

DATTOLI CANCER FOUNDATION

Journey



FALL 2015

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When he was diagnosed with prostate cancer at age 50, Howard Waage never thought the disease would continue to be a focus in his life 19 years later.

 **DATTOLI**
CANCER FOUNDATION



The Giving Challenge

FROM THE EDITOR

Every year at this time, not-for-profit organizations across the country mount a year-end campaign to encourage financial donations to support their programs in the coming year. Previous donors and “potential” donors are solicited by mail, email, phone calls and even personal visits – to engage them in the organization’s mission and to encourage them to make a donation. These organizations, the Dattoli Cancer Foundation included, need money in order to operate year-round. The year-end appeal makes sense, because these donations are **tax deductible**, and many people begin thinking about their tax situation as the year rolls to a close.

Our Foundation has historically used a “soft” approach to soliciting financial support. A donation envelope is bound into each issue of *Journey*, and many faithful donors respond without our having to make an overt “ask.” For these many contributions, we are indeed thankful. *Journey* was created as an insiders’ communication, to provide up-to-date material from Dr. Dattoli and staff, as well as subjects of interest to prostate cancer survivors.

I have considered creating some visible means of acknowledging our donors that could be displayed in the Dattoli Cancer Center lobby. (Dattoli Cancer Center and Dattoli Cancer Foundation are two separate entities, housed under one roof.) When I figure out what the acknowledgement should look like, I might just do it this year.

In the meantime, for those who are unsure of what is done with the donations contributed to the Dattoli Cancer Foundation, here is a partial list of things they have funded: the Dattoli Patient Handbook (zippered portfolio); Tuesday night Beamers programs; writing and printing of all of the small booklets (*The Dattoli Challenge*, for instance) and books (“The Dattoli Blue Ribbon Prostate Cancer Solution”); distribution of books and booklets to individuals and support groups; providing speakers for groups; salary of a data maintenance staff person (for ongoing research); two annual screening events for free PSAs and DREs (we have provided 3,000+ free screenings in the past 15 years); office supplies and space rental; partial salaries of two staffers; and design, production and mailing of *Journey*, and Dr. Dattoli’s ongoing research. Yes, we are busy bees!

I’d like to mention another way to support the activities of our Foundation – remembering us in your will. Please call me if you’d like to talk about your planned giving options.

The work we do that enables us to alert men to the importance of early diagnosis and our ongoing research to discover and determine better ways to treat future patients are completely dependent on the generosity of our donors. 🐝

Thank you!

Virginia ‘Ginya’ Carnahan, APR, CPRC

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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.

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Publication developed by Consonant Custom Media, LLC, 1990 Main Street, Suite 750, Sarasota, FL 34236 941.309.5380.



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USPSTF Is Wrong Again – This Time On Mammograms

Remember back in 2014 when the United States Preventive Services Task Force made its recommendations about curtailing prostate cancer screening? That same government panel has set its sights on screening mammograms for breast cancer now.

This astute body (made up of 'independent health experts' meeting at the Department of Health and Human Services) was commissioned to study the expected outcomes under various screening scenarios.

Their new recommendations are:

- Routine screening of women should begin at age 50, instead of 40
- Routine screening should be stopped at age 74
- Screening mammograms should be conducted every 2 years, instead of every year
- Breast self-exams have little value, based on findings from "several large studies"

Needless to say, we are not in agreement with this panel's screening mammogram recommendations, any more than we were with their prostate cancer screening recommendations. The underlying reason for this task force and its recommendations is to reduce Federal spending on health care.

Gentlemen – please encourage the women in your life to continue to perform breast self-exams, get 3-4 mammograms between ages 30-40, and if they have fibrocystic breasts or an inconclusive mammogram, have an MRI of the breast, which is far superior to a mammogram for predictive accuracy. If there is a family history of breast cancer, insist on annual screening mammograms, even if the cost has to come out of your pocket. Breast cancer is trending to strike women at earlier ages than in the past. We all know that early diagnosis (through screening and self-exam) is the best way to survive breast cancer. **1**

Prostate Cancer in Older Men: To Treat or Not to Treat?

MESSAGE FROM MICHAEL DATTOLI, MD



Among all the questions surrounding prostate cancer, perhaps one of the most difficult to answer is whether to aggressively treat an “older” man newly diagnosed with prostate cancer. Old age from an “older age perspective” is 80+ years old.

By “older,” for the sake of this discussion, we mean a man 70-75 years old or more. Granted, there are plenty of 70- to 75-year-olds (and older) who are very healthy and very active, and there are 50-year-olds who have already seen their best days. So, we have to take these things with a grain of salt.

Like many other prostate cancer issues (to screen or not to screen, for instance), the pendulum has swung both ways on this question. In 2006, WebMD presented an article with this title: “Treat Prostate Cancer in Older Men? Study Suggests Treatment Has Survival Advantage Over Watchful Waiting.” In 2013, a TIME Magazine article advised: “Older Men Should Pass on Getting Prostate Cancer Treatment.”

What happened in the interval between the 2006 article and the 2013 article? One influence was certainly the U.S. government’s “Preventive Services Task Force,” which advised that most men no longer needed regular screening. This same astute body followed up by saying that older men who were diagnosed should not be offered surgery or radiation treatment. It is difficult to accept these recommendations without having a nagging suspicion that they are based more on cost containment than on sound medical practice.

One problem with older men is that they often present with other health problems, such as diabetes, hypertension, congestive heart failure and arthritis, or combinations of these common conditions. Often these other conditions are a bigger threat to the man’s survival than a prostate cancer diagnosis, if the prostate cancer is believed to be low risk. Many things need to be taken into consideration before advising treatment or no treatment.

At Dattoli Cancer Center, an older gentleman newly diagnosed with prostate cancer is given the same highly individualized evaluation and advice that a younger man receives. We will use all of our diagnostic tools and accumulated expertise to learn everything we can about his cancer, and then make a recommendation.

It is generally believed and has been published that about 40% of all diagnosed cancers are slow-growing, and therefore may not require any kind of treatment other than vigilance in watching the markers (PSA, etc.). However, when prostate tissue from men's glands that were removed as a precaution, even though they were judged to be low risk, was analyzed under a microscope, 25-60% were revealed to be actually more aggressive than first thought. While new types of testing and analyses are making classification of prostate cancers more accurate, there still remains a grey area for many who are thought to be low or medium risk.

To compensate for this inability to more accurately classify an older man's prostate cancer, some practitioners (urologists, medical oncologists, etc.) will resort to putting the patient on life-long hormones. We suppose they do this because 1) it appears to be addressing the cancer; 2) there will be a reduction in PSA, a "sign" of improvement; and/or 3) it will keep the patient coming back to the practitioner.

We think this is a very dangerous path for the older patient and sincerely regret that thousands of men end up in this situation. These drugs actually accelerate aging, increasing hyperlipidemia (high cholesterol and/or lipids) and cardiovascular disease while weakening bone. Additionally, the cancers may become resistant to hormones and they often become increasingly aggressive, leaving only clinical trials and chemotherapy as alternative treatment. "Older" men poorly tolerate chemotherapy.

A once hale and hearty 70- or 80-year-old will begin a rapid decline, and within weeks to months of his first injection may be beset with the side effects of hormones: hot flashes, loss of libido, impotence, depression, memory loss, emotional instability. His quality of life takes a nosedive! And this will be his fate for the rest of his years.

Contrary to this scenario, many older men with sufficiently good health otherwise can be treated with intent to cure. While surgery

In considering life span, people often look at the wrong charts ... those predicting life span from the date of birth. It is more correct to find the charts that predict additional years from current age. For example, the average life expectancy for an American White Male is 76.71 years from birth. Life expectancy from current age makes a significant difference. Check out these predictive additional life expectancy years for American males:

AGE 60 +20.8 This guy statistically could live to 80.8

AGE 70 +13.7 This one could live to 83.7

AGE 80 +8.2 We're looking at 88.2 here

AGE 90 +4.4 This man could make it to 94.4 – 17 years more than the predicted life span from birth!

Interesting related data: The state with the longest life expectancy from birth is the District of Columbia: 82.07; and the state with the shortest is nearby West Virginia: 72.64.

is generally not recommended for the older patient because of anesthesiology risks, there is often no reason that these men cannot be treated with radiation and seeds (brachytherapy), radiation alone or seeds alone. In select cases, men may still receive a benefit from hormones, although only for a finite period of time, allowing the body a full recovery. Aggressively treating the cancer in this manner can free the man from living out the rest of his life with the specter of prostate cancer looming over him. At Dattoli Cancer Center, we have successfully treated many men in their 80s and even a

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Spreading the Word

HOWARD WAAGE FOUGHT HIS BATTLE WITH PROSTATE CANCER 19 YEARS AGO. SINCE THEN, HE'S HELPED HUNDREDS OF OTHERS FIGHT THEIRS.

BY DAVID CHESNICK

January 24, 1997, was a big day for Howard Waage. His daughter Kerry delivered a baby boy, and Howard became a grandfather for the first time. It was also the day he met with Dr. Dattoli to begin treatment for his prostate cancer.

Nearly 19 years later, his grandson Marques is awaiting word from colleges while Howard, having triumphed over the disease, has been helping other men and their families meet the challenges they face at a support group in Santa Cruz, California.

The group was started nearly a quarter of a century ago when a man named Frank Bolle was diagnosed with advanced prostate cancer. Determined to help others, Frank started the support group, and though he lost his battle with the disease in 1999, Howard and five others members formed a steering committee to keep the group going.

They meet the last Tuesday of every month at the Dominican Santa Cruz Hospital, and its almost three hundred members have learned what Howard learned: that participation in a support group can greatly ease one's sense of isolation during the journey from diagnosis through treatment to health and emotional well-being.

It certainly provided that for Howard.

HOWARD'S JOURNEY BEGINS

His father had prostate cancer, so when a routine blood test ordered by his GP revealed a PSA of 11, Howard saw a urologist who told him he was too young at 50 to have

the disease. And though the urologist did a biopsy that was suspicious, he told Howard not to worry, that he was fine.

Soon after, on a business trip to St. Louis, Howard developed some urinary tract problems, so he saw another urologist and had another PSA test. He was back in California when the St. Louis doctor contacted him with the news that his PSA was now 31 and he had prostate cancer. The doctor, who was a surgeon, recommended immediate surgery.

Howard became depressed and felt isolated. Frank, a neighbor and friend, was the first non-medical person to provide him guidance, and he suggested that Howard do some research to explore other options. An aggressive researcher, Howard went online and learned all he could. He even posted his story on a prostate message board. Within a few days, he heard from Dr. Steven Strum, a medical oncologist who specialized in prostate cancer. Strum recommended a consultation and got Howard admitted to one of the country's top hospitals, at the University of California at San Francisco, where he was examined by some of the top doctors in the field.

The hospital was just beginning to do brachytherapy, and while Howard liked the approach and wanted to try it, he wanted a doctor more experienced in the procedure. Dr. Strum told him about Dr. Dattoli, who had already done hundreds, if not thousands, of the procedures and was enjoying great success with the approach.

PATIENT AND DOCTOR MEET

Howard made the cross-country trip, flying to Florida to meet the doctor and learn more. Their meeting quickly convinced Howard that Dattoli was the man he wanted to treat his disease. He went home to California before returning to Florida in January 1997 in his RV.


Over the next six weeks, while living in his RV, Howard underwent 23 sessions of radiation. Six weeks after that part of the treatment ended, Howard had seed implantation in March. By May, his PSA was 0.0 and it's remained there for 19 years.

YOU'VE GOT TO HAVE FRIENDS

But while his own cancer was in remission, Howard felt the call to help others, and his involvement in the Santa Cruz support group began in earnest. That started with making several changes after Frank Bolle's passing.

First, to take the onus of keeping the group together off of a single individual, a steering committee, with Howard as a founding

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A photograph of a man and a woman sitting on a white Jeep on a sandy beach. The man is wearing a blue floral shirt and khaki pants, and the woman is wearing a black jacket and red pants. They are looking out towards the ocean. In the background, there is a grassy dune and a cloudy sky.

Howard and Diana Waage enjoy the outdoors, especially the rugged California coast near their home in La Selva Beach.

Spreading the Word

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member, took over the group. Frank's group met at lunch; the steering committee decided to meet in the evening, when more men would be available.

They also made two decisions that greatly extended their reach in the community. Believing that battling prostate cancer was something the entire family was involved with, they invited women to join. They also decided to do more community outreach. They invited local urologists, oncologists and specialists in the field, as well as doctors from the UCSF Medical Center; they ran public service announcements on radio and ads in local papers announcing special events.

Two of the group's most important and successful attempts at outreach began with having their written materials translated

into Spanish, so they could involve the local Hispanic community. The other was to get into local high schools and talk to young men. The group was surprised to discover that the young men knew more about breast cancer than prostate cancer, a fact that only strengthened their resolve to get out information and grow awareness.

And so their work to keep their mission alive continues: "To support and share information with men and their families on the various aspects of prostate cancer in a confidential and supportive environment and provide ongoing education, communication and support within the community."

Our hope, and the hope of all those he's helped, is that Howard is there to lead the group for at least another 19 years. ❶

The Santa Cruz support group offers the following advice to anyone diagnosed with the disease.

Don't rush

Unless there is a compelling medical reason to act quickly, take the time to learn the risks and possible side effects of various therapies and the impact they may have on your life.

Get the facts

Start learning about what prostate cancer is, how it acts, what treatments are available and the language used to reference it.

Don't play doctor

Until more is known about the efficacy of various alternative treatments, consult with your doctor before subscribing to them.

Continually seek information

Treatments for prostate cancer are changing rapidly. Continually seek updated information, keep asking questions, and be honest with your doctor and healthcare team.

Become your own advocate

Educate yourself and be your own advocate.

Consider a second opinion

Get a second opinion. Urologists, radiologists, oncologists and general practitioners may offer different perspectives.

Talk about your cancer

Prostate cancer is a family affair. Talk about it with your partner and family.

Consider a support group

Get involved and in touch with peers who understand your situation because they've been there.

Seek the best option

It's your responsibility to seek and determine your best option. Investigate the services covered by your insurance and healthcare providers. Before making a treatment decision, ask the doctor how many cases like yours he or she has treated.

Maintain good records

Keep accurate records. It's important for your physicians and insurers. Have your medical reports available when seeking a second opinion, so you can avoid having to undergo tests you have already taken.

Brain Maker: The Power of Gut Microbes to Heal and Protect Your Brain – for Life

by David Perlmutter, MD

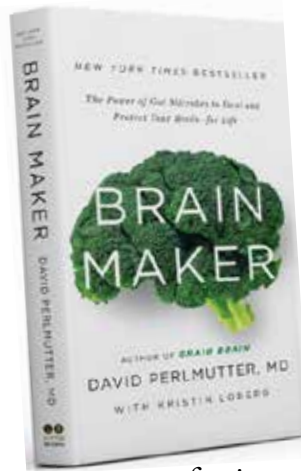
BOOK REVIEW BY MEG BROCKETT, MPH

You may recognize the name of the author of “Brain Maker” from his 90-minute special “BRAIN-CHANGE” on public television or another of his many appearances on television and nationally syndicated radio programs. Dr. Perlmutter is a board-certified neurologist who has written a number of best-selling books to educate the public and empower us to improve and retain the function of our brains through taking better care of our bodies.

In his latest book, Dr. Perlmutter explains the science of microbes. You may be more familiar with the terms “good bacteria” or “probiotics” than microbes or “microbiome.” Probiotics and research in microbes/microbiome are hot topics right now. The science of microbes seems to be the key to addressing many of the health issues we struggle with today (and probiotics are one of the ways to support healthy microbes).

Dr. Perlmutter explains how all humans have a hundred trillion invisible creatures – or microbes – covering our bodies, inside and outside. These microbes make up a person’s “microbiome.” Dr. Perlmutter asserts that the health of our microbiome is now understood to be so crucial to our existence that it should be considered an organ in and of itself. He writes, “Even the expression of our genes in each and every one of our cells is influenced to some degree by these bacteria and other organisms that live within us.”

Dr. Perlmutter is not alone in his fascination with this subject. Much research is



being conducted in the science of human microbes. In 2008, the National Institutes of Health (NIH) launched the Human Microbiome Project. From the research, it is clear that we actually need these microbes to survive and thrive. Dr. Perlmutter writes, “It’s now undeniable that our intestinal organisms participate in a wide variety of physiologic actions, including immune system functioning, detoxi-

fication, inflammation, neurotransmitter and vitamin production, nutrient absorption, signaling being hungry or full, and utilizing carbohydrates and fats.” He explains that many increasingly common health conditions – obesity, allergies, dementia, etc. – have very clear correlations to the types of bacteria present.

“Brain Maker” offers some fascinating insights as to how our microbes dictate the health of our brains and our health in general. It’s a complex subject that he explains well. Many of Dr. Perlmutter’s recommendations are familiar ones – consume a high fiber diet, get adequate sleep, supplement with Omega 3s, avoid excessive sugar and chemical preservatives, take quality probiotics, etc. The book goes a step further in offering specific advice on choosing probiotics, preparing fermented foods that feed the healthy microbes, and even probiotic enemas.

Having read many health books, there were a few surprises for me in this one, and I would recommend it. It is available in CD form, as well as in print. 1

There's a New Face in Town ...And He's Not Your Everyday Joe.

"We are excited about
bringing a physician
of Dr. Kaminski's
stature to our practice."

DR. MICHAEL DATTOLI



August was a busy month at Dattoli Cancer Center: The Center said farewell to Dr. Richard Sorace and welcomed Dr. Joseph Kaminski to the practice. It was the first time in 15 years that a change of this magnitude had happened at the Center.

Can you imagine the challenge of finding another physician to replace a founding member? It wasn't easy! A nationwide search that took place over a period of more than a year included putting ads in radiation oncology journals, soliciting curriculum vitae at medical meetings, and finally employing a "head hunter" search firm. More than 50 qualified responses were received, and around a dozen interested applicants were interviewed on-site before the right one was found!

Joe Kaminski is an easy-going and friendly radiation oncologist who is quick to offer his handshake, greet you with a smile and insist that you call him "Joe." He was born in Washington, DC, and spent much of his early life moving from base to base wherever his father, a U.S. Army radiologist, was assigned. He spent time in Louisiana, Ohio and then Georgia, where he attended undergraduate school at Georgia Tech.

Dr. Kaminski received his medical degree from the Medical College of Georgia, where he would later become director of the Genitourinary (i.e., prostate) Malignancies section. He is a

board certified radiation oncologist with residency training at Vanderbilt University and Fox Chase Cancer Center.

He was also Senior Medical Staff at the National Cancer Institute at the National Institutes of Health and is internationally known for his work in accelerating the development of cancer therapeutics, including normal tissue radioprotectors/mitigators, imaging techniques, and important interventional devices. In addition, he has worked at the U.S. Food and Drug Administration. He has authored more than 70 peer-reviewed journal articles and enjoys serving on the editorial board of several respected medical journals.

"We are excited about bringing a physician of Dr. Kaminski's stature to our practice," Dr. Michael Dattoli says. "His background and experience meshes well with our academic philosophies, and he will bring new dimensions to our ground-breaking research and clinical treatment programs."

Joe met his wife, Della, while in medical school. She is a radiologist and has worked for the Veterans Administration system. They have two daughters, the oldest of which just started her freshman year at one of her father's alma maters, Georgia Tech.

"We are delighted to have Joe with us," Dr. Dattoli says, "and we hope you get to meet him the next time you are in the Center." **1**



Wishing Dr. Sorace Well

Richard Sorace has been the face of Dattoli Cancer Center as much as Michael Dattoli has been for 15 years. The two were in practice together in Tampa for a decade before opening the Center in Sarasota, and they have been close friends for all these years. After nearly 35 years as a preeminent radiation oncologist, Dr. Sorace retired from the Dattoli Cancer Center in August 2015. The reason he chose to retire is that he has a brand new identity: that of Grandpa! When his daughter presented a baby boy on Easter weekend, 2014, Dr. Sorace began to experience a whole new perspective on life.

As the story goes, about 25 years ago Dr. Sorace was part of a radiation oncology group in Tampa. They needed another partner. Somehow Dr. Sorace learned about the hotshot young radiation oncologist out of Memorial Sloan Kettering Medical Center in New York City, and he contacted Dr. Michael Dattoli with an invitation to come visit the group in Tampa.

Sorace likes to say that it was a Publix® supermarket that sealed the deal to get Dattoli to Florida. Having lived in New York City for years, Dattoli was accustomed to the cramped, small grocery stores in the city and had never seen anything like a Publix store before. Apparently his eyes grew large with wonder when they stopped in to pick up a few items during his initial visit to Tampa. Whether that is true or not remains unclear, but the result was a great partnership that has spanned decades.

During their partnership, Dattoli and Sorace conceived of a freestanding, state-of-the-art non-surgical prostate cancer

center of excellence. Because they had “non-compete” clauses in their hospital contracts, they could not build their dream center in Tampa. Sarasota, a short distance away, proved to be an ideal spot to build The Dattoli Cancer Center. It was

a brave, bold step to leave the stability of hospital positions and to put their personal resources on the line to open a multi-million dollar facility, with only their confidence to assure its success.

The rest, as they say, is history. The Dattoli Cancer Center staff (and surely many patients) will miss Dr. Sorace’s presence, his sartorial appearance and his amazing dry sense of humor.

We will continue to get to see him, however, as Dr. Sorace will remain on the Dattoli Cancer Foundation Board. Best wishes to the entire Sorace family! 🍀

To Treat or Not to Treat?

CONTINUED FROM PAGE 5

few in their 90s (especially otherwise healthy men with aggressive prostate cancers).

Back to the gentlemen receiving hormones – one of the frustrating outcomes from this treatment is that many of these fellows will actually die from the effects of their prolonged hormonal treatments. Their causes of death will be recorded as “related to heart disease, stroke, uncontrolled diabetes, hypertension, fatal falls, etc.,” when in fact the underlying cause was prostate cancer and conditions caused by or exacerbated by prescribed treatment for it. We commonly hear family members say when asked if a deceased patient or relative had prostate cancer, “Yes, but they died from something else.” If these unfortunate deaths were appropriately attributed as prostate cancer deaths, prostate cancer mortality rates would most likely double, making it the Number One killer of humans. 🍀