bone scan machine?" We all jumped at the opportunity for a rare field trip, even if it was only down to "Brian's Labyrinth" secreted somewhere on the first floor. We walked into his well-hidden laboratory behind some thick walls and there it was: "This is my GE Gamma Cam," he announced with pride. "You just climb up on this table, lay down and the scanner does the rest," he revealed.

Brian then described the procedure. "First you'll be injected with the Technetium. Then you have to wait till the tracer is taken up into the skeletal structure. After a while you get up onto the table and the Gamma Camera does its job." If you're an outpatient, you can leave after the procedure and go about your regular activities. A report will be sent to your physician. If, in the scan, areas in the skeleton light up, it doesn't necessarily indicate metastases. "False positives can be the result of arthritic inflammation or previously broken bones, so a follow-up x-ray may be requested," said Brian.

"One more thing," he warned, "a bone scan is different than a bone density scan (DEXA). DEXA scan is not Nuclear Medicine and only shows the density of the bones, usually to check for osteoporosis."

And so with that, our nuclear medicine seminar ended. But Brian Dullum left us with one request, "If you have any questions regarding our bone scan procedure or any other Nuclear Medicine questions, and please give me a call. I love to talk. It gets lonely down here sometimes!" (OMC's Nuclear Medicine department number is 732-840-3387. Just ask for Brian).

DO I NEED A BONE SCAN?

In the American Cancer Society's very comprehensive publication, *Complete Guide to PROSTATE CANCER*, there is a section on radionuclide bone scans. It says, in part: *Because prostate cancer can spread to the bones, a whole body bone scan may be ordered to see if metastasis is evident. Because of PSA testing, prostate cancer is often diagnosed at an early stage. Therefore bone scans are not necessary for most patients.* They currently recommend scans for high risk patients usually with a PSA of over 10, stage T3 or T4 or Gleason above seven.

AFTER RADIATION-MY CANCER IS BACK!

What Can I Do Now?

The question that frequently comes up at our meetings is: "What do I do about my rising PSA after primary treatment?" In the previously mentioned book, *Complete Guide to PROSTATE CANCER*, we find the following admonition: *It is estimated that up to 49% of*

men treated initially for localized prostate cancer will later learn that additional prostate cancer has been discovered. What do we do then? The customary answer is termed salvage therapy. After surgery there are several possibilities including, salvage radiation, cryotherapy (freezing), and hormone therapy. But for men whose primary treatment was some form of radiation i.e., conformal beam, EBRT, IMRT or seed implants, the choices can be very limited due to the possibly permanent radiation damage already done to nearby rectum, urethra and bladder.

In the latest issue of *Insights*, a publication of the Prostate Cancer Research Institute, a highly acclaimed radiation oncologist, Dr. Paul Song has developed a form of temporary High Dose Rate Brachytherapy (HDR) specifically for PCa recurrence after radiation treatment. *"HDR is a completely different method of delivering brachytherapy radiation. Instead of having a large number of uniform intensity seeds permanently inserted into the prostate, HDR uses a single high-intensity Iridium-192 source which is inserted temporarily and can be adjusted and customized to conform to each patient's individual anatomy. "The real potential promise of HDR in the salvage setting," says Dr. Song, "is its unique ability to decrease the dose to the urethra while maintaining adequate coverage of the prostate and limiting dose to the bladder and rectum."*

THE BOTTOM LINE

"Salvage HDR prostate brachytherapy for biochemical failure after radiation therapy appears to be safe and well tolerated with promising results in carefully selected patients." (www.PCRI.org)

OH, NO! NOW MY VITAMIN C IS VERBOTEN?!!

Vitamin C is one of our most popular vitamins. Originally discovered as a cure for scurvy, it's now widely used for its antioxidant properties and the presumption that—*since it's water-soluble*—you can take plenty of it. You'll just pee away the excess. A new study by M.L. Heaney, et al, of Memorial Sloan-Kettering Cancer Center speaks to this issue:

In pre-clinical studies, cancer researchers at Memorial Sloan-Kettering Cancer Center in New York have found that vitamin C appears to substantially reduce the effectiveness of anticancer drugs. The study found that when human cancer cells were treated with a form of vitamin C in lab dishes, chemotherapy drugs killed 30% to 70% fewer tumor cells than usual. Dr. Heaney says while the vitamin C did not neutralize the effects of the chemotherapy drugs, it blunted their effects. He does not recommend taking supplemental vitamin C during chemotherapy.

<http://cancerres.aacrjournals.org>

The conclusion to arrive at regarding the study is, if you are on vitamin C supplements and you are on or planning to start anti-PCa chemo, be sure to discuss the above findings with your oncologist.

Our Brick MANtoMAN group meets the first Thursday of each month at 7:00PM in the 2nd floor conference room of the Ocean Medical Center on Jack Martin Blvd. between routes 70 and 88. Just take the south elevator up to floor 2.

For more info or directions, call our intrepid facilitator, Dick Muller at (732) 240-5717

And Don't Forget:

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

Brick MAN to MAN Support Group

February 2009

By Al Rosenberg

“The more we learn now, the more we can share with other newcomers later on!”

This comment, spoken by Tom one of our long-time members, sums up our *raison d'être* (“reason for being” in French).

This most interesting meeting was attended by ten “survivors,” two wives and a newby with a most distressing tale, but a great outlook. Our newest member, Vince, arrived

with a couple of other veteran members, Sam and Charlie. Vince, a real character with a “Che, Sera, Sera” attitude had a history of low but rising PSAs and five—yes five—biopsies, all negative. He finally went to St. Vincent’s in NYC and saw a specialist who did a “saturation biopsy” with many more samples than the usual twelve to fourteen. Guess what? That one came back negative also so, “I thought I was in the clear.” Well, three years later he had another PSA and this one was 3000! And a subsequent bone scan “lit up like a Christmas tree” with multiple metastases. Vince is currently on hormone therapy and we hope to report on his progress and the complete story in a future issue.

Meanwhile, when a newby says, “Boy, you guys are great! I didn’t realize there was so much to know,” it’s just Tom’s comment coming to fruition.

● **Bulletin** ● **Bulletin** ● **Bulletin** ● **Bulletin** ●

THERE’S MORE TO YOUR HEALTH THAN JUST PSA!

It seems as soon as we’re confronted with a diagnosis of PCa, we become obsessed with PSA numbers and tend to overlook other blood lab results that could affect our overall health. Just as important are other blood markers that may reflect the side effects of our cancer or therapies we have been undergoing. At this meeting we talked about vitamin D, glucose and other tests and their normal reference ranges. For everyone’s edification, here is a list of standard lab tests usually done for a general physical examination. First is the test and then the lab’s normal ranges. We will go over some of those tests that particularly affect PCa patients.

Metabolic Panel:

Glucose = 65-99 Fasting numbers consistently above 100 usually indicate glucose intolerance and above 120 may be an early sign of diabetes.*

Creatinine = .75-1.25 Serially higher than normal levels may indicate deterioration of kidney function. The estimated Glomerular Filtration Rate (eGFR) should be above 60*

Vitamin D, 25 hydroxy = 32-100 Most people in the northern latitudes (NJ) are low in vitamin

D. PCa patients should strive for a number in the high-normal range*

Calcium, serum = 8.5-10.5 Most of our calcium is in our bones, but the parathyroid regulates body calcium levels.*

PTH, intact = 15-65 Measures parathyroid activity. When calcium in blood drops, PTH activates to raise it back.*

Lipid Panel

Cholesterol, total = 100-199 High cholesterol counts together with elevated LDLs and triglycerides are associated with heart disease risk.*

LDL = 0-99 "Bad" cholesterol causes fatty deposits in arteries.*

Triglycerides = 0-149 Excessive amounts can lead to arterial hardening (atherosclerosis).*

HDL = Above 39 "Good" cholesterol helps carry fats from the arteries to the liver for metabolism.*

Complete Blood Count (CBC)

White Blood Cells (WBC) = 4-10 White cells are part of the immune system for fighting infection.*

Red Blood Cells (RBC) = 4.1-5.6 Red cells transport oxygen from the lungs and return carbon dioxide to the lungs to be exhaled.*

Hemoglobin (Hbg) = 12.3-17 Hemoglobin is the iron-containing protein found in red cells. HGB level tells the body's oxygen carrying capacity.*

Hematocrit (Hct) = 36-50 Test measures the percent of total blood volume made up of red cells. An Hct of 45 means that 45% of total blood volume are composed of red cells. A low count indicates anemia*

Other PCa Tests

Prostatic Acid Phosphatase (PAP) = <3 PAP may indicate the incidence of systemic metastases or micro-metastases. A baseline test used with higher PSA which may indicate extra-prostatic disease or as a prognostic test for success or failure of surgery or radiation.*

Free PSA = Helpful for screening before biopsy when total PSA is running higher than "normal." Studies show that men with low free-PSA (<10 %) are more likely to have PCa while those with higher free-PSA (>25%) have a low probability of PCa.*

Testosterone = 240-820 Male hormone produced in testicles. Suppressed by LHRH

agonists (Lupron, Zoladex etc.) to castrate level (<50) to control PCa cell growth and in some cases shrink prostate gland prior to radiation therapy.*

*Information for the above listed lab works was gleaned from the following sources:

www.labcorp.com

www.pcref.org

www.parathyroid.com

www.healthcheckusa.com

www.paactusa.org (Donald Trump, MD)

Primer on Prostate Cancer (Strum & Pogliano)

The aforementioned is just a listing of some of the lab tests pertinent to PCa patients and "survivors." There are others that can be affected by PCa chemo and hormone therapies such as, BUN, Bilirubin, LDH, Alkaline Phosphatase etc.

Always make sure you get a copy of your blood work from either the lab or your doctor's office and carry it with you to other doctors you may be seeing. It's important to discuss any questions regarding your lab blood work with your doctor(s), especially if you're on other medications that might interfere with your PCa therapy.

TAKE TWO ASPIRIN AND SEE ME IN THE MORNING!

It's not a Henny Youngman joke anymore. In recent years at-risk patients have been told to take the equivalent of a baby aspirin (81mg) daily to prevent heart attacks.

Why So Little? Good question, especially in light of a new study just out in the American Journal of Cardiology which suggests that higher amounts of aspirin could be more capable of averting heart attacks and early deaths Over 4500 stroke and heart patients were given aspirin in doses from 75-325mg (one adult aspirin has 325mg). A follow-up study after one year showed that the bigger daily doses were associated with lower mortality albeit a heightened chance of bleeding. And the researchers deduced, "Our findings suggest that aspirin doses of more than 162mg/day may be more beneficial than those less than 162mg/day at preventing death." (Am. Journal of Cardiology, 2008 Nov.)

ASPIRIN AND PSA - YOU'RE NOT GONNA BELIEVE THIS!

“Men who take aspirin have significantly lower PSA Levels.”

Researchers at Vanderbilt University have found that “The use of aspirin and other non-steroidal anti-inflammatory drugs (NSAIDS) is significantly associated with lower PSA levels, especially among men with prostate cancer.” A big investigation known as the Nashville Men’s Health Study enrolled 1277 men. After adjusting for variables, they found that PSA levels averaged 9 percent lower in men taking aspirin than those who did not. Additionally, “the effect of aspirin on PSA was only somewhat evident among men without prostate cancer but was strongest in men with prostate cancer,” reported Jay H. Fowke, Ph.D. assistant professor in medicine. They are currently studying the analysis to determine if these lower PSAs might not have an effect on the PCa growth thus masking the ability to accurately screen for early cancers.

(<http://www.aacr.org/home/public-media/news.aspx?d=1174>)

Note: Please be aware that aspirin and other NSAIDS (Tylenol, Advil, Aleve etc.) are blood thinners and may be contra-indicated in those men using prescription thinners such as Coumadin, Warfarin and also non scrip anticoagulants known to thin blood like Ginkgo, vitamin E, COQ-10, St. Johns Wort etc.

(<http://www.nih.gov/news/pr/jan2005/nhlbi-10.htm>) ABC’s of Nutrition & Supplements for Prostate Cancer (Moyad, MPH)

WHAT’S NEW IN WATCHFUL WAITING or Active Surveillance?

Lately, we’ve been meeting a number of recently diagnosed “newbies” and even veteran members who have been on or considering Watchful Waiting, or as we prefer the newer term, Active Surveillance. Well for those who are currently on or are considering the program, a quite extensive video presentation on the subject can be found at <http://www.tinyurl.com/b7gldg> . Christopher Evans, MD board certified urological oncologist at U.C. Davis Med School, presents the latest thinking on WW and concludes with his own personal approach in particular. It’s worth watching and hearing!

The Brick MAN to MAN Support Group meets the first Thursday of each month at 7:00PM at the Ocean Medical Center on Jack

Martin Blvd between rtes 70 and 88. We’re located in the conference room on the second floor. Bring your spouse, family member or friend.

For more information and exact directions just give our group’s fearless facilitator Dick Muller a call at (732) 240-5717 or our Ocean Med Center representative Rod Garmin at (732) 836-4092.

And Don’t Forget:

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Red Bank Support Group Meeting

February 12, 2009

By Jay Lomberk

The meeting, chaired by Joan Toole, had a turnout of just five men this month. There was one new member who had recently been diagnosed with PCa. Most of the meeting was spent reviewing his situation and discussing various diagnosis and treatment options.

The new man (Bob) had been diagnosed three weeks ago with a PSA around 20 and Gleason of 3+3. Apparently his PSA had been elevated for some time and had recently jumped into the 20s. After previous biopsies came back negative, the latest biopsy found one core positive. He is awaiting results of a bone scan. His PSA history was also unusual since it had fluctuated wildly over the past few years, jumping and dropping several times for no apparent reason. He had received antibiotics at one point, which dropped the PSA, suggesting the possibility of an infected prostate but the PSA then jumped up again. He also did not have an enlarged prostate so BPH was ruled out as a cause of the high PSA. Group members suggested that he might have other undetected tumor masses in the prostate that the recent biopsy missed and which could explain the elevated PSA. The group recommended he get a Color Doppler scan

with Dr. Lee before beginning any kind of treatment program including hormone blocking.

We continued to discuss other members' treatment experiences in order to give Bob a good sampling of the various options available.

The next meeting is scheduled for Thursday, March 12th, 3:00 PM, at Riverview Medical Center, Red Bank.

Neptune Support Group Meeting December 18, 2008

By Donald Blue and Rich Guilfoyle

Marc G. provided opening remarks for the 16 attendees, which included 6 spouses. There was no official business scheduled for the meeting. We just had a simple Christmas party with donated refreshments and holiday music. There were no discussions of PC during the meeting just a relaxing and enjoyable time for all attendees. However, Don B. sadly announced the passing of one of our members, James on 11 Dec 08 after a long fight with PC. A card was sent to his family from our group.

All meetings during 2009 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

Neptune Support Group Meeting January 15, 2009

By Donald Blue and Rich Guilfoyle

Marc G. provided opening remarks for the 14 attendees, which included 3 spouses. He gave a recap of our Christmas party for the members that were unable to attend. Marc and Bob C. reported that Frank R. a former member and co-founder of the Neptune PC Support Group has been in and out of the hospital in Pennsylvania with an undisclosed

illness. His wife told Bob that Frank has been doing better lately but there's still some concern. We discussed a means for the group to continue meeting in the Neptune, Midtown Community Elementary School after the current agreement with the Neptune Board of Education expires on 30 Sept 2009. Several members offered ideas. The group will continue looking at all viable options.

The scheduled guest speaker for January, Dane Milhon had to cancel due to another last minute commitment. We will try to reschedule him for a meeting in the near future. A DVD was shown which highlighted Active Surveillance/Watchful Waiting as an option for PC patients. Dr Peter Carroll was the presenter. The DVD was produced at Prostate Cancer Research Institute (PCRI) Conference held during 6-7 Sept 2008. Active Surveillance is a viable option for men with low grade PC. It allows a patient to avoid possible negative side effects of active treatments while they continue to monitor their PSa. Active Surveillance most includes life style changes such as a healthy low fat diet, exercise, etc. Dr Carroll warned that over detection could lead to over treatment for PC patients.

After the DVD was shown open discussion resumed. One interesting issue was the requirement to obtain an accurate reading of vitamin D through blood tests. It's very important to select a laboratory for blood tests for vitamin D that has a record of accuracy.

Copies of the January 2009 Hot Sheet were distributed. Our guest speaker will be announced later. The meeting will be held in the 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.

Neptune Support Group Meeting February 19, 2009

By Donald Blue and Rich Guilfoyle

As usual, Marc G. provided opening remarks. A total of 17 individuals attended the meeting. This included 4 wives plus 2 first time attendees. The first time attendees; John C. and John G. were introduced to the group. Both were recently diagnosed with PCa. They gave summaries of their respective PCa conditions. Members offered information based on their respective experiences. Various treatment options were presented and discussed. For example, the benefits of Watchful Waiting were explained for someone that meets the criteria. John C. said he is considering visiting Dr Lee provided an appointment is covered by his insurance. John G. said he is still coming to terms with the diagnosis. He said the information gained during the meeting will help. Both thanked the group for the assistance and indicated they will attend future meetings of the Neptune PC Support Group.

Our Guest Speaker was Dane Mihlon, CSA. Dane last spoke to our group on 21 Feb 08. He revisited the topics covered during his first visit with updates in key areas. For example, he defined the term "donut-hole" and its impact on retirees. He stressed the pitfalls of delaying the collection of Social Security/Medicare coverage. He told the group to make sure to review their secondary insurance during November of each year to ensure maximum coverage is obtained at a reasonable cost. He provided handouts that explained 2009 Medicare Parts A, B and D coverage. The handouts listed costs for; 1-60, 61-90, 91-150 and 151 days or more. The co-pay amounts were also listed for the various stays in the hospital. Mr. Mihlon said he's not in the insurance sales business. He is an insurance consultant and is paid commissions by many insurance companies. After his informative presentation, Mr. Mihlon told the attendees that he would provide consultation service cost free for any members that were present. Mr. Mihlon can be reached at (732) 742-5211 or www.medsupamerica.com. Additional detailed insurance information is available at the Senior Health Insurance Information Program (SHIIP) website: www.shiipnews.com

Rich G. provided a few copies of the LifeExtension magazine. The February 2009

issue of the magazine contained a very good article titled; The Cholesterol Controversy. The article is available online at www.lef.org. Just enter, "The Cholesterol Controversy" in the search window. We didn't have the latest edition of the Us Too Hot Sheet for distribution during the meeting. Missing editions will be distributed at the next meeting.

Our next meeting is scheduled for 19 March 2009. A guest speaker has not been confirmed at this time.

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.

Freehold Support Group Meeting November 24, 2008

By Harvey Yesowitz

Twenty men and women attended our November meeting. I don't think we say enough about the women who attend our meetings. While I'm not sure if it's the norm, we consistently have a great turnout of wives who are equally impacted by their husbands' condition. Those who attended learned about several complimentary treatments to help mitigate the symptoms of many different medical problems.

A growing number of health care professionals recognize massage as a useful addition to conventional medical treatment. Some studies of massage for cancer patients suggest that it can be helpful in decreasing stress, anxiety, depression, pain, and fatigue. These potential benefits hold great promise for people with cancer, who deal with the stresses of a serious illness and some unpleasant side effects from conventional medical treatment. While some evidence from research studies with cancer patients supports massage for short-term symptom relief, additional research is needed to find out if there are measurable,

long-term physical or psychological benefits. While massage appears promising for symptom management and quality of life, available scientific evidence does not support claims that massage slows or reverses the growth or spread of cancer.

Another form of complimentary treatment goes by several different names including light therapy, colored light therapy, infrared (IR), near-infrared (NIR), low-level laser therapy (LLLT) and cold laser therapy. Collectively they are called phototherapy, which is the exposing of body parts to light of a specific wavelength and strength to produce a therapeutic effect. This approach has been around for more than 30 years and is widely used by physicians in other countries but not here in the United States. The theory behind this form of therapy suggests that the energy from the light acts on the mitochondria which are the energy generators of the cell.

Proponents of phototherapy suggest benefits associated with various applications as follows:

- 1) Reduce inflammation producing significant cardiovascular benefits.
- 2) Improve wound healing.
- 3) Improve bone healing.
- 4) Reduce or eliminate mouth sores associated with chemotherapy and radiation treatments.
- 5) Improve degenerative eye diseases.

After an informative session we turned to our regular members as well as several first time visitors.

One of our returning members was still experiencing problems with swelling in one leg. He reported minor improvement but after visiting several doctors the cause was still a mystery. He had previously undergone radiation treatment for his cancer and had a problem with GI bleeding resulting from overuse of painkillers. Another member had abandoned his clinical trial of Taxotere and Prednisone due to severe side effects. However, the several rounds of chemotherapy had in fact reduced his PSA significantly.

Finally, two newcomers were struggling with the question of what to do next. Both had Gleason Scores of 6 and relatively low PSA's. Our advice under these circumstances is generally not to rush their decision but to carefully evaluate the options. As a group we

are also proponents of additional imaging to better locate and evaluate an individual's cancer. The Sloan Kettering facility in Basking Ridge is one of the few New Jersey locations to provide endorectal MRIs.

Our next meeting will be held on the Fourth Monday in January. I hope all of you had a great holiday season and we wish you all a Healthy and Happy 2009!!

Freehold Support Group Meeting January 26, 2009

By Harvey Yesowitz

Twenty men and women attended our first meeting of the New Year. The most notable exception was Chris Papa, our intrepid leader, who was home with a bad cold/flu. To help fill the void Jack Stauffer introduced the first part of the meeting, a DVD presentation on "Active Surveillance" presented by Dr. Peter Carroll.

The concept of active surveillance has taken hold because, with increased PSA screening, men present with much earlier stages of disease. Since doctors are identifying low grade disease with greater frequency, Dr. Carroll suggests that rather than immediate treatment they should be followed very carefully with blood tests, physical examinations, imaging, and repeat biopsy. Treatment is only recommended when they exhibit progression. Dr. Carroll indicated that, when treated, these individuals have outcomes that are just as good as if they were treated upon initial diagnosis.

The best candidates for active surveillance exhibit the following characteristics:

Low-grade prostate cancer (Gleason no higher than 3+3)

PSA less than 10 and not increasing significantly with time

Cancer in no more than one third of the total needle samples (min. 12 samples)

Cancer in no more than 50 percent of any single needle sample

Ultrasound, physical examination or other test results that suggest the cancer has not spread outside the prostate gland.

Active surveillance is not so much about whether you treat or you don't treat. It's about the timing of treatment. Men with low-volume, low-grade disease, organ confined, with a stable PSA, should consider active surveillance as a viable alternative to immediate treatment. This is especially true for older patients or those with other serious medical conditions.

One of the new visitors to our meeting coincidentally has been part of a John Hopkins clinical trial on active surveillance for the past 12 years. He had very low-grade disease at initial diagnosis and currently there are no signs of the cancer at all. The group generally concluded that given the extraordinary number of biopsies this gentleman has undergone they have actually removed his cancer one core at a time.

To further underscore the sense of timing associated with that evening's presentation two new visitors discussed their current condition which both fell into the category for active surveillance. One very real obstacle to active surveillance is the anxiety attached to the knowledge that your body is harboring cancer and you are not doing anything about it. Dr. Carroll's statistics showed that approximately 10% of the patients with very low-grade disease opted for treatment despite the potential side effects.

One member of our group, who has been trying to decide on appropriate treatment, was scheduled for robotic surgery at Mt. Sinai Hospital. Finally, one of our members provided us with information about an organization known as "Corporate Angels" They coordinate free travel for cancer patients who must fly to other parts of the country for treatment. You fly on corporate jets that are scheduled to make business trips. Following is contact information.

The Corporate Angel toll free line is 866-328-1313.

Website: <http://www.corpangelnetwork.org/>

Attendance was limited to nine men and two spouses due to a combination of a severe, windy, bone chilling evening and the fact that several of our regular members reported that they had bad upper respiratory tract infections that they did not wish to spread to others. It was too bad because a larger number of members and spouses would have thoroughly enjoyed the DVD presentation by Dr. Mark Moyad titled "Dietary Supplements from A to Z". Dr. Moyad is well known for his breezy and entertaining delivery of very serious material, and the rather long, almost 65 minutes, presentation, just zipped along and was over too soon. His message was one primarily of good care for your cardiovascular system, which would, incidentally, also be salutary for your prostate cancer. He focused on saying that "less is more" and presented guidance for the rational use of vitamins and supplements, along with a heart healthy diet, a regular exercise regime, both aerobic and weight lifting, plus proper mental health attitudes. Benefits would then accrue to almost all difficulties attending prostate problems from recurrences to erectile dysfunction. It was a very upbeat message and presented a most reasonable choice compared to other costly and occasionally dangerous alternatives. The talk didn't quite live up to its advanced billing and only covered from A (Aspirin –both benefits and dangers of this ubiquitous drug) to S (Spiritual Health). The latter stressed a very important message and was a very apt way to conclude the presentation. It was the notion that we all benefit ourselves a great deal when we try to help others. Although he gave many examples of how to achieve this, the most important was active participation in our local prostate cancer support groups, helping other survivors as we help ourselves.

The remainder of the evening was spent in a lively free for all discussion period reviewing old and current problems from the group of regular attendees, since no new men showed up this particular evening. One of our members who had been in the V.A. clinical study with taxotere, prednisone and Avastatin, reported that he was quite happy with the continuing good news that his previously very high PSA is now very stable at 5 ng level and that he feels good except for a residual anemia

Freehold Support Group Meeting February 23, 2009

By Chris Papa

which he is treating with erythropoietin, marrow stimulating, injections. Another fellow who had been in the same V.A. study was satisfied with the results, but now has been placed on continuous androgen deprivation therapy since the study ended and he is complaining about some of the usual side effects, loss of libido, loss of muscle mass, putting on excess fat, hot flashes, etc. It was suggested that he ask his physician to at least consider intermittent therapy and to address some of his discomfort. Another gentleman, who had reported serious bleeding from gastric ulcers brought on by the use of Aleve for the pain on urination post external beam therapy, now has bleeding from lower down in his GI tract, the colon or rectum and is currently being worked up for the problem. He was a fellow who had such minimal cancer, and is old enough, that one wonders now, in retrospect, how much better it might have been had he considered active surveillance.

Another member who is on active surveillance, reported that his urologist had palpated a new hard lump in his prostate on digital rectal exam and was planning to biopsy him "in several months". The members wanted to know why the urologist was waiting at all to do the procedure. It seemed strange when so many others rush to biopsy what seem to be minimal elevations in PSA levels. He said he'd inquire about getting in to see the doctor sooner than later, since he is not now on any therapy and agreed that this may signal a significant change which now requires an appropriate response.

Our next meeting is scheduled for March 23. New and old members are invited.

News and Good Stuff:

Rich sends Dr. Lee's new location.

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.

Being in this position I often receive contacts from people involved in various aspects of Prostate Cancer. In this case I was asked if people were interested in participating in a study. This article was sent to me from Kevin Cronin of LAZAR PARTNERS LTD, 420 Lexington Avenue, Suite 442, New York, NY 10170 in the hopes that word of this study could spread. Here is his article. Remember to investigate these types of things thoroughly and ALWAYS consult your physician before participating in this or other studies.

- Jeff

Doctors Study Non-Invasive, Radiation-Free Technology As Pain-Killing Treatment for Bone Metastases

When prostate cancer spreads, it seeks new organs in the body to attack. One of the most common targets: the skeleton. When tumors form on bones, these "metastases" can cause pain and significant problems that severely impact quality of a patient's life.

Now, doctors are studying innovative sound wave-based technology to determine if the completely non-invasive, radiation free procedure will relieve the pain from bone metastases without the side effects seen with current treatments.

"Pain from tumors that have spread to the bone is the most common kind of pain for cancer patients," notes Dr. Mark Hurwitz of the Dana-Farber/Brigham & Women's Cancer Center at Harvard Medical School and President of the Society for Thermal Medicine. "While maintaining quality of life for patients with advanced cancer is a top priority, current palliative treatments have several limitations. When pain persists or recurs after palliative radiation, options are often limited as many patients are too weak to withstand invasive procedures to quell their pain."

Physicians have been treating uterine fibroid tumors with focused ultrasound technology since 2004 and now Hurwitz and doctors at other leading cancer centers are applying this technology, which works in concert with magnetic resonance imaging (MRI), to bone metastases in a study being conducted at leading cancer centers across the

U.S. The technology, known as the ExAblate system, has shown promising efficacy and safety results in pain palliation feasibility studies in [patients] with bone metastases and the researchers hope to confirm those results though this larger trial.

"We look forward to participating in this pivotal study which could provide us with a non-invasive and effective way to improve late-stage cancer patients' quality of life," Hurwitz said.

Bone metastases will cause many late-stage prostate cancer patients severe pain, forcing many to take opioid painkillers, which are not only addictive, but can cause severe, debilitating constipation.

Other pain relieving treatments exist, but many carry significant side effects. Some treatments require invasive surgery, while others run the risk of damaging the healthy tissue surrounding the metastases; drugs can affect the patient's feeling of well being. Some treatments are effective for some patients and not for others. External beam radiation therapy (EBRT) fails to reduce pain in 30% of the patients it is used to treat making the need for optimal second line therapies important.

MRgFUS works by combining MRI and ultrasound technology. An MRI is used to map out the body and determine where the ultrasound waves will be focused. Focusing ultrasound waves is similar to focusing the sun's rays through a magnifying glass: whatever the waves are focused on will be burned. By aiming the ultrasound at the bone periosteum, the ExAblate will destroy the nerve endings of the bone, so that the patient no longer feels the pain caused by the tumor. While the bone tumor remains, this is nonetheless a powerful palliative method to reduce the pain felt by the patient. Additionally, because MRgFUS is not radioactive, it can be administered repeatedly, and to the same sites if necessary.

To qualify for the study, patients' pain must have returned or never subsided after an initial round of palliative radiation treatment or the patient must have been unable to receive radiation treatment in the first place.

Clinical trials are being held at Brigham & Women's Hospital in Boston; the Fox Chase Cancer Center in Philadelphia; Houston

Methodist in Houston, TX; Lahey Clinic in Burlington, MA; University Health Network in Toronto; Sheba Medical Center in Israel; Sightline Medical Center-Houston; the University of California, Los Angeles (UCLA); the University of California, San Diego (UCSD) Medical Center in San Diego, CA; and Weill Cornell Medical College in New York. Memorial Sloan Kettering Cancer Center in New York is also expected to participate in the study.

In a previous trial conducted at sites in Israel, Toronto, Germany and the United Kingdom, most patients who underwent MRgFUS treatment noticed a fast reduction in pain. Patients indicated great acceptance of the procedure.

"If this study does indeed provide us with a new alternative to treating metastases, that would be a breakthrough," Hurwitz said. "A noninvasive treatment that could be administered repeatedly without harming the healthy tissue surrounding the tumor could be the solution to the problem of finding a treatment precise and effective enough to alleviate the pain of metastases, without overwhelming patients in an already weakened state."

For more information on the study, please visit <http://www.clinicaltrials.gov/ct2/show/NCT00656305?term=exablate+and+bone&rank=1>
Or: www.MyCancerPain.org

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.

It is with great sadness that we inform you of the passing of Bill Finegan. I met Bill too few years ago on this road of prostate cancer. Bill was one of those very special people we come across in life. One of the recent times Bill and I saw each other was at a July 4th celebration. With all of his health issues, that says a lot about Bill in itself. He was the kind of person that celebrated every day of life, and

often pointed out how he was defying the odds by how long he kept his prostate cancer at bay. Bill's positive, optimistic view was certainly made stronger by his unwavering spiritual faith. I saw a different aspect of Bill when I heard him sing "What A Wonderful World" at An American Cancer Society Relay For Life Event. I don't get misty eyed very often, but he made it happen there. That man could sing! The death of anyone we meet in life brings a certain sadness, but Bill was one of those people who added so much to the people around him and the world in general. Those of you who didn't know Bill, missed a special gift. The following words from Bob Carter have lessons and a message in them. Bill would want us to all be proactive in our own health care and take charge of our treatment and our lives. It also brings to light the value in using the latest diagnostic tools. When Bill was initially diagnosed, the PSA test was a relatively new test. Had this "new" test been applied sooner, the results may have been different. Bill, we will always remember you and miss you!

- Jeff

Bill Finegan passed away last Friday after his long battle with cancer. Bill was diagnosed with prostate cancer in 1995 at age 50, but during the past four years he was also fighting pancreatic cancer. He was still quite active until the last few weeks, and he delayed entering Hospice as long as he could. He passed peacefully at home with his family, but not until he had planned all of the arrangements for his funeral, to the point of making a recording of his favorite music to be included.

From ages 45 to 50, Bill had been treated several times for urinary symptoms by two different Family Doctors and two Urologists. They did DRE's, X-Ray's, Urinalysis, etc, and prescribed antibiotics, but they did not do a PSA test because he was not yet 50. After Bill learned about the PSA test from a friend, he then requested it, and was finally given the test. His PSA was 23. A biopsy followed, showing a Gleason Score of 9, indicating a very aggressive prostate cancer.

Bill was understandably upset that his doctors had not ordered a PSA test much earlier in light of his symptoms, regardless of

his age. An earlier PSA test may have found his cancer when it was more likely to be curable. In 1995 he wrote a "Letter To The Editor" in the local paper to alert other patients. I happened to read his letter, and I recognized him as a former student of mine at RFHRHS in 1962. I called Bill and invited him to attend a PCa Support Group to learn more. He also participated in a four page interview with six other PCa survivors in that same local paper in 1995.

He was treated using hormonal blocking and radiation, but at age 52 in 1997 Bill's PSA was rising again and he went back on hormonal blocking. He was feeling pretty good except for about 25 hot flashes a day. He attended several PCa Support Groups, took many vitamins and herbal remedies, and he regularly attended healing services at his church. Bill's spiritual component was a big part of his life, and he always maintained that it was God's support and his family that kept him going. He was diagnosed with Pancreatic Cancer about four years ago and was under the care of a Medical Oncologist. Bill also found that frequent sessions of therapeutic massage were very beneficial.

The good news was that he made very good use of the time that he had, by being so involved with his family (with special emphasis on his grandchildren), his church, his singing, his antique car, his work, and his friends. At his birthday parties along the way, Bill always provided some musical entertainment by either singing in person or on some CD recordings that he had made. He even provided copies of the CD's to the people attending his birthday celebrations. Bill was always up-beat. His strong faith, good humor, quick wit, excellent craftsmanship, pride in everything that he did, talents in many fields, generosity, compassion, and just about every other attribute you could wish for, will be sorely missed by all who knew him. Bill made an impression in many of our lives that will not be forgotten. I wish his family well. We will miss Bill and we will fondly remember his spirit.

- Bob Carter

News From the Wellness Community:

The, "Just between Men" group meets the 3rd Monday of the month from 6:30-8:00pm at The Wellness Community in Eatontown. The group has a new facilitator and a new leader who is a survivor of prostate cancer. Come join them for a special, informative, and "supportive" session in very comfortable surroundings. 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:

Even though I missed Valentine's day, I could not resist this chocolate recipe. And much to my surprise, it came from Eating Well! So, it can't be all that bad, can it? It looks good and easy. I'm on my way to the kitchen to do some baking now... 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

Dark Fudgy Brownies

From *EatingWell Magazine* January/February 2007

NUTRITION PROFILE:

Low Calorie | Low Carb | Low Sodium | Low Cholesterol | Low Sat Fat | Heart Healthy | Diabetes Appropriate | Healthy Weight

We like to use chocolate with 60-72% cacao content in these rich, fudgelike

brownies, as it imparts a deeper, fuller flavor than less-chocolaty choices.

Makes 20 brownies

ACTIVE TIME: 30 minutes

TOTAL TIME: 3 hours 20 minutes (including cooling time)

EASE OF PREPARATION: Easy

3/4 cup all-purpose flour

2/3 cup confectioners' sugar

3 tablespoons unsweetened cocoa powder, American-style or Dutch-process

3 ounces semisweet or bittersweet chocolate (50-72% cacao), coarsely chopped, plus 2 1/2 ounces chopped into mini chip-size pieces, divided

1 1/2 tablespoons canola oil

1/4 cup granulated sugar

1 1/2 tablespoons light corn syrup blended with 3 tablespoons lukewarm water

2 teaspoons vanilla extract

1/8 teaspoon salt

1 large egg

1/3 cup chopped toasted walnuts (see Tip), optional

1. Position rack in center of oven; preheat to 350°F. Line an 8-inch-square baking pan with foil, letting it overhang on two opposing sides. Coat with cooking spray.

2. Sift flour, confectioners' sugar and cocoa together into a small bowl. Combine the 3 ounces coarsely chopped chocolate and oil in a heavy medium saucepan; place over the lowest heat, stirring, until just melted and smooth, being very careful the chocolate does not overheat. Remove from the heat and stir in granulated sugar, corn syrup mixture, vanilla and salt until the sugar dissolves. Vigorously stir in egg until smoothly incorporated. Gently stir in the dry ingredients. Fold in the walnuts (if using) and the remaining 2 1/2 ounces chopped chocolate just until well blended. Turn out the batter into the pan, spreading evenly.

3. Bake the brownies until almost firm in the center and a toothpick inserted comes out with some moist batter clinging to it, 20 to 24 minutes. Let cool completely on a wire rack, about 2 1/2 hours.

4. Using the overhanging foil as handles, carefully lift the brownie slab from the pan.

Peel the foil from the bottom; set the slab right-side up on a cutting board. Using a large, sharp knife, trim off any dry edges. Mark and then cut the slab crosswise into fifths and lengthwise into fourths. Wipe the blade with a damp cloth between cuts.

NUTRITION INFORMATION: Per brownie: 86 calories; 3 g fat (1 g sat, 1 g mono); 11 mg cholesterol; 15 g carbohydrate; 2 g protein; 0 g fiber; 19 mg sodium; 25 mg potassium.

1 Carbohydrate Serving

Exchanges: 1 other carbohydrate

TIP: To toast chopped nuts: Cook in a small dry skillet over medium-low heat, stirring constantly, until fragrant and lightly browned, 2 to 4 minutes.

MAKE AHEAD TIP: Store in an airtight container for up to 3 days or in the freezer for up to 2 weeks.

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 732-578-9200, 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