



# POUGHKEEPSIE MAN TO MAN



*Prostate Cancer Education & Information Support Program since July, 1993*

**October 2, November 3, 2005 Issues 10-11 (Meetings to date # 162)**

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**Our web sites** [http://www .geocities.com/charl2ep/Cancer/](http://www.geocities.com/charl2ep/Cancer/) or <http://www .boodrow.com>

Man to Man (M2M) is an educational, not for profit, prostate cancer support program of the American Cancer Society. It is a forum for discussing medical developments & experiences. Protocols discussed at M2M meetings are sometimes based on anecdotal information. It is always advisable to consult a physician before adopting any form of treatment.

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**ATTENTION ATTENTION  
DEC 8 next meeting not Dec 1**

Joint meetings of Man to Man (M2M) and Side by Side (SXS), the prostate cancer (PCa) support and education groups sponsored by the American Cancer Society, were held on October 2, November 3, 2005 in the Central Hudson Electric Company Auditorium- &, Rt.9, Poughkeepsie, NY. There were 41 in October, including 2 new M2M members and 6 SXSs. November 3 meeting had 55 including 1 new member and 15 SXS. Several of the new members were given our NEWBIE BOOK.

**PLEASE NOTE: Poughk M2M has back issues of our newsletters & information on PCa. at:**

**<http://www.geocities.com/charl2ep/Cancer/>  
or <http://www.boodrow.com>**

## PROGRAM October 6, 2005

**Viewing of a Video Tape from the Prostate Forum in Washington DC featuring Dr. Bruce Sodee, "Prostascint/CT Scan." Also, George Nikolsky presented his personal experience concerning the above.**

### George's Story

Between 1994 and 1997 my PSA was between 4.1 and 5.2. In 1998 it went up to 5.6. A biopsy confirmed that I had PCa with the Gleason score of 7. In April-May I had High Dose Radiation (HDR) in another state followed by 3D conformal radiation here in Poughkeepsie. Both doctors established a protocol for my 3D conformal treatment such as dosage, length of treatment etc. My PSA dropped to 2.1 for about a year. I changed my diet to low fat, completely meatless with mostly grains, vegetables, fish and limited dairy products. Within 4 weeks my PSA dropped to 1.4 and within 6 weeks to 1.0. My PSA stayed 0.6 to 0.8 for about 5.5 years. In December, 2004 my PSA started to rise from 0.97 to 1.45 in April and 3.25 in July. Time to switch to plan "B".

Last June I attended Prostate Forum in Washington DC. Dr. Bruce Sodee presented ProstaScint diagnostics. In July Dr. Sodee presented somewhat different paper in Hurley NY -

at the Distinguished Lecture Series. I approached Dr. Sodee to inquire about appointments, costs and whether ProstaScint is covered by Medicare and other insurance carriers. I wanted to find the source of my problem. Is it in my bones, is it my lymphatic system, or is it metastatic? Within two weeks I was in Dr. Sodee's office in Cleveland Ohio starting my inquiry into my body's failure to suppress this disease.

The ProstaScint process is as follows the Patient is injected with monoclonal antibodies with Indium 111 radioactive isotope. Antibodies carry this radioactive material like little lanterns that can be viewed by special scanners. These antibodies seek out prostate cancer cells and attack them en masse. ProstaScint ( like a Geiger counter ) scans the whole body from head to knees. Information is sent into a computer for a subsequent fusion with a CT scan. It took approximately 1 hour to complete the ProstaScint scan and an additional 15 minutes in the CT scan room.

The time between, monoclonal injection and the ProstaScint scan is between 3 to 4 days. Instead of spending 4 days in a Cleveland motel I decided to fly in and back on Friday from Albany airport. South West Airlines has an early flight at 8:30 AM. I returned on the last flight from Cleveland at 6PM (arriving in Albany at 10 PM). A round trip is \$269. The following Monday my wife and I drove to Cleveland and returned on Tuesday. At 8 AM I was at the Cleveland Hospital and by noon we were driving back. There was no side effect of any kind. It takes 9.5 hours to travel by auto. Please note: the patient gets a prescription laxative to be taken the night before the ProstaScint scan (about 3.5 quarts to be taken at 10 oz. every 10 minutes. It takes about 2.5 hours to finish). Another piece of important information: The patient must get a referral from either a urologist, oncologist or his GP. Dr. Sodee practices at the University Hospital of Cleveland Lakeside Bldg. Radiology Dept. Enter from either Adelbert or Euclid Ave. He can be reached at (216) 844-8142 or FAX (216) 844-3106, e-mail:

sodee@uhrad.com

Within 2-3 days my GP here in Poughkeepsie received a complete report personally reviewed by Dr. Sodee and his assistants. I was pleased that my bones and the lymphatic system were clear. I developed two small nodules of PCa on my prostate envelope at 3 and 9 o'clock; i.e. opposite sides in the mid section. Within a week I started hormonal therapy. The first shot for 30 days resulted in a PSA drop, followed by a 3 month shot. Next PSA check in November 2005.

Travel to University Circle where Dr. Sodee works is very easy from the airport. One buys a three dollar ticket which is good for travel for one day; i.e round trip on the train, transfer to any RTA bus etc. Trains leave every 20 minutes from the airport or from the University Circle. Cleveland Rapid Transit Authority or system (RTA) can be found on the internet. Go to Google and look-up Greater Cleveland Transit Authority. Then check schedules or Rapid Transit System maps. 66X Red Line is the train line from airport to University Circle.

**George Nikolsky, Poughkeepsie M2M  
co-facilitator**

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**Newcomers & PCa. 101  
October 6, 2005**

1. He was diagnosed in 1996 and had a RP. He has been on 50 mg Casodex for 9 years and his PSA has risen to 10.8. He will be undergoing IMRT at a local hospital. Bone scans have been negative.
2. His PSA was 8+ and GG= 6. He underwent seed implants and external beam radiation 3 months ago, His latest PSA is 0.1.

**Herb Ilker, PCa 101 M2M Poughkeepsie**

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**Passed Away  
Harold Sweeney , long time  
member M2M Poughkeepsie**

**PROGRAM November 3, 2005  
(Written in October)**

Our guest speaker's for the Nov. 3 meeting will be Ed. Van Overloop & Harry Kessel. Ed is the founder and facilitator of the NJ CARE support group. He will be telling us of his 16+ year journey with prostate cancer and what happened this Spring when he developed bone metastasis after all those years. He went to a German Clinic and discovered what happens when main stream medicine is combined properly with the best of alternatives. Harry Kessel, a leader at the same CARE group, is at Leonardis now and will be back late in October. Both will speak letting you know of their experiences.

Also, Hudson Valley Urology Urologist Dr. Paul Pietrow will describe two clinical trials being offered. One is a treatment for hot flashes resulting from hormone deprivation. The other is a treatment for erectile dysfunction in patients who have had a radical prostatectomy.

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**SPEAKER SUMMARIES Nov. 3, 2005**

**MAN TO MAN** was very fortunate to have two excellent speakers in addition to the doctor's presentation. The speakers were Ed Van Overloop and Harry Kessel. They are both long term prostate cancer survivors who have had serious recent setbacks. They followed a path to recovery that is quite different than what we are accustomed to following. Below, we shall try to best summarize their PCa. (Prostate Cancer) trip through life.

**ED VAN OVERLOOP**

Ed was first diagnosed a little over 16 years ago. In fact, he was diagnosed just as his father was dying from the end stages of PC. His father had gone through surgery, radiation and chemo during a seven year period and died an unpleasant death. Ed took note of this treatment and vowed he would do everything possible to avoid going

through what his father did.

He looked at what Alternative Medicine offered and tried many different things that seemed to hold his PC in check. He became so involved in this type of therapy that he formed a Cancer Alternative Medicine Support Group that looked at all types of cancer. The group meets in Ridgewood, New Jersey and is State recognized. They have distinguished lecturers in the field and this includes many complementary physicians. Typical crowds at the meetings are 200 people. Ed himself has become quite an expert in the field and has tested many of the protocols and therapy machines. His background in engineering gives him a keen analytic sense that is able to objectively sort out the good from the bad.

But, getting back to the PCa story, Ed came to a time when his PSA was hard to keep in place. At this time PC SPES came on the scene and Ed used it for 6 years to successfully control his PCa. As we all know, PC SPES was banned by the government for supposed contamination of the product. Without it, his PSA started to rise and he tried to control it with various products. He tried Cancell, CareSeng, Haelan and some PC SPES imitators. These worked in a fashion but his PSA was like a roller coaster and he was used to living with his numbers in the 40 to 50 range. He had no bone mets and was satisfied.

In mid April of 2005, his long time dormant cancer struck back in fury. After a very bad reaction to antibiotics that were given to stop a prostate infection, he developed extensive bone mets from the hips to the shoulder. The antibiotics caused severe nausea that resulted in a lack of eating and over a 20 pound loss in weight. Next came heavy bone pain that resisted all pain killers. Bone scans confirmed the mets. He became bedridden for 2 months. At this time, through serendipity, he received a copy of the new Burton Goldberg DVD describing how some German Clinics and hospitals were using the best of conventional medicine combined with

various alternatives to achieve far better remissions, and in some cases cures, than any other medical system in the world. The DVD of VHS "CURING CANCER, THE BEST OF BOTH WORLDS" may be ordered at 405-725-3555 or at [www.curing-cancer.com](http://www.curing-cancer.com).

Now that he had reached Stage 4 PC a serious treatment plan had to be established. Remembering his father's treatment, he did not want to go down that path. Ed then decided that an integrative approach was his best bet. This is exactly what was shown on the Goldberg DVD. At this time his PSA was 1160 and his PAP was out of sight. His decision was to fly to Germany to the Leonardis Clinic. On the plane trip Ed was unable to sit and had to lie on the floor for the trip.

Ed was extremely happy with the therapy and the quality of medical care. Three weeks were spent at the clinic. Within 3 to 4 days all pain was completely gone. This was achieved through very low dose chemo and alternatives that are not recognized in the USA. He was completely free of any side effects and was able to move about freely as if he had no cancer at all (amazing). After the 3 weeks he was released from the clinic with a complete protocol that will be followed back in the USA. This is done with the help of your doctor of choice who would guide you through the cycles for a couple of months to the end of the plan. Your condition is then reevaluated for the next step. If all goes well, you will be in complete remission as so many of the Clinic patients are.

Many requests were made to give some detail of the Clinic experience and we will do so now. It starts the moment you check in. Blood work is done to determine your chem sensitivity, to see which chemo works for you. The chemo is given in much lower than normal amounts. It must work because he was given 3 different chemos, had zero side effects, complete return of appetite and well being after more than 2 months of nausea and bone pain. The facility is first class in every way and the medical staff consists of three

Oncologists and three MD Internists plus 18 nurses. Each day, every patient is visited in his hospital type room by "his" assigned Oncologist and doctor, who not only check on your daily well being, but, also fill you in on the latest test results and discuss the next treatment and answer all questions. Each day, these doctor teams meet and discuss each patient and whether revisions have to be made. The Clinic is open and manned 24/7. Ed believes that their success is because of the round the clock care with a better than average medical staff. The staff highly respects Dr. Scheller because of his genius and many innovative treatment ideas. In three weeks at the clinic, Ed talked to dozens of patients. He could not find one negative comment on the treatments or the room and board. This all comes at a price of \$800 Euros a day. This includes the room and board for his wife and all treatments except for the X ray done off site. Dr. Scheller says that he may use any therapy that has proper scientific back-up. He uses various chemos that would not be approved in the USA because they would be used in an off label way. For example, Ed was treated with an Ovarian chemo that his blood test showed would work.

Ed's wife Gloria stayed in his room which had a 25 foot balcony overlooking a meadow with the Alps in the distant background. Bavaria is very soothing for the mind and body.

On check out, each patient is given a complete report as to how to be treated by his doctor at home. He is given a kit that contains hard to get medicines for the home doctor to use. You can call the Clinic at any time and talk to a doctor about any aspect of your treatment. Also, your home doctor is encouraged to maintain contact with the clinic.

As a matter of interest, two of the doctors from the German Clinic will lecture at the next CARE meeting on Nov 10th at 7pm in Ridgewood, NJ at the United Methodist Church on 100 Dayton St. The head Oncologist is Dr. Jacobs and Dr. Flavin, is the support doctor.

## HARRY KESSEL

Harry was initially diagnosed with PCa. in 1992. At the time, his PSA was 17 and Gleason was 6. Harry decided not to go for surgery or radiation or hormone blockade. He looked for an alternative way. He sequentially went through Selenium, Revici, shark cartilage, Essiac Tea, Flax Oil and Quark, Vita Elixir. When PC SPES came available he was on it years until it was banned. It did work. After that, though, his PSA rose and he tried the imitators such as Prostasol and that only worked for a while. Careseng did not work.

Finally, this year, his PSA rose to 66 and his bone scans were iffy. After Ed's experience with the Leonardis Clinic, Harry decided to try for acceptance. He just returned recently.

When arriving at the Clinic, tests showed that Harry was having a heart fibrillation problem. This in itself was a poser because the Clinic had already set the primary therapy which was a unique laser ablation of the tumors in the prostate and done by the foremost German laser surgeon who refused the treatment because of the heart problem. The next 4 days were spent in stabilizing the heart so that a Plan B could be put into effect. This plan would use embolization which involves inserting a catheter into a portal vein that directly feeds the prostate and then injecting chemo. This method can deliver the lethal doses without infiltrating the whole body and causing side effects. This method was also rejected because of the heart. A 3rd proposal was chosen. This involved nine hypothermia sessions. This is applied externally to the body with paddles and is non-invasive. The tumors are fried at about 110 F. Next fetal cell peptides were injected. After that, a chemo pump was attached to a portal. But, before the pump was attached, a non-inflammatory and an anti-nausea drug were infused. This eliminated any side effects. After that an infusion was done to detox the liver from this assault. And, lastly, Harry was given the same chemo drug that Ed took. This was the Ovarian Cancer chem, Ovostat. Harry was given an exit package to be followed at home with his

doctor of choice. In this package is a chem called Xeloda. The 3 week stay cost \$21,000. Sounds like a lot but when you are at this stage and want to hang around for a while, it is not too much for a life.

**Contact information that may be useful.**  
**Leonardis Clinic Phone - 01149-8046-1870**  
**fax 01149-8046-18710**  
**email - info@leonardis-klinik.de**  
**web site - www.leonardis-klinik.de**

**Jim Kiseda, Poughkeepsie M2M co-facilitator**

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## CLINICAL TRIALS AT HUDSON VALLEY UROLOGY

Dr. Paul Pietrow and Ms. Ann Scandariato, R.N. from Hudson Valley Urology in Poughkeepsie described four, free clinical trials which are available to prostate cancer patients:

- 1) For men who are about to have a radical prostatectomy, there is a clinical trial involving Levitra to be taken before and after surgery to minimize erectile dysfunction problems later. It is required that the RP be done at HV Urology as well.
- 2) A trial to prolong the time to bone metastasis by slowing PSA rise when hormone suppression begins to fail. The trial involves the use of a monoclonal antibody.
- 3) Hot flash suppression for men on hormones who are experiencing 21 or more hot flashes per week. This is a phase 2 trial on an expected total of 400 men.
- 4) Pain relief for men with advanced PCa who have bone metastasis. It is an alternative to morphine. A tiny tablet is placed under the tongue (sublingual) for rapid suppression of pain.

For more information or to enroll in one of the tri-

als, contact

**Ann Scandariato on (845) 452-8730, ext 110.**

**Paul Totta, Poughkeepsie M2M co-facilitator**

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### **Newcomers & PCa. 101**

**November3, 2005**

1. He was diagnosed 2 years ago. His PSA was 3.6, then increased to 9 in 6 months, and 3 weeks later to 12. Negative bone scan. A biopsy of the prostate proved positive with a GG 4+4 =8. He underwent external beam radiation with seeds. His PSA came down to 2.0, and in 6 months went up to 8.0. He has had a series of Lupron injections, and after the 3rd injection, his PSA was down to 4.6. A ProstaScint scan was negative. He has no pain. He was given a newbie book. Triple hormone blockage was discussed with him along with salvage techniques.

### **Herb Ilker-PCa 101 M2M Poughkeepsie**

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### **FDA TRUMPS GREEN TEA**

You may have noted in the media recently that you are wasting your money by drinking green tea. And I naively thought that it was effective in preventing many diseases related to aging, including prostate and other cancers. The FDA, you see, issued a press release to this effect and the media jumped all over the story. But none of the media sources bothered to check the National Library of Medicine's database with over 600 studies related to green tea and cancer. According to Life Extension even a cursory view of these studies reveals a very different picture than that contained in the FDA press release.

The National Library of Medicine is part of the US Department of Health and Human Services, the same parent agency as the FDA!

The FDA claims to have extensively reviewed the scientific literature, but only two studies met their

rigid criteria. Yet they overlooked at least one tightly controlled study that showed recipients of green teas extract were 90% less likely to get PCa.

While green tea contains numerous potential cancer-fighting compounds, its primary anti-cancer activity is associated with a chemical structure similar to substances found in red wine and veggies such as broccoli.

As to how green tea prevents cancer, research so far indicates several chemopreventative actions:

- a) Promotes cancer cell death (apoptosis).
- b) Inhibits the enzyme 5-alpha reductase, thus inhibiting DHT, a potent form of testosterone contributing to prostate enlargement and cancer.
- c) Blocks new blood vessels, a process known as antiangiogenesis. Tumors must have an adequate blood supply to flourish.
- d) Antioxidants which may help protect the body from effects of aging and pollution.
- e) Protects bones. Tea drinkers appear to have a reduced risk of osteoporosis.
- f) Supports metabolism.
- g) Boosts the immune system by reducing the risk of bacterial and viral infections.
- h) May reduce the risk of heart attacks and strokes plus additional benefits.

Green teas contain less caffeine than coffee. An 8-ounce cup of coffee has about 135 mg of caffeine, while tea has 30-40 mg per cup. Adding to the literature on the salutary effects of green teas are population studies. For example, Japanese men commonly drink 4 to 6 cups of green tea daily and have significantly lower rates of cancer and mortality than Westerners. Another interesting finding is that the cancer mortality rates in central Japan is much lower than the Japanese average. Green tea, it turns out, is more greatly consumed in that area than in other areas of Japan.

Despite mounting evidence of green tea's cancer-fighting effects published in prestigious med-

ical journals, the FDA recently denied a request from companies that make green tea products to include a health claim on their product labels. The FDA regulates almost every aspect of our health care, yet "the federal government continues to behave in a manner that promotes illness," says Life Extensions. If the data on green tea and PCa is only partially accurate, "the lives of millions of men could be saved and billions of dollars shaved off future health care expenditures. Yet the law still allows FDA to censor thoughtful information about foods and dietary supplements," says Life Extension.

To get an adequate amount of green tea polyphenols, you may need 3 to 10 cups of green tea daily or 300 to 1200 mg of green tea extract in capsule or liquid form.

In May 2005 a bill was introduced in the US House of Representatives that would give consumers access to truthful, non-misleading health information -- The Consumers' Access to Health Information Act (H.R.2352)

Logging on to [www.lef.org](http://www.lef.org) tells you how to conveniently email your congressional representatives. This is your chance not to settle for scientific censorship. To find the name of your representative call 1202-225-3121 or log on to the previous email address.

**Mike Kulla, Poughkeepsie M2M co-facilitator**

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### **BISPHOSPHONATES AND AVASCULAR BONE NECROSIS**

After a tooth extraction, wound healing has presented some patients with difficulties. It seems that the jaw bone is breaking down and partially dissolving in places. It is believed that the complication arises from the use of intravenous bisphosphonates, specifically AREDIA or ZOMETA which work by inhibiting Osteoclasts which cause bone resorption.

The best x-ray or scan study that can demonstrate Osteonecrosis is what is called a Dental Panorax View. Dr. Tucker and Dr. Leibowitz strongly recommend that any of their patients, who are being treated with Aredia or Zometa, not allow any dental extraction without discussion with them or their oncologist. They are referring all their patients to an Oral Surgeon at UCLA, Dr. Alan Felsenfeld, telephone (310-825-0834).

References: Journal of Clinical Oncology, vol. 21, no. 22, Nov. 15, 2003 pages 4253-4254.  
Journal of Oral Maxillofacial Surgery, vol. 61, 2003, pages 1115-1118.

**Frank Hildenbrand, M2M Poughkeepsie co-facilitator**

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### **STOP AGING NOW! NEWSFLASH Needless Alarm Over Vitamin E**

Could taking vitamin E really increase your chances of dying, as claimed by recent headlines? Not likely, say experts, despite over-hyped media reports on new studies from Johns Hopkins that are confusing, and contradicts much other evidence on the benefits of vitamin E. Several authorities say the new Hopkins analysis does not prove that vitamin E supplements are hazardous, particularly to ordinary healthy people.

The Hopkins study, called a "meta-analysis," pooled the results of 19 studies, and suggested that taking 400 IU or more vitamin E daily might increase risk of death from all causes about 6 percent. However, there are serious drawbacks to the study, as pointed out by Jane Higdon, Ph.D, a leading expert on vitamins and minerals at the Oregon State University and Andreas Papas, Ph.D, author of dozens of scientific papers on vitamin E, and adjunct professor at East Tennessee State University.

### **Here are some facts to consider:**

Fully 18 of the 19 studies did NOT show any statistically significant rise in mortality. One study, using a high 2,000 IU of vitamin E to treat Alzheimer's did appear to indicate an 8 percent increased risk of death. But it was one of the few studies that even used more than 400 IU vitamin E daily. Virtually all the people in the studies were gravely ill with Alzheimer's and Parkinson's disease, cancer and cardiovascular disease, and thus, at high risk of mortality to begin with. These studies do not apply to normal healthy people.

Only 9 of the studies were on vitamin E alone. All the other 10 tested various combinations of megadoses of vitamins and minerals, including extremely high daily doses (15 mg) of beta carotene, a well-known cancer risk in some people. It's totally unclear how you can single out vitamin E for blame, when it could as well be many other nutrients. Indeed, Dr. Higdon notes that in such combinations, the study did not find statistically significant increased risk for daily doses less than 2000 IU vitamin E. Even the authors of the study said they could not generalize the findings to healthy people and could not tell at what dose of vitamin E risk increases.

It's important to put this study in perspective, along with much research showing that NOT taking vitamin E is hazardous to your health. Here are some of the latest vitamin E benefits:

Regularly taking vitamin E cut the risk of death from ALS by 60 percent in a new Harvard study. Taking 200 IU of vitamin E daily reduced infections by 20 percent in older people, in Tufts studies. And a recent Johns Hopkins study found that taking 400 IU of vitamin E and 500 mg of vitamin C daily reduced chances of Alzheimer's by 60 percent.

Further, if vitamin E were causing deaths, it would have been detected in a current National Institutes of Health study of a large group of women, who have been taking 400 IU of vitamin E daily for nearly 10 years, says Dr. Papas. If it were unsafe, the study would have been halted,

he observes. The bottom line: There is no reason to stop taking 400 IU of vitamin E daily on the basis of this latest study.

### **Jim Kiseda M2M Poughkeepsie**

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#### **Joke Du Jour**

Overheard near the Art and Painting classroom at the Senior Center:

**Man A:** You know what I learned today? If you mix yellow & blue, you get green!

**Man B:** Did you learn that in the Art Class?

**Man A:** Naw! I learned it in the Men's Room.

### **Herm London Poughkeepsie M2M**

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#### ***Meetings and speakers for 2005***

• **December 8---Maarten Bosland, PhD. "The Soy Controversy & PCa."**

#### ***Meetings and speakers for 2006***

##### **TENTATIVE SCHEDULE**

- **Jan,- 5 Discussion by DRA Imaging**
- **Feb, 2- General Meeting/Group Discussion**
- **March, 2- Nutrition, Dr. Stan Kacherski. Stan Kacherski, DDS, our March 06 speaker, is a local dentist. He also has a Masters of Science degree in Human Nutrition from Columbia University Medical School. His talk topic will be Supplements That Support the Prostate. His approach is novel.**
- **April,6- Change of meeting place to VBMC.**
- **May, 4- Discussion, Dr. Hugh Fischer Urological Oncologist**
- **June,1-View Tapes, Features Snuffy Meyers**
- **July, 6 -Continuation of Tape series•**
- **August, 3 General Meeting**
- **September, 6 ,TBA**
- **October, 5-TBA**
- **November 2,-General Meeting View Tapes**
- **December,14 -General Meeting, View Tapes**

### **ATTENTION ATTENTION**

**DEC 8 next meeting not Dec 1  
PLEASE NOTE!!!!!!!**