DATTOLI CANCER FOUNDATION

Journey

SPRING 2017

Army veteran and community activist Henry Blyden is on a mission to provide prostate cancer screening and awareness to an underserved community. His story begins on page 6.

DATTOLI
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HERB BOOTH

What's Your Story?

FROM THE EDITOR

In the spring of 2007, Arthur E. Wilkins completed his first attempt at writing his life story. He was 85 years old and, as he noted, "a husband, dad, grandpa, great-grandpa, uncle, nephew, cousin and friend." He had lived an interesting (to him) life and felt he had a story to tell. He wanted to document his experiences and leave a record for others to read.

I have enjoyed an email relationship with Arthur, which began in 2001 when I came to work for Dr. Dattoli at his new treatment center in Sarasota. Arthur and I have never met, but we are friends, for sure. He was treated for prostate cancer by Dr. Dattoli when the doctor was working in Tampa, and he was grateful for the life-saving treatment he received. In appreciation, he started sending $50 each month to Dr. Dattoli to support his programs and research. At age 94, Arthur Wilkins still sends a check each month to the Dattoli Cancer Foundation. That is the kind of man he is.

I thought I'd like to meet Arthur and feature him in this issue of *Journey*. We spoke several times and tried to arrange a meeting, but it seemed that we were doomed to remain just email friends. Instead of a face-to-face visit, Arthur sent me a copy of his autobiography, "Thru the Years." I concur that he has lived an interesting life. It included growing up in Dorchester, Massachusetts, living through four wars (not counting the Iraq War), serving his country proudly in the U.S. Army, raising a family of two children while traveling the world, and finally retiring to Auburndale, Florida, in 1984. He was married to Shirley for 64 years before her death in 2006. Arthur has since found love and companionship again, and he married Miriam ("Mim") on Valentine's Day. This year they celebrated their 11th anniversary. I know I like this man, even though we may never meet. But, then again, maybe we will meet. Auburndale is not so very far from Sarasota. J

Virginia 'Ginya' Carnahan, APR, CPRC

Journey

SPRING 2017

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Photos taken from Arthur Wilkins' self-published autobiography, "Thru The Years:" Opposite page: Shirley and Arthur on their wedding day, October 24, 1942. Top: Shirley and Arthur enjoy time together during his leave after completion of U.S. Army basic training. Above: Arthur is presented with the Army Commendation Medal a few days after his retirement in 1968.

Recurrence: An Update

MESSAGE FROM MICHAEL DATTOLI, MD

Five years ago, we published an article in the Spring 2012 issue of *Journey* entitled "New Options in Metastatic Prostate Cancer Treatment." Provenge®, a form of immunotherapy, had just been FDA approved and was finding its way to patients who had exhausted hormone therapy and chemotherapy. While the reported overall survival improvement from using the drug was only four months, this positive direction gave new hope to many who were facing failure. Research developing Provenge also led to similar prostate immunotherapeutic agents, including Prostvac®, which hopefully will soon be approved by the FDA.

Also debuting around that time were Zytiga®, Xgeva® and Jevtana®, which are now among the agents regularly prescribed for recurrence of prostate cancer. Additionally, Xofigo® (radium -223), an alpha particle radioisotope, can be delivered in a one-minute infusion which attacks prostate cancer that has spread to bones. Xofigo not only relieves bone pain, but also improves overall survival. Xofigo is now being combined with Zytiga, Xtandi® and Provenge, and the combination appears to be synergistic.

Whereas Xofigo only treats bone, another injectable radioisotope called actinium-225 attaches to prostate-specific membrane antigen (PSMA), which is found on the surface of most metastatic prostate cancer cells. Therefore, actinium-225 not only treats bone, but also targets metastases in any tissue or fluid, even undetectable systemic micrometastases. Since it is an alpha emitter (very short range), it is less toxic to bone marrow or other nearby tissues. It is currently in the pipeline, and we hope it will be released soon.

Xgeva (denosumab) is given monthly to treat and to deter further bone metastases by blocking the protein known as RANK ligand inhibitor (RANK-L), which plays an important role in prostate cancer proliferation in bone. We are currently using denosumab in lower doses (Prolia®), given monthly for 6 months to help strengthen the bones in prostate cancer patients on ADT, and we are awaiting the outcome of trials using Xgeva monthly in patients having organ confined, high-risk non-metastatic prostate cancer.

There is also a lot of interest in combining immune therapies with other agents, drugs and radiation to make immunotherapy work better.

Looking back over the last five years, in addition to new drugs, we have seen some interesting trends. One we believe is the unfortunate byproduct of a recommendation made by the U.S. Preventive Services Task Force (USPSTF) that discourages men from getting routine PSAs and is predictably resulting in more men presenting with advanced cancer to lymph nodes and bone beyond the prostate gland than previously seen.

Yet another alarming trend is the dramatic increase in the number of men coming to us very shortly after having robotic surgery, reporting that their PSA never fell following surgery or if it did fall, it rapidly started to climb again. These are men who believed that robotic surgery would resolve their prostate cancer threat. These cases are not strictly "recurrence" but more correctly "persistence." Their initial, original treatment did not remove all of their prostate cancer, and a secondary treatment (radiation or

hormones or both) would be required. If we see these men early enough following surgery (the lower the PSA, the better) we have had good success in defeating their cancers, once and for all, utilizing "Salvage" Dynamic Adaptive Radiation Therapy (DART) to maximally avoid unwanted toxicities. Perhaps if we had seen them first, our combination radiation assault coupled with brachytherapy most likely would have totally eliminated their disease in the first place, and the patient could have been spared the side effects of surgery.

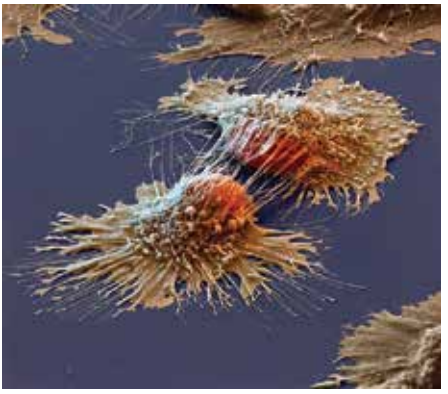
One encouraging observation of these patients with persistent disease is that the word is finally getting through to urologists and oncologists that as soon as the PSA starts to rise, the patient should be evaluated for further treatment. In the recent past, these men (the patients and their physicians) often waited until the PSA was up around 2.0 or higher before any action was taken. Today we know that if the PSA inches up to even 0.2, or two consecutive rises after surgery (even if less than 0.2), one should start considering further treatment (radiation and/or hormones).

So, what is in store for the man whose rising PSA following surgery signals the recurrence or persistence of his prostate cancer? The first thing is to verify the presence of disease and whether it is local (in the "prostate bed" – tissue left behind) or beyond the prostate or both. Newer, more sophisticated diagnostic technologies can determine the location(s) of recurrent/persistent malignancy.

WHAT IS THE "PSA BOUNCE?"

PSA Bounce or "flare" is a phenomenon experienced by about 30-40% of patients who have undergone prostate seed implants. It is a *temporary rise* in PSA occurring about 18-24 (range 6-36) months following implant, possibly caused by radiation induced prostatitis (inflammation of the prostate which may be subclinical – that is, asymptomatic) triggering a release of PSA. In approximately one-third of these cases, there is no prostate inflammation. This is not recurrence. The "bounce" seems to occur more often in younger men (55 years or younger), and in men of all ages who have larger prostate glands. The PSA bounce may subside with a course of antibiotics, alpha-blockers or anti-inflammatory medications, or it may just diminish naturally over time.

After a thorough review of the recurrent patient's history and current lab and imaging reports, ruling out "local" extension of the disease (meaning the immediate area outside the prostate gland), we may recommend an advanced lymph node screening exam, as well as screening for metastatic disease spread to bone and visceral organs. Prior to 2009, these men were sent to the Netherlands for a Combidex scan, which used nanoparticle technology to detect distant prostate cancer spread. For more than 5 years, we have been sending men with suspected "distant" metastatic disease for another nanoparticle test called "Feramoxytol" (Feraheme), which has high predictive accuracy in picking up on lymph node disease. This is most commonly coupled with an 18F PET/CT scan, a very exacting test detecting disease spread to bone. These nanoparticle tests are known as USPIO (ultra-small super paramagnetic iron oxide)



Cancer cells

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Band of Brothers

FOR ACTIVIST HENRY BLYDEN, PROVIDING FREE PROSTATE CANCER SCREENING TO AN UNDERSERVED COMMUNITY IS MISSION-CRITICAL.

BY DAVID CHESNICK

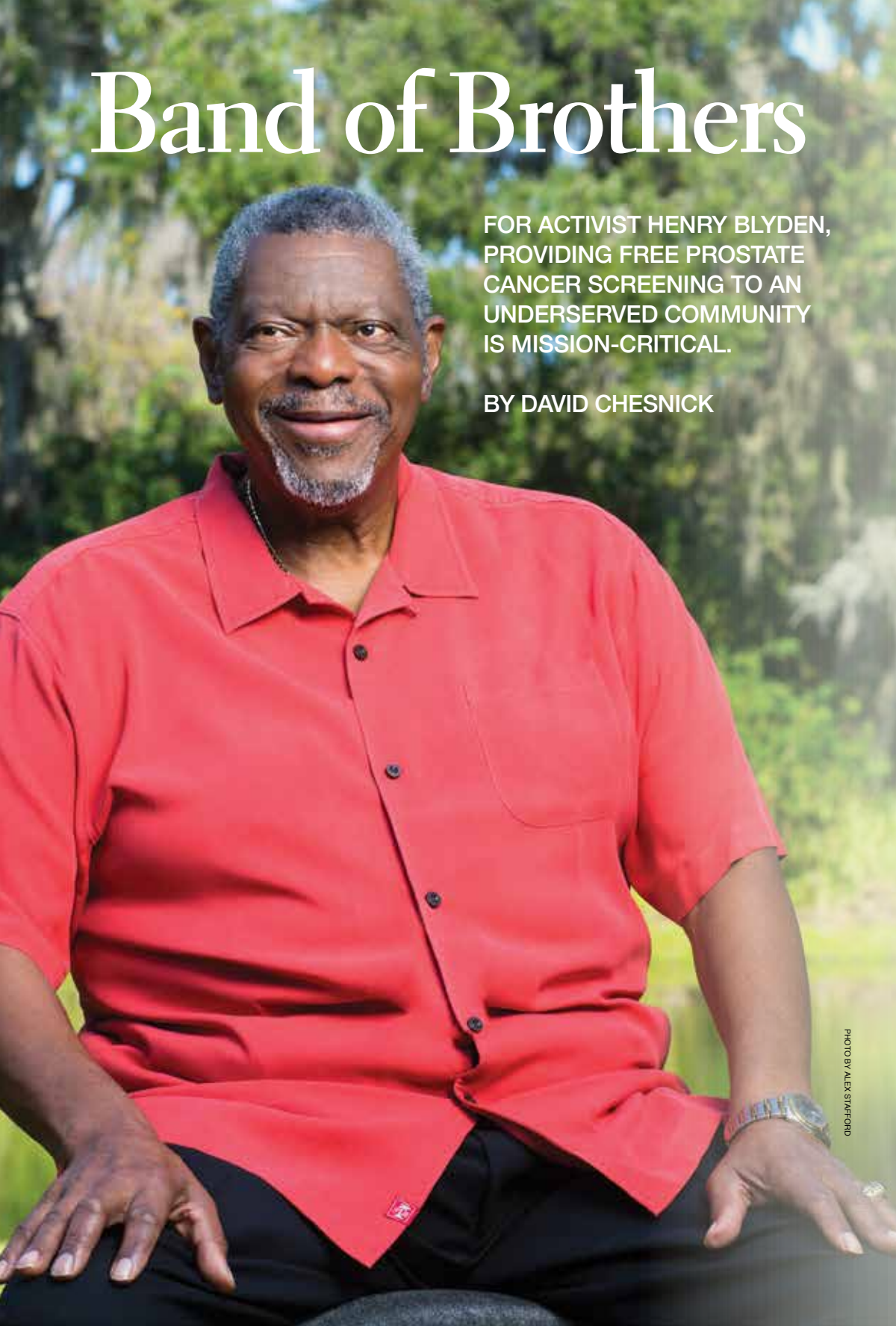


PHOTO BY ALEX STAFFORD

Knowing that early detection is the key to combating prostate cancer, more than 50 men attended the 9th Annual Free Prostate Screening event sponsored by the African-American fraternity Kappa Alpha Psi and Dattoli Cancer Foundation at the North Sarasota Library on a chilly Saturday morning in January.

While the emphasis of these yearly screenings is on the African-American community, the event is open to everyone. Every man who attends has his blood drawn to get his PSA count and gets a digital exam to see if there are any abnormalities with his prostate. Quick. Simple. And quite possibly lifesaving.

Bernie Clifford, 77, a snowbird from Chicago, attends every year with a group of 10 to 12 buddies who make a day of it. They get screened, play a round of golf, and have lunch.

"We enjoy it," Bernie says. "The people who administer the tests are friendly – it doesn't feel like a doctor's office – and the guys from the frat are always fun to spend time with. More importantly, I think one or two guys from the group have discovered they have the disease, so this probably helped to save some lives."

"Henry's influence in the community is the perfect match for the Foundation's mission to raise awareness of the widespread incidence of prostate cancer and the need for early and annual screening exams."

Virginia 'Ginya' Carnahan, Director of Development, Dattoli Cancer Foundation

Lymus Dixon, 65, is another regular who's also been coming since the event started. A Mason who has served as Worshipful Master four times and as Deputy District Grandmaster, he passes out flyers and encourages the men in his lodge to get screened.

"I think it's something every African-American man needs to do. It's free, and people should take advantage of it. And Henry gives me a big push every year."

MEET HENRY

Henry would be Henry Blyden. An out-sized guy with a smile and personality to match, Henry is all about getting involved in this and a host of other community activities.

The father of three and grandfather of six has served on a number of boards and foundations, including Take Stock in Children, Suncoast Community Capital, and the North Sarasota Library Friends board. He is an active member of the NAACP, Gamma Xi Boule of Sigma Pi Phi fraternity, Florida Alcohol and Drug Abuse Association, Humanities Working to End Genocide, and the Association for the Studies of African-American Life and History. He's also a 32nd degree Mason and Shriner. In short, Henry keeps busy.

CONTINUED ON PAGE 8

African-American Men and Prostate Cancer

Nearly one in five African-American men will develop prostate cancer.

About five percent of them will die from the disease, making it the fourth leading cause of death among African-American men. In fact, according to Johns Hopkins School of Medicine, African-American men may well have the highest incidence of prostate cancer in the world.

The odds increase significantly for those with a family history of the disease. If one immediate family member has had prostate cancer, the odds of being diagnosed are one in three. Two family members with the disease increases the risk to 83 percent. Three immediate family members, and the risk rises to a staggering 97 percent.

Why? Science doesn't yet have an answer, but research suggests that genetics and hormonal differences, lifestyle and a diet high in fat, as well as occupational exposures, may all play a part. But whatever the cause, it makes it even more important for African-American men to know the symptoms – urinating more frequently, urinating in the middle of the night, and blood in the urine. The American Cancer Society recommends that they begin getting screened at age 45, and at the age of 40 if there is a family history.

There is good news!

According to Durado Brooks, MD, director of prostate and colorectal cancer at the American Cancer Society, "Almost 100 percent of men diagnosed with prostate cancer in its earliest stage will be alive five years later."

The lesson: Get screened. A simple PSA test and digital exam could be lifesaving.

Band of Brothers

CONTINUED FROM PAGE 7

Born in the American Virgin Islands, this cyclone of energy grew up on Tortola and then joined the Army at the age of 18 in 1963. He did tours in Vietnam, Panama and Germany before being sent to Sarasota in 1977 as an Army recruiter. When he retired in 1983, he decided to stay here and make his home in Bradenton.

But while his Army career ended after 20 years, his desire to serve didn't.

After his discharge, he took classes through the Florida Alcohol and Drug Abuse Association, got his certification, and by 1999 was named the Florida Professional of the Year by the association for his work with recovering alcoholics and drug addicts.

His successes with this population came to the attention of the Wellness Community of Sarasota, and he was asked to facilitate groups for them. It was through that work that he met Virginia 'Ginya' Carnahan of the nonprofit Dattoli Cancer Foundation.

The Foundation had begun an outreach program offering free screenings in 2001. Nine years ago, the Foundation partnered with Kappa Alpha Psi Alumni, which Henry has been a member of for 20 years, to bring the annual event to more African-American men.

A CONCERNED HEALTH ADVOCATE

Henry, as he so often does, stepped up to lead the effort for the fraternity. And as one of the community's most active and respected figures, he's been pivotal in several of the fraternity's outreach programs. Little surprise then that he was soon leading the fraternity's efforts to get the word out to a population that is, unfortunately, underserved in the battle against prostate cancer. According to Carnahan, the partnership has proved ideal. "Henry's influence in the

community is the perfect match for the Foundation's mission to raise awareness of the widespread incidence of prostate cancer and the need for early and annual screening exams."

Henry has approached this mission over the years with his usual full-on dedication, visiting churches, barbershops and grocery stores, passing out flyers and talking to folks about the importance of prostate screenings for African-Americans. By the time he's finished, he's visited every African-American church in Sarasota and Bradenton, making their congregations aware of the disease and the danger it poses, to African-American men in particular (*see sidebar*).

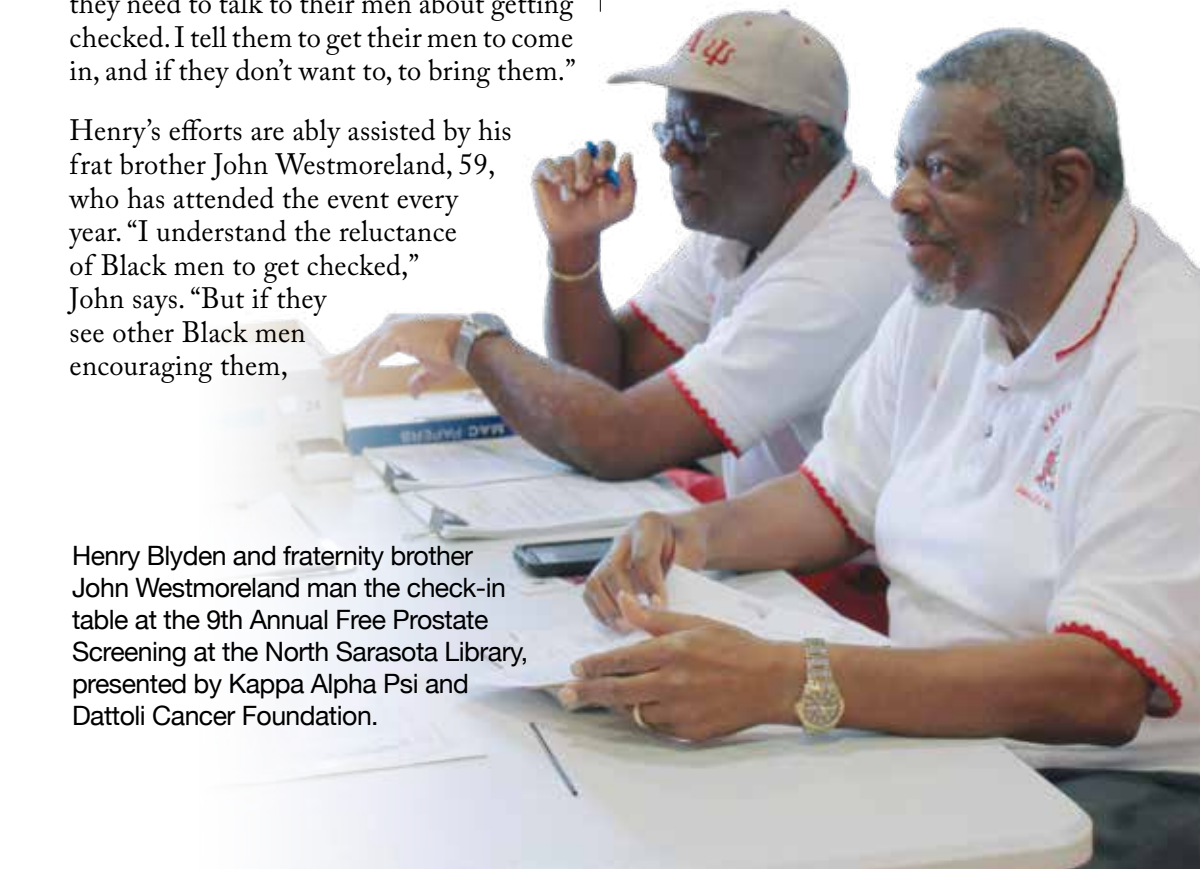
"I've got all kinds of spiels, but it's hard to get men out to get themselves checked. A lot of men just don't want to know.

"I prefer to talk to women, because they say they want their husbands, brothers, fathers and boyfriends around. So, I tell them that they need to talk to their men about getting checked. I tell them to get their men to come in, and if they don't want to, to bring them."

Henry's efforts are ably assisted by his frat brother John Westmoreland, 59, who has attended the event every year. "I understand the reluctance of Black men to get checked," John says. "But if they see other Black men encouraging them, they're more likely to come out. And considering the prevalence of the disease among African-American men, they need that nudge."

While hundreds have availed themselves of the screenings, there's no telling how many have been helped by the efforts of the fraternity and the Foundation. The results are sent directly to the men who were screened, along with encouragement to follow up with a urologist if their results showed a high PSA level or if something was discovered in their exam that gave reason for concern.

But the numbers aren't what motivates Henry. Getting the information out there that can help others is what matters. Which is why it makes sense that when you call Henry and get his answering service, the music that plays is Louis Armstrong's *What a Wonderful World.* Perfect for a guy who's doing all he can to make that classic tune a reality.



Henry Blyden and fraternity brother John Westmoreland man the check-in table at the 9th Annual Free Prostate Screening at the North Sarasota Library, presented by Kappa Alpha Psi and Dattoli Cancer Foundation.

Is Your Life Insurance Planning Up To PAR?

A PROFESSIONAL ANALYSIS AND REVIEW CAN PAY BIG DIVIDENDS, OR PROVIDE THE "LEVERAGE" NEEDED TO MEET YOUR PHILANTHROPIC GOALS.

Many readers of *Journey* have investment professionals working for them. If you fall into that category, I believe that you will meet with those advisors on some schedule, perhaps quarterly or semi-annually. Furthermore, I believe that when you meet with your advisor to discuss the performance of your investments, your questions might include: Am I making or losing money? Do I need to reallocate or rebalance? Am I receiving the best value?

However, in life insurance planning, that is not what we typically see. More often than not, people buy the life insurance they feel they need at a particular time in their life, put the policy in a drawer, and there it sits for 10, 20, 30 or even 50 years, completely unattended.

A PERIODIC REVIEW CAN HELP YOU AND YOUR FAVORITE CHARITY

According to sources such as *California Trust and Estate Quarterly*'s Fall 2001 issue, "life insurance needs to be reviewed periodically to access performance." In a random analysis of 140 life insurance policies, they found that many policyholders were able to keep the same amount of life insurance while reducing their premium payment (by 40 percent or more), or pay the same premium and increase the life insurance benefit (again, by 40 percent or more). Imagine, you can pay the same and get more insurance, or keep the insurance a amount the same and pay less!

Other sources, such as *National Underwriter and The Journal of Financial Service Professionals,* concur that the life insurance review process can frequently yield these or better results. Many people I speak with find this quite appealing, and they may use the increased life insurance benefit as "leverage" to fulfill their philanthropic

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PHOTO BY CARMEN SCHETTINO

The following chart illustrates how the "leverage" of life insurance can turn more modest annual gifts into a large meaningful gift that will go a long way in helping your favorite charity accomplish or expand its mission.

Ages	Annual Premium Men	Annual Premium Women	Annual Premium Second to Die	Life Insurance Benefit Amount
50	$1,278	$1,098	$841	$100,000
55	$1,552	$1,312	$1,024	$100,000
60	$2,025	$1,698	$1,292	$100,000
65	$2,769	$2,213	$1,664	$100,000
70	$3,670	$2,968	$2,205	$100,000
75	$4,726	$4,029	$2,933	$100,000
80	$7,115	$5,894	$4,367	$100,000

goals, by naming their favorite charity as the beneficiary for the extra amount.

Conversely, some prefer the cash savings. They will maintain the same amount of insurance coverage and donate some or all of the savings to their favorite charity. If you would like to see how the leverage afforded would apply to you, or if this sounds like something you'd like to explore to benefit Dattoli Cancer Foundation, please contact me.

TURNING SMALL GIFTS INTO LARGER ONES

Many of us feel that we're not in a position to make significant contributions to our favorite charities while maintaining our financial stability. So, we make minimal year-end donations and feel that's all we can do. Life insurance can be used to do much more. The leverage that life insurance provides can assist many of us in making those large, high-impact, even transformational gifts to our favorite nonprofit organizations.

"Second to Die," or "Survivorship" life insurance policies pay the death benefit out to the beneficiary when the second person passes on. Offered through the age of 85, even when one of the policyholders is in less than stellar health, these policies provide the greatest leverage.

About Tom Cannizzaro:
Thomas V. Cannizzaro has of over 30 years of experience in the financial services industry, specializing in Life Insurance Based Financial Planning. Tom is a Certified Financial Planner™ (CFP®) and holds the Chartered Life Underwriter (CLU) and Chartered Financial Consultant (ChFC) designations. Tom has reviewed thousands of cases for individuals, businesses and non-profit organizations, and looks forward to working with you as a partner in providing customized life insurance-based financial planning solutions.

Recurrence: An Update

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or Feraheme, referring to the radioactive isotope used in imaging. The method of action is the same. The patient is injected with the isotope one day, and the scan is performed the next day.

The isotope material used will "light up" the lymph chain and clearly indicate which nodes are harboring active prostate cancer cells. With this information, we can design precision DART treatment to address those specific lymph nodes and treat them to a high dose level. Since the test is based on advanced CT and MRI imaging, visceral metastasis to liver and lung can also be detected.

Another imaging test using Gallium-68 PSMA (Ga-68) is being investigated and has great promise. It attaches to PSMA on the surface of metastatic prostate cancer cells and can therefore detect bone, lymph node and visceral metastases with high predictive accuracy, even with low PSAs. Because Ga-68 is much more stable than C-11 Choline (which is short-lived and has to be made one dose at a time at select imaging centers as a PET/CT Choline + PET/CT Carbon-11 Acetate scans), Ga-68 PSMA test could be used at medical centers around the nation.

We have been collecting data on these cases, namely men having lymph node and boney disease spread, and we are preparing an article to report our success in treating patient subsets in an upcoming medical journal. We are working with the University of Washington in Seattle, and the preliminary results look extremely favorable. We are also partnered with Harvard University using yet another imaging agent, ^{18}F–Fluciclovine, more commonly known as an Axumin-Enhanced PET Scan, with impressive early results in picking up residual/recurrent disease within the prostate, lymph nodes, bones and visceral metastasis.

Beyond this direct approach with radiation and second-line hormonal therapies, there are new immunotherapy agents in the testing process which ramp up both B-cells and especially T-cells to attack prostate cancer cells. These are known as "check point inhibitors" and include a class of drugs called "PARP inhibitors" (e.g., Lynparza®) as well as anti-CTLA-4 (Yervoy®), and anti-PD-1/PDL-1 inhibitors (e.g., Opdivo® also known as Nirulmab®). These checkpoint inhibitors are currently being used in other cancers and have been FDA-approved for melanoma, lung and kidney cancer. Genetic testing is becoming increasingly important to select the right drugs for the specific tumor. We are hopeful that these checkpoint inhibitors will be "fast tracked" by the FDA, similar to the experience with Zytiga and Xtandi.

BE VIGILANT, ACT PROMPTLY

In conclusion, the message here is that all men who have had a prostate cancer diagnosis and have been treated with any method should be very vigilant in watching their PSA. The moment it starts to rise, extra concern should be given to the rise and finding out why it is rising. While drugs like Proscar® and Avodart® are known to reduce the PSA, many men take vitamins/supplements and change their diets and lifestyles following a prostate cancer diagnosis and treatment. This is a very good thing with the objective being to slow the rate of the PSA rise and improve general health. There is, however, the scenario whereby the PSA declines (without Avodart or Proscar), which may lull patients into a false sense of security. Some cancers may mutate, become more aggressive, no longer resemble the "parent prostate cell" and no longer be obliged to even make PSA! This is a great cause for concern. This phenomenon is even missed by some of the most astute oncologists.

Final note: Like early diagnosis, the best time to treat a recurrence is as soon as it is evident.