DATTOLI CANCER FOUNDATION

Journey

FALL 2012

American dentist Dr. Thomas Ward has lived and worked in Japan for the past 40 years. He stopped by to share his personal account of the tsunami that devastated northern Japan in the spring of 2011.

DATTOLI CANCER FOUNDATION

ALEX STAFFORD

Pink or Blue: Which Month's for You?

FROM THE EDITOR

As I am writing this, it is the middle of October. I'm sure you've heard the expression "seeing red," meaning you are angry. Well – I am not angry, but I am seeing PINK. It happens each year – the flood of breast cancer awareness initiatives during October in the media, in supermarkets, at car dealerships, department stores, restaurants, sporting events, etc. It exasperates me.

I am sympathetic to the breast cancer movement. My own mother had breast cancer, and many of my friends and associates have also gone through the challenge of a diagnosis and treatment. I am of increased risk because of my family history, and I am aware of what I need to do as far as diagnosis and treatment.

What makes my blood boil is that prostate cancer does not receive anywhere near the same attention as breast cancer.

We know that more men will be diagnosed with prostate cancer in any year than women are diagnosed with breast cancer (unless the U.S. Preventive Services Task Force is successful in pulling the wool over men's eyes regarding annual screening). So why isn't there the same level of awareness and attention? Over the years at the Dattoli Cancer Center, I have often spoken with a newly diagnosed gentleman who expressed his frustration about the lack of awareness parity. I have a pat answer that may sound superficial. I remind the fellow that first of all, women have TWO breasts, and they are "right there." Men have one prostate, and until it causes problems, most men don't even know where it is and what it does. Think about it.

The biggest factor is that women have been aggressively pushing the breast cancer agenda for more than 30 years. The Susan G. Komen Foundation (the most visible of the breast cancer groups) was started in 1982! If "we" are going to gain parity, we've got some catching up to do.

For the past two years, on my urging (i.e., nagging), the Sarasota Herald-Tribune has published a "True Blue" section in the paper during September. It is weak, but at least it is there. A couple of other area papers have also published special sections (the Lakeland Ledger and the Gainesville Sun). I am interested in knowing if there are other papers across the country doing the same thing. Do you know of any?

I'd like to urge each of you to consider writing a letter to the editor of your local paper commending them for their "pink outreach" in October, but also asking them to consider doing an equal service in September next year for men with prostate cancer – and the many more who are unaware or insufficiently aware of this significant threat to their lives.

We may not have a "Susan G. Komen," but I know there are articulate, passionate survivors out there who are willing to share their stories and combine their strengths to improve the prospect for men diagnosed with prostate cancer. Please consider stepping forward on behalf of so many who, because of lack of awareness, never had the chance.

Virginia "Ginya" Carnahan, APR, CPRC
Editor

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Meg Brockett, MPH
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Graphic Designer
Rosie White

Photographer
Alex Stafford

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

Three Pearls of Wisdom From a Patient's Wife

BY MEG BROCKETT, MPH

Margi Bitterman has long given the spouses of our patients support and wisdom from her experience at Dattoli Cancer Center as the spouse of a prostate cancer patient. For this issue, we thought we might pass along some of her pearls of wisdom:

1. There are two people involved. Take care of yourself, not just the patient.

2. Use this time to reflect on the choices you are making in your lifestyle as a couple, especially with your diet. Consider going beyond the doctor's guidelines and really examining how you can eliminate more processed foods from your diet and eat more whole-nature foods.

3. Have an attitude of gratitude and live in the present. Be grateful for the opportunity to have your husband heal his body by working with the doctors at DCC. Don't live in the past. Don't blame yourself for anything that's happened. Don't worry about the future, because today is all we have.

ALEX STAFFORD

Peering Into Dattoli's Crystal Ball

MESSAGE FROM
MICHAEL DATTOLI, MD

At one time, I thought the future of prostate cancer treatment – even its eventual elimination – would come through a vaccine. Although vaccines for other types of cancers are showing promise, I no longer think they will be our ultimate solution.

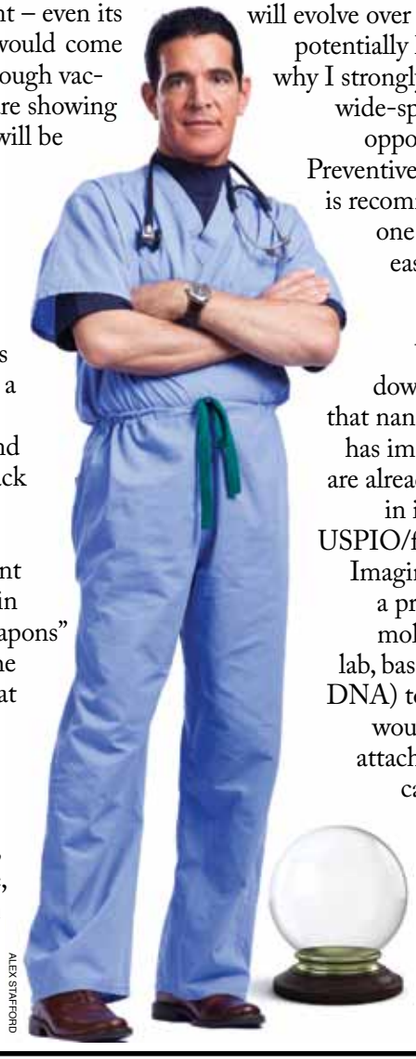
But, you may ask, "What about Provenge®? Isn't it a vaccine?" To the contrary, while Provenge is labeled a vaccine, it is not a vaccine in the strict sense. It does not prevent disease. It is actually a form of immunotherapy, using the body's own cells, modified and strengthened by the drug, to attack the host's cancer cells.

My vision for the future treatment of prostate cancer will be found in the arsenal of other types of "weapons" which are being developed for the patient who fails his initial shot at cure. By that, I mean advanced radiation technologies and the whole new range of drugs with exotic names, such as Zytiga®, Jevtana®, Xtandi®, cabozantinib, MDV3100, TAK-700, Provenge, and even radiation emitters such as Alpharadin®.

For most practitioners, the primary challenge at this juncture is finding a way to distinguish the "pussy cats" from the "tigers." Current thinking in most prostate cancer circles is that some cancers (especially the Gleason 6 and below tumors) are too slow-growing or indolent to threaten a man's normal projected lifespan. Therefore, the man does not need to be treated. I am not one of those thinkers!

I believe that most of those "pussycats" will evolve over time into aggressive, potentially lethal disease. This is why I strongly support continued, wide-spread screening – the opposite of what the U.S. Preventive Services Task Force is recommending. The earlier one finds the cancer, the easier it is to treat with full intent to cure.

What can I envision down the road? I believe that nanoparticle technology has immense potential. We are already seeing giant leaps in imaging through the USPIO/ferumoxytrol studies. Imagine if we could attach a prostate cancer-killing molecule (created in the lab, based on the man's own DNA) to a nanoparticle that would then seek out and attach itself to the specific cancer cell. This is not science fiction, but very much in the realm of reality. This excites me.



ALEX STAFFORD

What doesn't excite me is the proliferation of more and more unproven treatment options being marketed by physician groups that are not true prostate cancer specialists.

For the medical consumer, it puts a heavy burden on the patient to educate himself (above and beyond what little legitimate

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November 2012

Dear Friends,

Once again a busy year has flown by, and I'm writing this letter to our faithful donors. It seems wildly impossible that we are closing out our 13th year.

Much has changed in the prostate cancer world since we opened our doors. New technologies and new understandings of the disease have inspired better treatments and translated into better control. At the same time, factors are conspiring to potentially thwart this progress. I refer to the insane recommendation that men stop being screened. You already know how I feel about that.

For the first time since our Foundation was initiated, we recently had a prospective donor ask why we have not published the names of our donors. Indeed, the large charitable organizations go to great expense publicly acknowledging their donors through slick annual reports and with elaborate plaques and other visible means.

It is not that we are hiding your names. Each year we report our donations, expenses and investment earnings to the IRS. Individuals who have contributed $5,000 or more in the past year are listed in this annual filing. We are in full compliance with our 501(c)(3) not-for-profit status, through the State of Florida.

Since we are a uniquely focused foundation dealing solely with prostate cancer, we pledge to devote the largest possible portion of donations to our medical research, education and public outreach programs…booklets, public presentations, and free screenings to the underserved in our community.

I am curious how you feel about donor recognition and would welcome your comments. Please direct them to: gcarnahan@dattoli.com.

Most of all, thank you for your consistent support. I am truly humbled by your generosity.

Sincerely,

Michael J. Dattoli, MD

Richard Sorace, MD, PhD

Unplugged

A CONVERSATION WITH OUR RESIDENT PHARMACOLOGIST/ ONCOLOGIST.

BY MEG BROCKETT, MPH

What's the most interesting thing about practicing medicine?

Back in the early years of practicing medicine, I dealt with a lot more bizarre and surprising cases, like a convict who kept swallowing things. Today, the most interesting cases here are when I see a patient who has been told by everyone that he can't be helped. Then we are able to treat him successfully and turn things around for him.

Given that you have not only an MD but also a PhD in Pharmacology: If you were left with only one drug (or one supplement) to prescribe to patients, what would you pick?

If I only could use only one drug, I'd say aspirin, because it's simple, inexpensive, reduces swelling, relieves pain, decreases inflammation, prevents progression of a heart attack, and lowers fever. Avodart® would be my choice if I were limited to one drug related to prostate health and prostate cancer, because it is able to help shrink the prostate, helps with urine flow, helps treat prostatitis, changes the chemistry of the prostate cells to be less likely to develop cancer, and slows down the growth of existing cancer.

What do you think is the most exciting advancement (or possible advancement) in the future of prostate cancer treatment?

The development of a monoclonal antibody to prostate cancer that attaches to prostate cancer cells would be my choice. The antibody would be fitted with a radioactive tail that would destroy the cancer cells once it attaches to them.

Why is it that you chose to specialize in prostate cancer treatment?

I have to go back a little ways, but after a few decades, oncology mostly had its roots in surgery – based on the premise that "A chance to cut is a chance to cure." This led to the heyday of radical surgeries

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ALEX STAFFORD

Tsunami Story

IN THE AFTERMATH OF ONE OF THE MOST DEVASTATING NATURAL DISASTERS OF OUR TIME, DR. THOMAS WARD FINDS A WAY TO BRING RELIEF TO HUNDREDS OF SURVIVORS. HE ALSO SHARES HIS OWN SURVIVAL STORY WITH JOURNEY.

Dr. Thomas Ward, an American dentist, has lived and worked in Japan for the past 40 years. In January 2000, he consulted a urologist in Tokyo for vague discomfort in the urinary system. His PSA test came back at an unbelievable 991, and a subsequent biopsy found a Gleason score of 9. The Japanese doctor told him no curative treatment was possible, and a physician at Japan National Cancer Center Hospital in Tokyo concluded that life expectancy of 4 to 5 years might be optimistic. This was shocking news to the 55-year-old.

Dr. Ward decided to have the most aggressive treatment possible, even if it meant travelling halfway around the world. An exhaustive search of therapies and treatment facilities led him to treatment with seed implants and external beam radiation by Dr. Michael J. Dattoli at Dattoli Cancer Center & Brachytherapy Research Institute.

"Twelve years ago, at the age of 55, I came to Dr. Dattoli with a prostate cancer case that anyone would say was hopeless," Dr. Ward said. "Today I feel great, exercise every day, and hope for many more years of productive life. I certainly hope that I will be doing something useful to society with this new lease on life."

Almost 13 years after diagnosis, Dr. Ward is still practicing dentistry. Following is his account of the tsunami that devastated northern Japan in the spring of 2011, and his experience with relief efforts.

ALEX STAFFORD

Friday afternoon, March 11, 2011, in Kesennuma, a fishing port 230 miles north of Tokyo on the Pacific Coast: At 2:45 PM, South Kesennuma Elementary School students were dismissed. One minute later, the most powerful earthquake recorded in Japan occurred 40 miles off the coast, an unprecedented magnitude of 9.0.

Tsunamis are common in this region, where major fault lines run parallel to the shoreline. At least once each generation, a devastating tsunami sweeps over the coast. Everyone knows this; no one ignores a warning.

Amid the wailing sirens and loudspeaker tsunami warnings, teachers called the students back to the school, which is a designated evacuation area. All returned except one girl whose father had come to pick her up. Within minutes, 350 children were joined by 200 local residents. A tsunami could reach the coastline within minutes, and the school was only a few meters above sea level, half a mile from the port. With little time to think, the principal, Mr. Mituo Nakai, moved everyone to the top floor of a three-story school building.

The first surges of the tsunami reached 100 feet high and destroyed everything for 300 miles along the coast. At Kesennuma, fishing boats were carried hundreds of yards inland, wooden structures were pulled off their foundations, and oil storage tanks were pushed over and caught fire. With the water level only a few feet below the school's third-floor windows, those in the school spent the night without heat, running water or electricity, sleeping on curtains pulled down from the windows.

The next morning, Defense Forces evacuated everyone by boat. The speed and efficiency of the rescue and cleanup operations were amazing. Japanese Defense Forces mobilized within hours, and police and fire departments from all over the country worked in a coordinated effort.

In contrast, the response of the Japanese government and Tokyo Electric Power Company to the ensuing nuclear power plant disaster was chaotic. All the nuclear power plants in the area were shut down immediately, including Fukushima Nuclear Power Plant, which was soon inundated by the tsunami. Backup power to supply cooling water was inadequate, and three of the four reactors suffered meltdowns.

Government officials assured the public that everything was under control, but months later admitted radiation was twice what they had reported. Enough radiation blanketed the area that the government banned living within 12 miles of the site. No one will live in this area for generations.

In many respects, the response to the disaster showed Japan at its best. There was no looting or civil disorder. I never saw a gun, despite thousands of police and military in the disaster area. The outpouring of volunteer help was unbelievable. Thousands went to the area, taking supplies and helping with cleanup.

For weeks, there were virtually no patients in my dental practice. Watching TV news, I saw a woman say she had food and clothing, but really needed a toothbrush. This was a perfect opportunity for me to do something useful! A friend, who's on the board of a charitable organization in Kobe,

donated money to buy toothbrushes and toothpaste, and another friend in the United States who sells toothbrushes donated several cartons. I made several trips to the area, distributing toothbrushes to many grateful people.

Almost 19,000 people died in the disaster, including 3,000 who were never found. Preliminary estimates put the cost at $300 billion, making it the most costly natural disaster in history.

Of the 350 children at South Kesennuma Elementary School, only the girl who returned home was lost. Classes started up at a neighboring school a mile inland. The children looked happy and active. Principal Nakai, now a local hero, told me that, although the children look like other kids that age, virtually every one of them suffered the loss of a close friend or relative. He said it is difficult to comprehend what they must be feeling.

EDITOR'S NOTE:
What you've just read is an abridged version of Dr. Ward's story. For the full story and more photos, please visit our Web site: www.dattolifoundation.org.

"In a small way, the tsunami even made it to Sarasota. While I was at the Dattoli Cancer Center in September 2011, I mentioned that the color flow Doppler equipment was manufactured in Japan. Dr. Dattoli said that was right, and that because of the tsunami, the parts supply chain had been interrupted."
- Dr. Thomas Ward

The New Prostate Cancer Nutrition Book

BY MEG BROCKETT, MPH

The New Prostate Cancer Nutrition Book by Charles "Snuffy" Myers, MD, and colleagues is in great demand at the center. Dr. Myers has devoted a large portion of his life to the study of diet and prostate cancer, and it shows. The depth and breadth of his knowledge will impress you, as it is clearly based on critical reviews of the available research into all the nutrition topics we want to know about: eggs, canola oil, omega acids, salt, red meat, and much more! Of course, Dr. Myers focuses on what the research reveals about prostate cancer and diet, but he also considers other conditions and the practicalities involved in making healthy changes. He even includes helpful guidelines on how to exercise as well as a discussion of ways to overcome some of the barriers to it.

The book is so full of useful information on diet that it would be impossible to summarize it all in this review, but below are a few of the points I thought our readers would find particularly interesting.

- Beta carotene taken alone was associated with an increase in prostate cancer deaths.

- It is quite remarkable that the intake of salt remains so relatively constant across different cultures…the implication of this idea is that humans will reliably avoid both very high and very low salt intake without conscious effort.

- There are some dietary items that may reduce the formation of, or inactivate, meat carcinogens.

The book includes 200 pages of recipes! So, you'll probably want to get your own copy. You can order it through the bookstore at www.prostateforum.com. While you're waiting for it to arrive, you can try the recipe below from *The New Prostate Cancer Nutrition Book.*

Roasted Cod with Citrus Emulsion

SAUCE

2 tablespoons fresh squeezed orange juice
3 tablespoons fresh squeezed lemon juice
2 teaspoons lemon zest
1 teaspoon dry mustard
5 tablespoons extra virgin olive oil
Sea salt and white pepper, to taste

FISH

2 pounds of cod fillets
½ teaspoon white pepper
2 scallions, sliced thin
Skin of one lemon sliced in thin strips

PREPARATION:

Preheat the oven to 400°F. Sprinkle olive oil on a baking dish large enough to hold the fish in a single layer. Meanwhile, start whisking the juice, mustard, lemon zest, salt and pepper, and strips of lemon in the oiled baking dish. Rinse the fish, pat it dry, and place it in the baking disk on top of the lemon strips. Season the fish with salt and white pepper. Bake the fish until it just begins to set and flake, about 8-12 minutes. Transfer the fish to a warm serving platter. Sprinkle the lemon strips around the platter. Spoon the sauce over the fish, garnish with scallions, and serve.

Prep time: 45 minutes; serves 4.

And by the way, those dietary items that are shown to reduce the effect of meat carcinogens are cruciferous vegetables, resveratrol, garlic, Asian meat marinades (teriyaki, turmeric, and garlic), soy isoflavones, chlorophyllin, virgin olive oil, and tea polyphenols. J

Charitable Giving Through Life Insurance

BY MARJORIE DECANIO, CFP®, & RHONDA COBLENTZ,
Principal National and Principal Life
Financial Representative, Princor Registered Representative
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Most people could not write a check today for $100,000 to their chosen charity. But through life insurance, it can cost you very little to be very generous. Life insurance enables you to make a substantial future gift by making small premium payments over time.

The advantages of using life insurance as the instrument to fund a charitable giving plan include:

- You may qualify for income, gift and estate tax deductions.
- The gift is given without disrupting other assets reserved for your family.
- Death benefits are paid promptly to the charity.
- Gifts of life insurance do not increase estate liquidity needs.
- The policy's growing cash value also may be borrowed by the charitable institution for special needs.

The federal government has structured income, gift and estate tax laws to encourage you to share your assets with charitable organizations. The tax benefits you may receive include lower:

- Income tax liability
- Gift tax liability
- Estate tax liability

OPTIONS FOR FUNDING CHARITABLE DONATIONS THROUGH LIFE INSURANCE

There are two common options to consider when making charitable donations through life insurance. Choose the one that best meets your needs.

OPTION 1 – Name a charitable beneficiary to receive all or a portion of the proceeds of a policy you already own or purchase a new policy, naming a favorite charity as beneficiary. In either case, you own the policy and you pay premiums. You cannot deduct the premium payments, but you maintain control of the policy (should you decide to change the beneficiary at some point).

OPTION 2 – Donate policy dividends*, if any, from cash values to a favorite charity, or make cash donations to the charity for the purpose of purchasing life insurance. This provides you with a current income tax deduction, while the charity pays the premiums and maintains ownership of the policy.

ESTATE PLANNING NEEDS

If you have more sophisticated estate planning needs, charitable giving may be a necessary and valuable component of a comprehensive estate plan. In this case, life insurance in combination with various estate planning instruments can provide you with current income tax deductions and may generate income for you and your family.

If you are interested in making a charitable gift through life insurance, or if you have complicated estate planning needs, consult your insurance representative and tax advisor or attorney for further information. No matter how you look at it, charitable giving through life insurance is a win-win situation. Your generous support of charitable organizations will help fulfill their missions while providing you with financial benefits. J

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Peering Into Dattoli's Crystal Ball

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information is shared by the diagnosing physician). I can appreciate the difficult time a newly diagnosed prostate cancer patient has negotiating the tangle of material in the popular press and on the Internet about his disease and the treatments available. It has got to be one of the most stressful times in the life of the man and his family.

Perhaps in the future we will see a time when each individual cancer is identified by something akin to a bar-code that reveals a precise description of the cell's makeup, and we will be able to design a perfect weapon to destroy it completely.

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We wish to thank the John and Mabel Ringling Museum of Art for allowing us to photograph Dr. Tom Ward on their grounds for our feature story.

Richard Sorace, MD, PhD Unplugged

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(mastectomies, hemicorpectomies, abdominal-perineal resections, etc.). Gross mutilating surgeries were done in the name of curing people. When I started my oncology training, it was at the dawn of breast preservation using lumpectomies followed by radiation to preserve the breast. At NIH, we were one of the pioneering centers for this type of approach. The concept was to treat a woman and leave her intact cosmetically. We, at NIH, began to move away from radical, disfiguring surgeries in favor of organ preservation treatments whenever possible for all types of cancers, but somehow prostate cancer seemed to lag behind. I felt strongly that the old, radical surgical approach to treat prostate was barbaric and began to focus on the promising, non-surgical ways of treating it.

Has PCA treatment gone in the direction you had expected?

Yes, but unfortunately it has moved very slowly, because cancer research is a complicated, bureaucratic process dominated by political concerns, institutional biases and financial factors.