

DATTOLI CANCER FOUNDATION

# Journey

## SPRING 2014

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Former chemist and prostate cancer survivor David Most, Ph.D. educates men about the latest research and treatment options through a series of annual seminars. }





## Chinese Proverb: To know the road ahead, ask those coming back.

### FROM THE EDITOR

This issue of *Journey* is focused on education, specifically on the importance of keeping yourself up-to-speed on the world of prostate cancer. Our cover story gives you a little introduction to one of my favorite guys – David Most, PhD. I met David about 5 years ago, when I accompanied Dr. Dattoli to one of the early W.B. Ingalls Memorial Prostate Health and Cancer Seminars in the lovely community of Jupiter. David is a prime example of a life-long learner – and teacher. Dr. Dattoli returned to the seminar this year with new information on nanotechnology and treatment of lymph node disease.

David scours the country and finds the current thought leaders in the field of prostate cancer, and in his soft-spoken way, he convinces them to spend a weekend sharing their knowledge with a group of patients, medical practitioners and vendors on the campus of FAU, at the Scripps Research Institute. His seminars always sell out, and the material covered is current and often controversial.

We strongly encourage our patients to stay connected with the prostate cancer field. Even though many of you have had successful treatment and no longer find that prostate cancer consumes your daily thinking and planning, because you have been through it, you are automatically considered to be an expert by your associates. The treatment you experienced 6, 8 or 10

years ago is not the same as what doctors are offering now. We are making progress and applying new knowledge to treatment protocols. You need to stay informed!

Keep your eyes open for learning opportunities in your area. Many cities with major medical centers have ongoing public lectures on health topics. Smaller communities may have an Us, TOO, Int'l chapter, or a group of prostate cancer survivors organized through a Man to Man program. Some places have a unique, unaffiliated group – like our friends in Poughkeepsie, NY. There they have “PCa 101” offering advice, education and fellowship to the prostate cancer community. If you don't find a group, consider starting one. There is a wealth of information available from Us, TOO and other sources such as PCRI and Project Zero.

As for myself, I have just completed a spring course in beginning astronomy, called “*The Earthbound Human's Guide to the Universe.*” Much has changed since I had a smattering of astronomy in high school. I have now been introduced to worm holes, supernovas, dwarf stars and other phenomena. And I now understand why Pluto had to be downgraded from planet status. Don't feel bad for Pluto – it is now the largest of the identified Plutoids. Are you impressed?

*Virginia “Ginya” Carnahan, APR, CPRC  
Editor*

# Journey

SPRING 2014

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A 501(c)(3) not-for-profit organization

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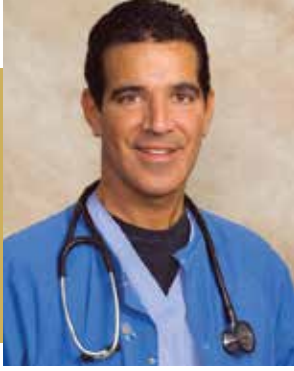
## Welcome a-Board!

We are very pleased to announce an addition to Dattoli Cancer Foundation's Board of Directors. Jeffrey L. Maultsby has accepted our invitation as the first Foundation board member who does not have some personal connection with the Dattoli Cancer Center, as a former patient or a staff member.

Jeff brings a variety of unique skills to our "line up" – he has baseball in his blood! He came to Sarasota in 2003 as Director of Florida Operations for the Cincinnati Reds, and during his time with the team realized a 400% increase in sales. In 2008, when the team elected to leave its Florida Spring Training home for Arizona, Jeff chose to stay in Sarasota. He was quickly recruited by Sarasota County Government and subsequently named Director of Business and Economic Development. In this role, Jeff has overseen the allocation of \$5.8 million in incentive funds for businesses that have brought 2,400 new jobs to the county.

A native of Winter Park, Fla., Jeff earned a master's degree in Business Administration from the University of South Florida; his bachelor's degree in Business was earned from Florida Southern College, with a major in sports management.

We are fortunate that Mr. Maultsby chose to stay in Florida, and that he agreed to share his business expertise with our Foundation. 📍



# Lymph Node Positive Prostate Cancer

MESSAGE FROM MICHAEL DATTOLI, MD

**T**here are many mysteries about prostate cancer and its treatment that confound me, even after decades of study and experience in treating men at all stages of this disease.

One of these is the approach taken by most other physicians when prostate cancer invades the lymph system. They often seem to subscribe to the belief that it is incurable. I ask myself, "Why should prostate cancer in the lymph nodes be approached any differently than breast cancer in the lymph nodes, cervical cancer in the lymph nodes or the other common cancers that often spread to the lymph nodes?"

Granted, until recently there was no really good way, other than by biopsy, to identify the specific nodes that harbor active prostate cancer. With literally dozens of lymph nodes upstream from the prostate gland, individual biopsies, sampling or surgical removal (dissection) of each suspect gland could result in significant morbidity. Under the best circumstances, some oncologists and urologists would try to identify the abdominal nodes using CT scans and ProstateScint®; both are associated with high

false positivity, especially when lymph nodes are equal to or smaller than 1.0 cm, and usually those closest to the prostate gland are determined to be positive. If lymph node positive disease is identified, the patients have historically been treated with surgical castration, hormonal therapies and even systemic chemotherapy in hopes of stopping the advance of active cells through the lymph system. Chemo was a last-ditch effort prior to the availability of a the new breed of last-ditch drugs: Zytiga®, Xtandi®, etc.

Two advances in diagnosis and treatment were occurring simultaneously in the past 5-6 years that now make accurate identification and targeted radiation to those nodes possible and practical. In terms of diagnosis, almost as a fluke, a previously FDA approved treatment for unrelated chronic kidney disease demonstrated the ability to highlight lymph nodes containing active prostate cancer cells; not just the nodes in close proximity to the prostate gland (pelvic region), but even those higher in the abdomen (para-aortic region) and finally to the mediastinum (chest region) and neck. This diagnostic breakthrough uses a molecule called feraheme (ferumoxytol), which is infused to identify the affected lymph nodes with a high degree of accuracy (equal to or greater than 95%). Thus, there is no need for morbid lymph node biopsies, sampling or dissection. The test is called USPIO (ultra small super-paramagnetic iron oxide).

The location of these affected lymph nodes, above the diaphragm and up as high as the

**The biggest take-away from the Ingalls Memorial Seminar was this: After definitive treatment for prostate cancer, continue to have routine PSA tests at least every 6 months. If the PSA starts to creep up don't wait too long to do something about it. Once the PSA reaches .40 it is time to see your doctor!**

clavicle, had previously proven to be out of the range for traditional broad spectrum radiation. Constant movement in the chest and the location of specific sensitive organs (kidneys, liver, lungs, heart) would pose virtually impossible obstacles to effective radiation treatment at the necessary higher dose levels. Morbidity would be overwhelming.

However, with the advent of DART radiation (Dynamically Adjusting the microbeams to motion in Real Time radiotherapy, created by and available only at the Dattoli Cancer Center) these lymph nodes can now be successfully irradiated to halt the advance of prostate cancer through the lymph system, without exposing the critical organs to a damaging radiation exposure.

As discussed in earlier issues of *Journey*, we have been blazing the trail for lymph node identification and subsequent radiation treatment in partnership with the only institution performing the USPIO tests. Along with Dr. Stephen Bravo and colleagues at Sand Lake Imaging outside of Orlando, we are steadily gathering data to present to the FDA in hopes of future approval of the USPIO test, paving the way for some level of insurance reimbursement. Understand that the process of obtaining FDA approval is a long and tedious process. (At the present time, the cost of the test must be borne by the patient – somewhere around \$1,500.)

In a recent presentation at the American Society of Therapeutic Radiation Oncology (ASTRO), reports of this encouraging process were shared. Thirty-three of 36 patients with biochemical recurrence of prostate cancer were identified with positive lymph nodes through the USPIO process, and those positive nodes were verified by subsequent biopsy, validating its accuracy. The technology has the

## You Can't Believe Everything You Read

A few years ago, an email went viral that had on its letterhead the name of one of America's most prestigious universities and hospitals, Johns Hopkins. It claimed that cancer was a disease of the mind, body and spirit and was caused by nutritional deficiencies, the environment and lifestyle factors.

It went on to say that radiation and chemotherapy could compromise, even possibly destroy the immune system and cause death. It even stated, rather directly, that surgery could cause the cancer to spread.

The email's top recommendation for prevention was to stop using sugar or sugar substitutes. It made other claims, among them that putting plastic containers in the microwave, putting water bottles in the freezer, and using vitamin E were all dangerous.

The letter was not from Johns Hopkins and its claims were spurious if not ridiculous. Unfortunately, many of them have passed into urban legend.

### Finding Information You Can Trust

There are hundreds of helpful websites out there with information on prostate cancer that you can trust. Likewise, there are hundreds of biased, commercial sites that can be confusing and misleading. Sometimes it is difficult to tell one from the other. Websites offered by major medical centers and university-based hospitals will tout their areas of expertise, the research being conducted there, and the names of their research faculty. While factual and interesting, these sites are essentially marketing tools and must be considered as such.

The best advice when researching treatment options is to try to find a site that has no vested interest in any particular approach and offers a balanced look at all possibilities.

One organization that fits this description is Patient Advocates for Advanced Cancer Treatments, Inc. (PAACT). Established in 1984, this highly respected organization has a diverse medical advisory board representing the A-Z in current prostate cancer knowledge. PAACT publishes a quarterly newsletter for its members, and a digital version of can be found on its website: [paactusa.org](http://paactusa.org)

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David Dennis, CMD, ARRT (R)(T)

## Behind the Scenes

A CONVERSATION WITH DOSIMETRIST  
DAVID DENNIS

BY GINYA CARNAHAN, APR, CPRC



ALEX STAFFORD

When David Dennis was still in high school, he became fascinated with the role of radiation in healthcare. “I was working part time in the engineering department at Winter Park [Fla.] Hospital and got to see behind the scenes in all the departments. This was early in the development of radiation therapy, and the methods were very crude compared to what we can do today,” he says.

His first step in the journey to becoming a Certified Medical Dosimetrist was entering the Winter Park Hospital School of X-Ray Technology, where he learned the basics of radiation. Convinced that this was the career path for him, Dave then went to Broward Community College (Ft. Lauderdale) to obtain certification as a Registered Radiation Therapist. His first patients were treated with cobalt (what we consider today as the dinosaur of radiation therapy).

As the field expanded, so did Dave’s interest. Moving from radiation therapy to dosimetry required more education, more training. Although by this time he had acquired a wife and had 2 small children at home, Dave

traveled to M.D. Anderson Cancer Center at the University of Texas to dive into the growing field of radiation dosimetry, where he was taught and tutored by a physicist.

After a stint with The Veterans Administration Hospital in Tampa, Dave sought specialty training in the exciting new application of radiation using seeds – what we call “brachytherapy.” He learned about the progressive young radiation oncologist Michael Dattoli, who was pioneering seed implantation in a Tampa-area hospital. He was there at the right time, was hired by Dr. Dattoli, and has been a key member of the Dattoli team since then – for 17 years!

Asked what advice he might have for students who share his fascination with radiation, Dave said, “You can never get too much education – focus on math, physics, and especially computer technology.” Asked about the future of the field, he said, “The technology is expanding exponentially. My only fear is that the costs of treatment will become too high for the masses to ever be able to benefit from the advances.” **1**

# Natural Strategies for Cancer Patients

BOOK REVIEW BY MEG BROCKETT, MPH

**N***atural Strategies for Cancer Patients* is an extremely detailed and well-researched book. Dr. Russell Blaylock's overall message is that diet, in conjunction with some carefully chosen and specific nutrient supplementation, is a powerful ally against cancer. This book isn't for someone with a casual interest in an overview of the subject. Dr. Blaylock goes over the subject with a fine-toothed comb. Like the saying goes, "The devil is in the details." This author proves that by distinguishing the importance of such things as what type of material is used to make the capsule of a supplement and which nutritional supplements need to be dissolved in olive oil first in order to be absorbed.

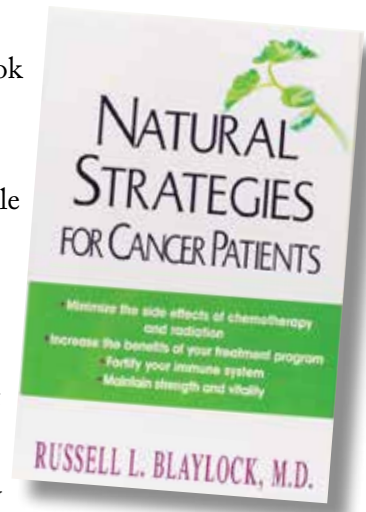
I personally find such information empowering and interesting. But I can imagine it could be overwhelming and discouraging because of the sheer volume of details to consider and the departure from what many people are accustomed to eating. Even for those people, though, it's worth the read for some of the practical and more easily adopted information and advice, such as:

- Never buy supplements in the form of tablets, as they are not as easily digested as capsules and are most likely held together by some type of "glue."
- Blending or juicing fruits and vegetables breaks down the cell walls and allows for up to 90% of the phytonutrients they contain to be absorbed. According to the author, some studies have found that chewing results in only about 30% being absorbed.
- Cooking apples, apricots, kiwi, pineapple, beets, cabbage, cauliflower, leafy lettuce and onions results in a considerable loss of the anticancer (anti-mutagenic) properties of those foods.

Many other important points included in Dr. Blaylock's book aren't so easily adoptable; however, they are very important in any discussion of prostate cancer.

- "Several studies found that diets high in the omega-6 fats were associated with much more aggressive cancers in men with prostate cancer," according to Dr. Blaylock. He cautions to avoid all commercially prepared foods containing omega-6 fats (safflower oil, corn oil, peanut oil, soybean oil and canola oil). He further cautions to avoid all commercial salad dressings, cookies, cakes, crackers, chips, pies and breads because of their omega-6 content.
- Grilling and panfrying meats and fish produces substances that cause cancer. The worst type of wood to grill with is mesquite. Green tea and vitamin C have been shown to reduce the cancer-causing capacity of these substances.

In conclusion, I found the book a worthwhile read that confirmed for me how valuable my Vita-Mix® blender is in helping my body to absorb valuable plant chemicals that help fight cancer, and how amazingly detailed and complex the subject of food, supplementation and their relationship to cancer is. ❶



# Making the “Most” of Survival

DAVID MOST’S CRUSADE TO SUPPORT AND EDUCATE MEN ABOUT PROSTATE CANCER BEGAN 18 YEARS AGO WHEN THE THEN CHEMIST RECEIVED HIS OWN DIAGNOSIS OF THE DISEASE.

BY DAVID CHESNICK

When the invitation came from the Health Information Research Inc. (HIR) Executive Director, David Most, Ph.D., to be a presenter at the 7th Annual W.B. Ingalls Memorial Prostate Health and Cancer Seminar this past March, Dr. Michael Dattoli was very pleased to accept.

The doctor joined some of the most prestigious physicians in the country working in the field at the Scripps Research Institute in Jupiter, Fla., for an event entitled *The Prostate Cancer Dilemma: Tiger or Pussycat?* that explored the current controversy in defining which prostate cancers should be aggressively treated and which are merely “pussycats” that can be watched. The annual seminar is a central component of Most’s mission in his journey of survival.

## SEARCHING FOR A WAY TO HELP OTHERS

Having lost his father to a particularly virulent form of the cancer, Most was sensitive to his risk and had been keeping a close watch on his PSA from the early 1990s.

When the diagnosis came in the spring of 1996, he opted for surgery, which was then the gold standard in treatment.



“After the surgery, I realized how ignorant I was about the disease and decided to learn more about it. I also realized that if I – someone who had spent his professional life as a chemist – was ignorant, others needed to learn more about it as well. I set up a small counseling service in the basement of the Clubhouse of the community where I lived in Jupiter,” Most recounted.

Most’s next step was to create a patient resource center at the then non-profit Good Samaritan Hospital in Jupiter to provide information about any and all cancers. In an office staffed by volunteers, he taught how to do Internet searches that would produce reports to improve patients’ understanding of their disease and clarify for them the what and the why of the treatment course their doctor was recommending.

## **HELPING OTHERS NAVIGATE THEIR JOURNEYS**

“When the hospital was sold in 2001 and became a for-profit institution, the center was closed. I decided to create my own organization. I applied for and received a 501(c)(3) non-profit designation and got office space in a local bank. HIR was born,” Most said. “At this point, we were still dealing with all cancers.

“At that time, the Internet was becoming more accessible, something that was and continues to be a double-edged sword. Along with increased use came misinformation, because the average person had difficulty telling reality from fiction [see Sidebar]. As people believed they could find info on their own, my work began to center exclusively on prostate cancer.

“Also at the same time, the volume of in-

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## **The Company We Keep**

Faculty at the 7th Annual W.B. Ingalls Memorial Prostate Health and Cancer Seminar:

### **Sorting “Tigers” from “Pussycats”**

**Charles E. “Snuffy” Myers, MD**

*Co-Founder and President, Foundation for Cancer Research and Education; Medical Director, American Institute for Diseases of the Prostate, Earlysville, Va.*

### **Active Surveillance for Prostate Cancer at Johns Hopkins**

**Jonathan Epstein, MD, PhD**

*Director of Surgical Pathology; Professor of Pathology, Urology and Oncology; The Reinhard Professor of Urologic Pathology at The John Hopkins Medical Institutions*

### **Advances in Prostate Cancer Diagnosis and Monitoring with Multi-Parametric MRI**

**Clare M. C. Tempany, MD**

*Professor of Radiology, Harvard Medical School Ferenc Jolesz Chair of Radiology Research; Department of Radiology, Brigham & Women’s Hospital, Boston, Mass.*

### **Understanding New Generation Radiation Therapy Overkill: The Nuclear Option**

**Bhadrasain Vikram, MD**

*Branch Chief, Clinical Radiation Oncology Branch; National Institutes of Health, Washington, D.C.*

### **Applying the New GPS Gene Test to Assess Disease Aggressiveness**

**Béla Stephen Denes, MD**

*Senior Director Medical Affairs; Genomic Health, Inc., Redwood City, Calif.*

### **Using Ferraheme to Detect Lymph Node Metastasis**

**Alexandra Osorio, MD**

*(for Stephen M. Bravo, MD, Medical Director) Sand Lake Imaging, Orlando, Fla.*

### **Management of Lymph Node Positive Prostate Cancer: Role of Radiation**

**Michael J. Dattoli, MD**

*Founder and Radiation Oncologist; Dattoli Cancer Center & Brachytherapy Research Institute, Sarasota, Fla.*

### **Panel Q&A**

**Moderator: David F. Paulson, MD**

*Past Chair and Professor Emeritus, Department of Urology; Duke University, Durham, N.C.*

“Supporting David in his efforts to educate men about prostate cancer, the research being done and their treatment options – as well as the chance to hear what other leading doctors and researchers in the field are doing, and sharing my work with them – is an opportunity I always welcome.” – *Michael J. Dattoli, MD*

formation that started to come out was extraordinary and difficult to keep up with. There were new organizations, new research, and Congress set aside \$50 million for prostate research. I got involved as a consumer reviewer evaluating research grants.”

### **THE BENEFITS OF A FOUNDATION GRANT**

One of the patients Most counseled and supported, and with whom he became close friends, was W.B. Ingalls. An aeronautical engineer and consultant, Ingalls waged a brave 10-year battle against the disease before succumbing in 2005. Before he died, he and his wife, Joan, established the W.B. Ingalls Foundation to increase education and awareness about prostate cancer.

Most proposed to the Foundation starting a series of annual seminars that would deal with cutting-edge topics and be geared to sophisticated layman with the disease. A Foundation grant made Most’s vision a reality. Presenters, like Dr. Dattoli (who returned this year for the second time), understand who the audiences are and what the current issues are.

“I’m very pleased we were able to get Dr. Dattoli to return,” Most said. “I’ve followed his publications and know he’s an active researcher. I’m also aware of the high quality of work being done at the Dattoli Cancer Center. He’s a terrific presenter and one of the truly outstanding radiation oncologists in Florida.”

To make the seminars available to a wider audience, they are videotaped and made available on the HIR website: MyHIR.com.

### **THE TIGER VS. PUSSYCAT DEBATE**

This year’s symposium centered around one of the hot debates in prostate cancer care – the efficacy of PSA screening.

“There has been an anti-PSA screening campaign the past few years, because a number of research papers have shown that men who have regular PSA screenings do not have a greater life expectancy than men who are unscreened,” Most explained.

“The questions then become: Did we waste surgery? Did we create a generation of treated men left with residual morbidity who may not have needed treatment? We examined identifying cancers that need to be treated right now and cancers that don’t. In short,” Most said, “is there a tiger in the tank – or just a pussycat?”

Asked where he comes down in the debate, Most said, “I feel that the more information a man and his doctor have, the more intelligent a decision they can make.”

### **THE FUTURE OF TREATMENT**

“Prostate cancer is a very heterogeneous disease,” Most explained. “There is no single type, and so I don’t expect we’ll ever find a single course of treatment.

“I do expect that, in the future, treatment

At the Seventh Annual W.B. Ingalls Memorial Prostate Health and Cancer Seminar (L-R): David Most, Ph.D.; Clare M.C. Tempany, MD; and Michael J. Dattoli, MD.



is going to become more and more personalized, because treatment will be more dependent on a patient's genetic makeup. It's that genetic makeup that we'll rely on to determine whether or not there's a tiger in the tank."

As for his future, the 85-year-old, 18-year survivor shows no signs of slowing up. Quite the contrary, his commitment and passion seem to know no bounds as he continues on his mission of education and support.

"It takes a certain twisted personality to take this on," Most said with a laugh, before turning serious. "I love learning. And the more I learned about the disease, the more fascinated I became, and it became more of a challenge. I've had to learn biology, anatomy, the physics of radiation and what goes on in surgery. This is what led me to set up the original counseling service and what motivates me to continue my work today. I find great truth in the wisdom of Ralph Waldo Emerson's battle cry, 'Knowledge is the antidote to fear.'" **1**

## Support Groups & Events

The primary source for prostate cancer support groups is Us, TOO International, based in Des Plaines, Ill. Their website ([www.ustoo.org](http://www.ustoo.org)) contains a list of all current chapters as well as information on starting a local chapter.

**You can reach Us, TOO at 800.808.7866.**

A major prostate cancer meeting is offered in the fall by Prostate Cancer Research Institute (PCRI) in Los Angeles. The 2014 meeting date is **September 5-7**, at the **Marriott Hotel-LAX**. The speaker line up and registration information is available on their website: [www.pcri.org](http://www.pcri.org).

## Lymph Node

CONTINUED FROM PAGE 5

ability to identify positive nodes down to a resolution of 3-4 mm and in some cases even to 1-2 mm.

This advancement has tremendous potential for improving overall survival of recurrent prostate cancer patients, and for identifying and treating otherwise unbeknownst abdominal lymph nodes in patients presenting with high-risk, aggressive prostate cancer.

We only have to look at the survival statistics for lymph node positive patients with other cancers to predict the potential success.

For instance, a study published in JAMA in 1995 cited 10-year survival results for patients with lymph node positive cervical cancer. Without any lymph node radiation, only 50% of these patients survived even 5 years. However, there was 55% survival at 10 years when pelvic AND para-aortic nodes were irradiated, and 44% survival at 10 years when just the pelvic nodes were irradiated. I expect the same or greater benefit for prostate cancer patients and will publish results as soon as our data has matured to the point where we have a statistically significant number of patients in our study with a substantive median follow-up.

My in-depth presentation on this subject closed the recent 7th Annual Ingalls Memorial Prostate Health and Cancer Seminar, held at the Scripps Research Institute in Jupiter, Fla. Along with other thought leaders in the field of prostate cancer, we presented a power-packed day focused on the challenges inherent in trying to tell the “pussycats from the tigers” – with respect to prostate cancer aggressiveness.

An abbreviated version of my PowerPoint is available from our office. Please call Ginya if you would like a copy. ❶

### You Can't Believe Everything You Read

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Other trustworthy sites are:

Center for Prostate Disease Research (through the U.S Department of Defense) maintains the largest prostate cancer database in the country:  
[cpdr.org](http://cpdr.org)

Zero: The End of Prostate Cancer (formerly the National Prostate Cancer Coalition):  
[zerocancer.org](http://zerocancer.org)

PSA Rising Magazine offering news, information and support: [PSA-Rising.com](http://PSA-Rising.com)