

DATTOLI CANCER FOUNDATION

Journey



SPRING 2018

- 2** From the Editor
- 3** New AlignRT® Technology
- 4** Feraheme®: A New Tool in the Prostate Cancer Toolbox
- 8** New, Non-Surgical Therapy for Erectile Dysfunction
- 10** Hill Country Courage: Mark Hall's Story
- 15** What's in Your Medicine Cabinet?
- 16** From the Bookshelf: A Progressive Approach to Lymph Node-Positive Prostate Cancer

Mark Hall is living a full and happy life in Utopia, Texas, nearly 13 years after his "terminal" prostate cancer diagnosis.

 **DATTOLI**
CANCER FOUNDATION

Here and There



HERB BOOTH

My foremost thought as I write this note to you readers today is simply: *Time flies*. Not very original, but this truth has dogged us all. It was actually Albert Einstein who wrote “Time flies when you’re having fun.” In his inimitable way, Groucho Marx added “Time flies like an arrow; fruit flies like a banana.” On a more somber note, “Time and tide wait for no man,” proclaimed Geoffrey Chaucer. Yes, we’ve been focused on time for eons. (Just how long is an eon anyway? One dictionary notes “An eon is a really, really, super-long, impossible-to-measure length of time.” There you go.) Not too long ago I made a huge, multifaceted change in my life. Last fall I “semi-retired” as the marketing director at Dattoli Cancer Center; I reunited with a long-ago love and married him; and I sold my home and moved 90 miles south. After 15+ years of relative stability, I changed everything. Everything except my desire to remain a part of the Dattoli Cancer Center mission.

I check in with ‘Dattoli World’ every morning through my computer and contribute as I can to daily situations, including working with Drs. Dattoli and Kaminski on research abstracts, communication challenges and such. When you have “institutional memory,” you’d be surprised how often you are called upon to “remember when we ...” And I maintain the Dattoli Cancer Foundation functions, including production of *Journey*. This keeps me happily involved and in touch with you.

I’d like to hear from you regarding this publication. Send me an email to let me know what you especially enjoy – what you’d like to see more of. There’s always something new under investigation or development.

It is a real pleasure to bring this “insiders” communication to you. I always want it to be of value to you. 📧

Ginya - gcarnahan@dattoli.com

Journey

SPRING 2018

Dattoli Cancer Foundation
A 501(c)(3) not-for-profit organization

BOARD OF DIRECTORS

Michael Dattoli, MD
Richard Sorace, MD, PhD
Joseph Kaminski, MD
Stewart Bitterman
Jeffrey L. Maulsby
Elzie McCord, PhD

Virginia "Ginya" Carnahan, APR, CPRC
DIRECTOR OF DEVELOPMENT

Amber Kawlewski
FOUNDATION ASSOCIATE

David O'Brien
CONTROLLER AND HUMAN RESOURCES

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

EDITOR

Ginya Carnahan, APR, CPRC

PUBLISHER/CREATIVE DIRECTOR
Steve Smith

WRITERS

Ginya Carnahan, APR, CPRC
Michael Dattoli, MD

COPY EDITOR
Susan Hicks

ART DIRECTOR
Rosie White

PHOTOGRAPHERS
Hattie Barham
Herb Booth
Alex Stafford



DATTOLI
CANCER FOUNDATION

2803 Fruitville Road, Sarasota, Florida 34237
941.365.5599 Toll-Free: 1.800.915.1001
www.dattolifoundation.org

Journey is published by the Dattoli Cancer Foundation. Established in 2000, The Dattoli Cancer Foundation increases awareness about the importance of PSA screening; offers current, accurate information about leading-edge treatment; and fosters research leading to improved treatment options for prostate cancer.

© Copyright 2018, Dattoli Cancer Foundation

Material provided in this publication is intended to be used as general information only and should not replace the advice of your physician. Always consult your physician for individual care.

Publication developed by Consonant Custom Media
www.consonantcustom.com



The AlignRT® System Takes DART to Another Level

There is *always* something new when it comes to medical technology, and Dattoli Cancer Center is *always* alert to new technology that can improve upon the treatment offered to its patients. The Center's latest innovation is yet another addition to the multiple 4-Dimensional technologies that are already integrated with our linear accelerators. AlignRT® further improves the reaction time to "beam-on bodily motion" as it pertains to DART.

The **AlignRT** system was designed to assist in the initial placement of the patient on the table, and to monitor and manage movement during the treatment time to a pre-set tolerance level, taking DART to another level!

While patients are very compliant in trying to remain still during the treatment time, involuntary, unintentional organ motion simply cannot be avoided. With AlignRT, real-time tracking of patient movement is rapidly detected, and the treatment machine will automatically hold the beam, reset the patient position and then restart the treatment, without the therapist having to re-enter the room.

This ultimate in high precision positioning and motion monitoring further contributes to patient safety from over- or under-dosing of radiation to nearby critical structures, reduces time when there is motion detected, and reduces unnecessary possible exposure to radiation for the treating therapists.

And – AlignRT removes the necessity for tattoos! **1**

Feraheme®: A New Tool in the Prostate Cancer Toolbox



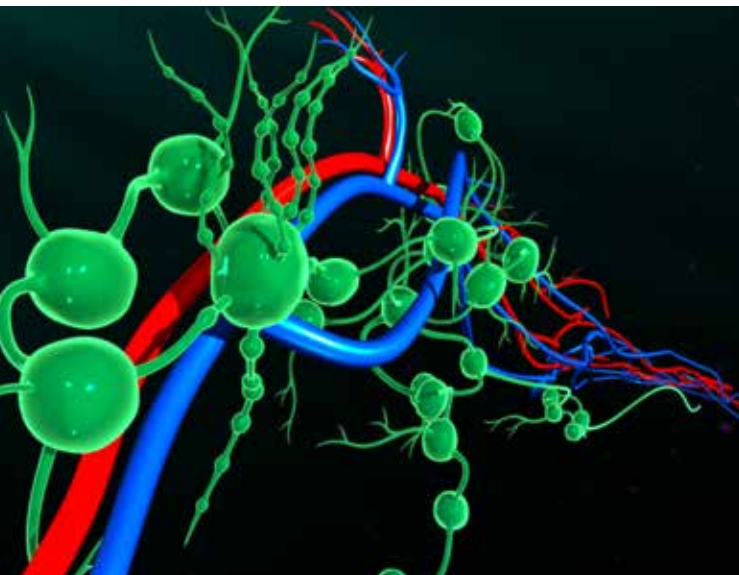
I started my prostate cancer research decades ago. As each year has gone by, we have learned much more about the diagnosis and treatment of this disease. In my early days, the challenge was merely to be equipped to diagnose the disease early enough to be able to actually thwart its progress. Today, it feels like light years beyond those rudimentary steps.

We continue to explore what the causes of the disease might be; we are beginning to be able to accurately predict the course of the disease; and we are learning about the great varieties in this common cancer. We are still challenged to know why one man develops the disease while another man with nearly identical features and experience does not. We strive to uncover the key as to why one case of prostate cancer persists in an indolent state for years, while another appears rapidly and explodes to a fatal disease state almost overnight.

My most recent research effort has focused on metastatic prostate cancer in the lymph system. We have long known that the lymph



system is a convenient runway for the escape of active prostate cancer cells. Having experienced great success over 20+ years in treating even high-risk prostate cancer with our exquisite pinpoint radiation and seed implant combination, our Center has gained an international reputation as one that continues to push the envelope in regards to



There are between 500 and 700 lymph nodes in the body and around 100 in the pelvis and groin alone.

the tough cases. As a result, we find many men coming to us following some initial treatment elsewhere that was felt to be successful until a few years down the road. These are men who began to see gradual increases in PSA following years of stable low numbers.

Suspecting the presence of active prostate cancer cells in the lymph nodes presents a daunting challenge: How can we know where the cells had traveled? How many lymph nodes are involved? How can we prove

that cancer is present in the nodes? The traditional method of lymph node biopsy is problematic, as there are between 500 and 700 lymph nodes in the body and around 100 in the pelvis and groin alone.

As it so often happens, a few years ago a surprising and unexpected result occurred in a laboratory investigating a ferromagnetic nanoparticle called Feraheme® (ferumoxytol). This product had originally been used in the treatment of iron deficiency anemia. It was noted that when infused intravenously, MRI images of the patient revealed an interesting pattern. Lymph nodes containing prostate cancer cells could be identified and distinguished from those lymph nodes that do not contain prostate cancer cells. This was a “eureka” moment for prostate cancer researchers.

Although this discovery heralded great utility for prostate cancer research and treatment, it required extensive new research to prove its efficacy and to gain approval for its use by the FDA.

If you have read past issues of *Journey*, you will have read about the evolution of a test named USPIO (ultra-small super paramagnetic iron oxide) – this is the Feraheme scan test. In February 2018, Dr. Kaminski and I presented our research abstract reporting on the success of Feraheme

CONTINUED ON PAGE 6

Feraheme: New Tool

CONTINUED FROM PAGE 5

in diagnosing lymph node-positive prostate cancer to two major radiation and clinical oncology research organizations. We are happy to report that at the ASCO (American Society of Clinical Oncology) Genitourinary meeting in San Diego, it was the most viewed abstract out of more than 1000, and it was voted the #1 Abstract and Presentation at the Clinical Interventional Oncology meeting in Hollywood, Florida. Our abstract, below, appeared on the front page of the CIO February 2018 newsletter.

Efficacy of Feraheme as Lymphatic Contrast Agent in Prostate Cancer

Dattoli MJ, Bravo SM, Kaplon DM, Hayes M, Osorio A, Dycus PM, Bostwick D, Kaminski JM

BACKGROUND: Ferumoxytol (Feraheme), a ferromagnetic nanoparticle with lymphotropic biokinetics, is delivered to lymph nodes via normal macrophages. MRI suppresses normal lymph nodes containing Feraheme. Objective is to validate the agent's safety and efficacy in finding lymph node positivity in prostate cancer (PCa).

METHODS: Nonrandomized prospective evaluation of 178 consecutive PCa patients (pts) at high risk for prostate lymph node spread were enrolled 2/13-3/15. All received IV Feraheme. 177 received infusion of 6/mg/kg given over 20 minutes. One pt received 3 mg/kg infusion. T2 MEDIC and T2* sequence imaging of the abdomen and pelvis, performed 24 hours later.

Images were reviewed by 2 board certified radiologists with same interpretations, blinded to clinical and histo-path informa-

tion (pre-MRI TNM stage, PSA or Gleason score). Lymph nodes were deemed abnormal if they did not suppress after Feraheme infusion (group 1, 94 patients). Lymph nodes were deemed suspicious by MRI if suppressed and met usual size criteria with high signal intensity on DWI and decreased ADC map values and morphologic features (group 2, 84 pts). 83 group 1 pts had CT biopsies (77 pelvis, 6 retroperitoneum); 11 pts had open PLND. 382 lymph nodes were sampled. 76 group 2 patients had CT biopsies (73 pelvis, 3 retroperitoneum); 9 pts had open PLND. 340 lymph nodes were sampled. Rad-path correlation was performed. Resected nodes were stained; reviewed by a single pathologist with no knowledge of MRI findings. The histo-path results for each node were cataloged for later MRI comparison.

RESULTS: 90 group 1 pts (96%) proved metastatic PCa; 4 pts (4%) were normal. 68 group 1 pts (77%) contained malignant lymph nodes not meeting usual imaging criteria for malignancy. 39 group 2 pts showed metastatic PCa; 46 pts (53%) were normal. One group 2 pt experienced an allergic reaction with hives; infusion ceased at 3mg/kg; pt treated to full resolution with 50 mg IV Benadryl.

CONCLUSION: Feraheme can be used to evaluate for lymphatic dissemination of metastatic disease in PCa patients, with a lower limit of resolution of focal lymph node metastases of 2-3 mm. Improved resolution brings implications for therapeutic radiation planning in setting of newly diagnosed or recurrent/metastatic PCa. Toxicity was very acceptable at 6mg/kg. Feraheme may play a significant role as a lymphatic contrast agent in the early dissemination of lymphatic metastatic disease. **1**

In October 2017, Dr. Dattoli was interviewed prior to these meetings by Laura LeBano, managing editor of Vascular Disease Management – Interventional Oncology 360.

Why did you decide to study ferumoxytol, and what sets your study apart from what is already in the literature?

In recent years, there has been an unprecedented expansion in the field of nanomedicine for both diagnostics and therapeutics. Current standard of care diagnostics for prostate cancer staging typically includes CT scans and bone scans, both of which are insufficient, leading to unacceptably high false positive and false negative rates, especially in high risk and recurrent disease. Previous studies using nanoparticle Ferumoxtran-10 (Combidex®) demonstrated substantially increased rates of detecting lymphatic dissemination when coupled with MR imaging, although Combidex is currently a non-FDA-approved reagent. Ferumoxytol (Feraheme®) is an FDA-approved ferromagnetic reagent with lymphotropic biokinetics similar to Combidex, which led to our interest in the current analysis.

Can you briefly describe your findings?

As expected, coupling Feraheme with MRI resulted in a 96% predictive accuracy in a cohort of patients comprised entirely of high-risk disease, with results comparable to previous studies using Combidex.

Tell me about something surprising you encountered while doing this research.

Resolution of focal lymph node metastasis down to 2-3 mm was established in patients undergoing nodal dissection, setting a new lower limit of resolution using any molecular or functional imaging currently available. Independent of this study, patients having recurrent disease and low PSAs (<1ng/ml) have also benefited with Feraheme detection of malignant lymph nodes down to 2-3 mm.

How might your findings eventually affect clinical practice?

CT scans and bone scans must be challenged as tools for staging in patients having high risk and recurrent disease. The inherent problem is the increased cost associated with advanced MRI/Feraheme imaging. Meanwhile, this imaging coupled with Sodium Fluoride F-18 PET would arguably be the most accurate staging possible, although F-18 PET adds even further cost. This increased cost, however, must be weighed against the poor staging associated with standard methods, the latter potentially leading to inappropriate treatment and increased future costs. Results using other advanced diagnostics, especially PSMA-PET scans, are promising, although also at increased cost when compared to current standard diagnostic testing.

What are your plans for further studies?

In view of the absence of toxicities at Feraheme infusions of 6mg/kg, along with increased rate of lymph node detection when compared to currently used diagnostics, we look forward to others duplicating our results.

What are you hoping that attendees take away from your presentation?

The improved accuracy of staging using MRI/Feraheme imaging could have significant therapeutic implications, allowing for individual tailoring of treatment in the setting of high risk and recurrent prostate cancer, which is simply not possible with current staging methods. **1**

Addressing One of the Most Feared and Frustrating Potential Side Effects of Prostate Cancer Treatment

VASCUWAVE IS A NEW, NON-SURGICAL THERAPY FOR ERECTILE DYSFUNCTION THAT CAN BE USED AT HOME.

Whether you elect traditional open surgery, robotic surgery, HIFU, seed implant, proton or photon radiation, or hormonal treatment for treating your prostate cancer, there is a chance that the “cure” will leave you with another problem.

The possibility of experiencing some degree of erectile dysfunction is one of the unfortunate side effects of almost all treatment options for prostate cancer. Some treatment choices are more likely to cause side effects than others, and some men (because of pre-existing conditions, their disease stage, location of tumors and choice of treatment) are more

likely to have sexual function problems following treatment. And of course, many men develop erectile dysfunction without having prostate cancer at all.

Regardless of the cause or lack of a cause, loss of sexual function is a major quality-of-life issue for millions of men. Statistics suggest that 1 in 4 men age 39 or older experience some degree of erectile dysfunction (ED), and by age 50 the number doubles. Some known causes



of ED are injury, disease (hypertension, diabetes, Peyronie's disease, etc.) and side effects of prescription drugs.

There are a variety of treatment options available, including PDE-5 inhibitors (Viagra®, Cialis®, etc.), devices that include manual penile pumps, and even penile implants that require surgical implantation to provide a "mechanical" solution to ED. However, before a man chooses a radical option, he may want to investigate other, less invasive solutions.

One option is the VascuWave™, a new therapy utilizing sound waves to treat erectile dysfunction. Available now from Dattoli Cancer Center physicians, the VascuWave wand improves penile blood flow and vascularization to enhance and improve erection.



This FDA-approved technology has been in use for several years, in a limited number of locations as an *in-office treatment*. Having to schedule an appointment and go to a doctor's office for treatment is not only inconvenient but also costly. The Dattoli configured device is the *first* and *only* prescription erectile dysfunction sound wave device directly available to the consumer, to be used in the comfort and privacy of their homes.

How does it work? The VascuWave wand emits acoustic sound waves that encourage tissue rejuvenation and vascular growth (neo-vascularization). Nerve regeneration has also been documented. Used with a prescribed 15 - 30 minute protocol, twice a week, improved sexual function has been achieved in 75% of men using the new system who have failed with other treatment options, especially PDE-5 inhibitors. Others have found more effective erectile function using VascuWave in conjunction with PDE-5 inhibitors, albeit with far lower drug doses and thus diminished side-effects (which commonly occur with higher doses of these drugs).

Following the initial twice-a-week protocol, an annual maintenance program is prescribed to maintain and increase the benefits of VascuWave indefinitely.

Because this device is not covered by insurance, a financing program has been established for those who wish to invest in a personal VascuWave.


Your questions can be answered by visiting the VascuWave.com website, or by calling 877-585-6152, 9 am until 5 pm EST on weekdays, to speak with a consultant. 📞

Hill Country Courage

**ONCE GIVEN "SIX MONTHS
TO LIVE," THIS TEXAS HOMEBUILDER
AND EQUESTRIAN IS LIVING LIFE
BOLDLY AND COUNSELING OTHERS.**

BY GINYA CARNAHAN





Texas Hill Country is found at the crossroads of West, Central and South Texas, in an area of beautiful but rough topography. As the name suggests, there is an abundance of hills, some 400-500 feet high. The Hill Country is rocky, dry land prone to hot summers and flash flooding. Utopia, Texas, a census-designated place (CDP), is tucked away in the Sabinal Canyon, 80 miles west of San Antonio.

At the time of the 2000 census, Utopia had 241 people, one multi-purpose gas station, 6 churches, a general store and a feed store. The city encompassed 3 square miles. The 2010 census lists Utopia's population as 227. This is where Mark Hall lives today and where he was in September 2005 when he was diagnosed with prostate cancer.

Go West, Young Man

In 1980, Mark migrated to Texas from the Northeast and started a home building business. He raised 3 lovely daughters from his first marriage and had established a wonderful life in this rural Texas town. At age 53, he married Nancy. Just weeks after their wedding, she suggested that he get a PSA test and colonoscopy to stay on top of his health.

When his second ever PSA came back at 3,400, it shocked everyone. Mark was healthy and athletic, and had no symptoms or history of prostate cancer. The first urologist he saw found a Gleason 8. The PSA had risen to 3,945 in just 1 week. The look on the doctor's face when he gave the news said it all. He told it like it was.

Then began the process of searching out specialists, looking for just a glimmer of hope. One doctor wanted to put him on chemo immediately, while another doctor was overheard telling his colleague that he could not see any good outcome. Mark saw seven specialists, including a team at MD Anderson. His Gleason 8 cancer had spread to his lymph nodes. Mark felt that he had about 6 months to live.

CONTINUED ON PAGE 12

Hill Country Courage

CONTINUED FROM PAGE 11

The Power of Faith

Mark, a strong Christian, found solace and support from his Methodist Church family and his friends, but worried most about the impact on his daughters and on Nancy. "I told Nancy that Texas has a 'Lemon Law' for vehicles and that there should be a 'Lemon Law' for spouses, too." Nancy's previous husband had died in a scuba diving accident, and Mark didn't want to subject her to the almost certain loss that seemed to be in the cards. But 13 years later, Mark is in a durable remission and he and Nancy are still happily married.

How did he get from "six months to live" to where he is today? Mark says he accepted the harsh reality of the diagnosis but decided to fight with all his resources. He looked at his life and focused on the great moments and accomplishments. At the same time, he made peace with his situation but refused to give up. The backing of his faith community gave him strength.

While running his construction business, Mark made time to research prostate cancer treatments. He had a list of prostate patients from a holistic medical source and was methodically going down the list talking to anyone who would answer the phone. A man in Colorado recommended Dr. Charles Myers, a medical oncologist in Virginia who was seeing men with advanced prostate disease. Mark had run into Dr. Myers' name on a different pathway just a few days before and decided to follow up.

After a visit to Myers' American Institute for Diseases of the Prostate (AIDP) in Earlysville, Virginia, Mark was prescribed a triple androgen blockade to try to reduce his disturbingly high PSA. Dr. Myers told Nancy in private that Mark's only chance was to get into a remission rapidly. Dr. Myers was going to be as aggressive as possible to try to achieve that outcome. In 2 months, there was significant

Mark and Nancy get out for a ride whenever they can.



improvement and after 6 months a remission started.

How to Live a Normal Life

Like many others in the Hill Country, Mark and Nancy are dedicated horse people. They both compete in a sport called Eventing. Often compared to human triathlons, Eventing involves riding on both flat surfaces and jumping fences. It comprises three phases: *Dressage* (a pattern of precise movements ridden before a judge), *Cross-Country* (demonstrating speed, endurance and jumping ability over varied terrain and obstacles) and *Show Jumping* (testing stamina and recovery of horse and rider after the cross-country phase). As Mark's PSA began to fall, he was able to continue to compete in the sport he loved, taking honors and championship awards along the way.

"My prostate cancer responded well to the hormone blockade for a few years, but there came a time when we wanted to do more," Mark remembers. Dr. Myers

recommended radiation as the next step. It would be used to "de-bulk" the tumor. "Dr. Myers recommended that I go to Dr. Michael Dattoli in Sarasota for a course of intense radiation."

"I was concerned about being away from work for so long, so I investigated some treatment centers in San Antonio and Houston as well," Mark remembers. However, a visit to Sarasota and a thorough evaluation by Dr. Dattoli, including a 3-D color-flow Doppler ultrasound and the ability to incorporate advanced imaging done in the Netherlands, convinced him that this was where he could get the most individualized treatment and the best chance at a good outcome.

Mark's treatment protocol began in January 2009 with 6 weeks of daily radiation, followed up after a 3-month rest period with brachytherapy (seed implant using Palladium-103 isotopes)

CONTINUED ON PAGE 14



PHOTO BY HATTIE BARHAM

“We worked it out that I could fly to Sarasota on Monday mornings and fly home on Friday evenings, which allowed me 2 days each week to manage my construction business.” - Mark Hall

Hill Country Courage

CONTINUED FROM PAGE 13

and finally 2 weeks of radiation targeting the lymph system. “We worked it out so that I could fly to Sarasota on Monday mornings and fly home on Friday evenings, which allowed me 2 days each week to manage my construction business.” His radiation plan was paired with a comprehensive hormonal therapy regime, tailored by Dr. Dattoli.

Mark remembers the time as one of concentration and focus. To prevent travel time, continuing business responsibilities and effects of radiation from taking a toll, Mark stayed physically and mentally active. He doesn’t recall feeling ill or depressed during that period – only very busy!

Mark’s PSA remained undetectable for years after the radiation. In 2014, when it had crept back up to 30, another round of hormone blockade drove it back to undetectable. In November 2015, Mark underwent Provenge® therapy. His PSA has remained undetectable for the past two and a half years.

Sharing and Teaching Others

Mark keeps an eye on his PSA with regular tests, and as the years go by

he feels stronger and stronger. His experience is one that he openly shares with others. As the 9th year anniversary of his Dattoli treatment approached, Mark reached out to *Journey* and offered his story as a means of helping other men facing a difficult and frightening diagnosis. While his experience is far from the normal or usual, he is very generous with his time, listening to other frightened people and offering advice and encouragement. A few weeks ago he received a call from a woman who asked him to talk to her son about prostate cancer. The mother needed a man to talk to her son, as only another man can. Mark’s golden rule advice for all men: Get a PSA test to establish a baseline and do your research thoroughly before jumping into any treatment.

Today, Mark is in the process of building his largest custom home project in Utopia, just 10 minutes from his own house. During our telephone interview, he was driving home from a meeting with a landscaper. As he approached his driveway, he explained that he would have to be excused for a minute or two as a couple of friends were waiting for him: two Labradors and a little poodle. Other friends were in the field – 4 horses, including Mark’s big gray Percheron/Thoroughbred event horse. And his best friend, wife Nancy, was in the house. Life is good for Mark and Nancy.

Mark believes that keeping a good attitude is at least as powerful as finding the right doctor and treatment for overcoming cancer. Because of his good fortune and blessings, he feels an obligation to share the gift of hope with others. ❶

What's in Your Medicine Cabinet?



It seems there is a new miracle drug on the market every week. Just watch the ads during prime-time TV to prove it. Dr. Dattoli has some specific recommendations for vitamins and supplements for post-prostate cancer patients (and for men who want to keep a healthy prostate gland as well as for overall health). Here is an updated list for you. Those listed in **red** should be considered **mandatory**:

- **Resveratrol** – 250mg twice a day, or 500mg with evening meal. Increases cancer cell death. (If taking Coumadin®, closely monitor bloodwork, as resveratrol slows the hepatic clearance of Coumadin®, thus potentially increasing its action.)
 - **Lycopene** – prefer to get through tomato food sources, but it can be taken in pill form (10-30mg daily).
 - **Vitamin C** – 500mg. Antioxidant, enhancing immunity against cancers.
 - **Vitamin D₃** – 5000-10,000 i.u. daily in cholecalciferol form for bone integrity and cancer reduction. (Check serum D-25 blood level every 6 months.)
 - **Vitamin E** – 50-200 i.u. (preferably combination of gamma and alpha tocopherol).
 - **Fish Oil Omega 3** – 2000mg two times a day. Powerful antioxidant, inhibits inflammatory response, reducing cell growth and decreasing ability to metastasize. (High EPA and DHA levels preferred and must be kept refrigerated to maintain quality.)
 - **Melatonin** – 3-6mg taken nightly if having trouble sleeping. Potentially reduces side effects of treatment.
 - **Zinc** – 100mg daily. Protective to normal cells; increases cancer cell death.
 - **Indole-3-Carbinol** – 200-400mg daily. Found naturally in cruciferous vegetables; inhibits cancer mutations.
 - **Quercetin** – 500mg twice a day for general prostate health. (Do not use Quercetin Plus, as its formula will reduce testosterone level.)
 - **Cernitin (Bee Pollen/Bee Propolis)** – 2-4 tablets daily. Anti-cancer properties and used for chronic prostatitis.
 - **Glutamine** – 2 grams taken on empty stomach. Contributes to muscle strength while on hormones.
 - **Glucosamine** – 1500mg daily (or follow dosage for specific brand). To increase joint/bone strength. *Do NOT take combined with chondroitin. Chondroitin potentially increases chance of recurrence and progression of cancer.*
 - **Beta-Sitosterol** – 100-200mg daily. Most active constituent of pygeum; anti-inflammatory effects, especially to prostate.
 - **Modified Citrus Pectin** – 800mg 3 times a day with meals. Also available in powder form – mix with fluid, 3 times a day.
 - **Zyflamend** – One tablet twice a day. A Cox-2 inhibitor with anti-inflammatory properties to inhibit cancer growth.
 - **Milk Thistle** – 1 gram daily. Liver protectant, lowers cholesterol, suppresses cancer growth. Make sure brand contains isosilybinin B.
 - **Super Bio-Curcumin®** – Available from Life Extension. 400mg 1-2 daily. Multiple health benefits. This formulation absorbs more fully than curcumin alone.
 - **Rosemary** – 400mg capsule three times a day. Powerful antioxidant and anti-inflammatory. Also available in powder – 1 tablespoon mixed in small amount of tomato juice once daily.
 - **Lecithin**: 1000-1500mg daily. Contains essential fatty acids with anti-inflammatory properties. Helps remove fat and cholesterol to prevent accumulation in arteries. Most importantly, regulates nutrients entering and exiting cell membranes.
- Should you have trouble finding these products, call Dattoli Cancer Center at (941) 957-1221 or 1-877-DATTOLI (328-8654) for some advice on where they can be purchased.

Lymph Node-Positive Prostate Cancer

LATEST BOOKLET IN OUR SERIES UNDERSCORES A PROGRESSIVE APPROACH.

The latest addition to the *Prostate Cancer Essentials for Survival Series* is timely, coming on the heels of the release of “Efficacy of Feraheme® as Lymphatic Contrast Agent in Prostate Cancer” (February 2018). As noted in the introduction of the Feraheme article (page 4), much of the current prostate cancer research today is focusing on the spread of disease through the lymph system.

This new booklet underscores our progressive thinking in considering many instances of lymph node-positive prostate cancer to be “curable.” While most prostate cancer specialists throw in the towel when presented with a case of metastatic disease in the lymph nodes, our approach is the same as that used when facing metastatic breast cancer, or colo-rectal and other cancers, in the lymph nodes. If those cancers are aggressively treated, why shouldn’t metastatic lymph node-positive prostate cancer be treated aggressively as well?

The first challenge comes from the fact that there are hundreds of lymph nodes in close proximity to the prostate gland. The traditional method of biopsying each node to find cancer would be an invasive nightmare.

Identifying just which nodes are harboring active prostate cancer cells has always been a daunting task – until now. In the past decade, several diagnostic breakthroughs have offered progress in discerning where the cancer cells may have traveled. For a while, Dr. Jelle Barentsz, of The Netherlands, was leading the charge with developing and

offering Combidex® screening for metastatic prostate cancer. Drs. Dattoli and Sorace sent many men to his clinic in Nijmegen for the diagnostic scan. When the FDA failed to approve the drug used in the scanning process for use in the United States, the company that manufactured it went out of business.

Leading-edge technology research involving nanoparticle science and advanced imaging continued, however, and it has now made locating these lymph nodes possible – with accuracy to a degree that makes individual lymph node biopsies unnecessary. And you don’t have to leave the country to take advantage of it!

All prostate cancer patients should be aware of the potential for their disease to advance to the lymph nodes at some point, even many years after “successful” treatment. This is why continued vigilance with regular PSA tests is so important. As soon as an upward tick in PSA is noted, we suggest a consultation to determine what is going on. If there is a suspicion of persistence of disease, the sooner it can be addressed, the better.

If you are interested in receiving a copy of this new booklet, just make a notation on the enclosed donation envelope and we will be happy to send you a copy. 📧

