

DATTOLI CANCER FOUNDATION

# Journey

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Lee Showers' prostate cancer journey was truly groundbreaking, covering many miles from Florida to the Netherlands and back. Lee's story begins on page 12.





FROM THE EDITOR

## Study Shows Women to be More Empathetic, and Generous, Than Men

Among the many differences between men and women, their charitable donation profiles vary greatly, according to research recently published by Leslie Albrecht. An in-depth survey of 1,646 U.S. households with a net worth of \$1 million or more (not including the value of their primary home) and an annual household income of \$200,000 or more, revealed this difference.

Albrecht cites a study from the U.S. Trust of High Net Worth Philanthropy, in which 93% of women of high net worth gave money to charities last year, compared with 87% of men. Women were also more likely to volunteer their time: 56%, compared with 41% of men. One in four wealthy women gave to causes focused on women and girls, including women's health, violence against women, reproductive health and education.

One explanation, from a 2011 study, suggests that women are more empathetic than men, and that trait is linked to giving to charity. In my experience, women are more open and verbal about the causes and issues that affect their gender.

I would like to see a comparison between male and female donations to breast cancer research and the same breakdown of donations to prostate cancer research. My gut tells me that lots of men donate to breast cancer issues. Maybe their wives, daughters, mothers or lovers pressure them to.

Looking at our donor database, I know that well over 90% of donors to our Foundation are men.

So, I encourage wives to consider supporting our outreach and research, too. I won't call it "tit-for-tat." Oops, I just did.

No matter – the bottom line is that every donation helps. We have one lovely gentleman who has had a \$25 check automatically sent to our Foundation every month, for the past 18 years! The impact of his steady contribution is every bit as important (and appreciated) as a larger (maybe one-time) contribution. ❶

*Ginya* - [gcarnahan@dattoli.com](mailto:gcarnahan@dattoli.com)

# Journey

SPRING 2019

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

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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  
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## Dattoli Cancer Foundation Welcomes New Board Members

As we began 2019, Dattoli Cancer Foundation welcomed two new members to its board of directors.



**Peter J. Abbott** retired from the New York City Police Department a few years after the 9/11 tragedy. He then served as the Sarasota Chief of Police for eight years. Since 2011, he has worked as a financial advisor for Edward Jones.

Pete has been married for 31 years, has two grown children, and enjoys participating on several boards contributing to the health and welfare of Sarasota County. He participates in sports, especially golf, "on occasion."



**David S. Maglich** is a senior shareholder and the head of the litigation department at the Sarasota, Florida-based law firm Fergeson Skipper, P.A. He is certified in Civil Trial and Business Litigation. A Sarasota resident since 1971, he is generous with

his time, serving on a number of local organizations' boards. He is active on the Sheriff's Advisory Board and the Sheriff's Activities League. An avid traveler, Dave enjoys fishing and diving. ❶



# Solving the

# Prostate Cancer Puzzle

THE FOLLOWING IS AN  
EXCERPT FROM THE PAACT  
(PATIENT ADVOCATES FOR  
ADVANCED CANCER TREATMENTS)  
NEWSLETTER, *PROSTATE CANCER  
COMMUNICATION*, SPRING 2019

BY MICHAEL DATTOLI, MD,  
WITH VIRGINIA CARNAHAN, APR, CPRC

**W**hen a man presents with a prostate cancer diagnosis, I often feel like I am starting an intricate jigsaw puzzle with only one piece to build upon. The diagnosis can be a “corner” puzzle piece, but that is not enough to even guess what the finished puzzle picture will reveal.

We start with the diagnosis. How accurate is it? How complete is it? How old is it? In my estimation, one elevated PSA alone is not enough to go on. What we would like to see is a PSA history to indicate the trajectory of the score. Also important is a review of the family history of prostate and other related cancers (breast, ovarian, pancreatic cancers) and information on the patient’s profession and lifestyle.

In addition to the PSA, I have always ordered a PAP (Prostatic Acid Phosphatase) lab test, especially since some prostate cancers produce little if any PSA. Meanwhile, even with higher PSA readings, an elevated PAP enzyme can alert the physician to early spread of cancer beyond the gland. In the past, and even prior to PSA testing, urologists came to realize that an elevated PAP indicated a rate of nearly 100% cancer relapse following prostatectomy, such that patients with elevated PAP results were deemed to be non-candidates for radical prostatectomy.

To me, the PAP is as important as the PSA (even more important if elevated) and provides another piece of the puzzle. I have published five studies on the continued importance of PAP in the PSA era. Johns Hopkins, Walter Reed

and RTOG (Radiation Therapy Oncology Group) have corroborated my findings. Despite this published data, the PAP test is rarely ordered by urologists and other physicians in the staging of prostate cancer. A confounding fact is that not all prostate cancers produce PSA. Some of the most aggressive cannot be identified by PSA at all, especially Gleason 9-10 and proliferating intraductal cancers.

Serum markers other than PSA and PAP, such as CgA and NSE on CgA, are also important, since their elevation typically suggests a more aggressive cancer and will require a significantly different treatment design.

## Biopsy Issues and Options

The PSA elevation red flag triggers the need for a biopsy. Again, this is an area of controversy. The typical prostate biopsy consists of 8 to 12 tiny core samples from the gland, and this random sample biopsy of the gland can miss areas of aggressive, neuroendocrine variant growth (prostate carcinoma), giving the patient a dangerous false negative finding. This random sample approach may find some cancer but it is not able to reveal the extent of disease in the areas not sampled. The larger the gland, the higher the probability that cancer can be missed.

My preferred method for biopsy is using 3D Color-Flow Power Doppler Ultrasound (3D CFPD TRUS) to guide the biopsy needles. I have published

## Solving the Prostate Cancer Puzzle

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a 98% predictive accuracy using this method. This advanced technology allows the physician to see, in real-time, areas of abnormal blood flow, indicating tumor growth within the prostate gland. Hypoechoic, dark areas in the gland and hypervascular areas indicate cancers are associated with increased neovascularity (many blood vessels). These areas become targets for a guided biopsy, allowing for a far more accurate analysis.

I also use the transperineal approach, which has many advantages over rectal biopsies, including the ability to reach every part of the gland, including the largest prostate glands. I use a sterile technique and have had a 0% risk of infection, which is in stark contrast to obtaining prostate tissue using the transrectal route.

When 3D CFPD TRUS is not available, I always strongly recommend performing ultrasound biopsy fused with multiparametric MRI (mpMRI) using a 3 Tesla magnet.

In the puzzle analogy, we now add a few of the edge pieces to the diagnosis corner piece.

### Treatment – How, When and Where

The decision of how to treat the prostate cancer should never be made in haste. The choice will impact a man's life from that day forward. There are many, many solutions – some good, some not appropriate due to the man's situation. I always recommend that the patient seriously look at all his options and take the time to get second (and third) opinion, if necessary.

I must insert a caveat here – buyer beware. Because prostate cancer is so common, the diagnosis is ripe for exploitation. There has been a 20-year tug-of-war between surgeons and radiation oncologists, to capture market share. In some ways this has been good. It has inspired innovation in both arenas.

Outside of the legitimate, mainstream treatment protocols, there are charlatans on the internet and elsewhere offering all kinds of herbal and magical “cures.” Even some certified physicians are sending their prostate cancer patients out of the country for non-FDA approved treatments that are essentially snake-oil quackery, such as NanoKnife, PhotoDynamic Therapy (PDT), MRI LITT, Radio Frequency Ablation (RFA), and Focal Laser Ablation, etc.

Meanwhile, others are using approaches which are investigational that offer only the advantage of convenience (shorter amount of time for treatment) with no compelling long-term data (for example: Cyberknife, SRS, Hypofractionated Proton and Photon regimens, Cryosurgery, and HIFU).

### Tools and Techniques

Innovation be praised! As a result of this competitive environment, we now have tools to diagnose the patient to the nth degree, learning more about his particular cancer than ever before. Exquisite imaging innovations, such as 3D Color-Flow power Doppler TRUS and multi-parametric MRIs using PI-RADS analysis, have given the physician new ways of “seeing” the gland and the tumors within it. Information is key; the more the better.

With this barrage of testing and imaging, we are able to start building a profile of the patient and his cancer. The next step is to determine the most appropriate treatment, taking into consideration the patient's geographical location, other health issues, insurance, etc. Regardless of the patient's ultimate choice, we encourage considerable research on his part, as his first choice of treatment will be his best chance for eradicating prostate cancer forevermore. Ask questions. If you don't understand the answer, ask again. Research the doctor on the internet. Visit a support group. In most cases (with the exception of very aggressive malignancies),

monetary investment in the robot that must be returned. We advise patients to investigate track records and ask for published success rates. Beware that quoted success statistics are worthless unless they have been reviewed by a third party or published in a respected medical journal.

The same considerations apply to the growing number of Proton Beam Therapy (PBT) treatment centers. Lots of money invested in Protons has inspired big marketing budgets, yet resulted in equivalent survival outcomes when compared to earlier forms of radiation (e.g., 3D CRT), while even more reported

**“This advanced technology allows the physician to see, in real-time, areas of abnormal blood flow, indicating tumor growth within the prostate gland.”**

- Michael Dattoli, MD

it is not imperative to make a decision right away. Take your time to find the doctor and office that you feel confident in and comfortable with.

A very important part of the patient's research will involve evaluating the technology available at each doctor's office. Nearly every community and hospital across the U.S. now has access to robotic surgical options (especially the DaVinci robot). These sound high-tech, and they are, but they are no more effective than a regular scalpel performing a standard “open retropubic” prostatectomy in the hands of an experienced surgeon. Behind the advertising hype is a huge

GI problems have been documented with Protons when compared with even conventional IMRT (Intensity Modulated Radiotherapy).

Insurance companies are now wising up and denying payment for Protons in patients having prostate cancer. I expect many Proton centers to close over the next 5-10 years.

My career has been based upon offering men a proven, published, curative option to the surgical one. It was my belief in medical school that technology would one day make radiation therapy a

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## Solving the Prostate Cancer Puzzle

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viable option for defeating prostate cancer with the best cure data and the least side effects. Today there are thousands of men (my patients and those of other leading radiation oncologists) that have proven me correct.

### Multi-Modal Evolution

Years ago, my partner and I developed a “multi-modal” two-step protocol, including brachytherapy (radioactive seed implantation), as the most effective method of irradiating the bulk of the cancer within the gland. The challenge is that the prostate gland has no real capsule and most cancers are already microscopically outside of the gland before most treatments begin – e.g., Radical Prostatectomy (especially when using the DaVinci Robot), Brachytherapy alone, Cryosurgery, HIFU, Cyberknife, SRS: SBRT, Protons, PDT, NanoKnife, etc.

We continue to refine both the application of external radiation and the design of implanted radioactive sources (brachytherapy). Our center remains the only “brachytherapy research institute” in the country. Patients routinely travel to Sarasota from all over the world to receive our tested and proven multi-modal therapy.

Returning to the jigsaw analogy, after gathering information from the lab tests, imaging studies, patient interviews, medical records and other sources, we can complete the outer edges of the puzzle. An individualized treatment plan, tailored to the patient’s specific finding, rounds out the puzzle.

We began our medical center in the fall of 2000 by installing the first Varian

Linear Accelerator in the world, using IMRT. This was in the days of major advances in External Beam Radiation Therapy (EBRT). In the years since, we have purchased more sophisticated accelerators and high-end software programs in order to treat more men with greater precision. Concurrent to the widespread introduction of the DaVinci Robotic radical prostatectomy, our Center created an even more sophisticated radiation delivery system that we named DART – Dynamic Adaptive Radiation Therapy. This delivery system uses multiple 4-dimensional technologies which are all coordinated to achieve the most pinpoint, precise radiation delivery in the world. Today this unique coordination of DART along with the most advanced diagnostics provides our patients with unrivaled therapeutic results. Even the most advanced cases are offered significant relief and quality of life following our treatment.

### Recurrence and Second Chances

Today, we often see men who have received treatment elsewhere, only to see their PSA continue to rise, meaning their treatment did not eradicate the disease. Perhaps he did not have a fully adequate diagnostic evaluation; maybe he bought the sales pitch for a therapy that was not appropriate for him, or was directed by an inexperienced provider, or perhaps he simply had bad luck.

Many of these previously treated patients can still be helped when they experience recurrence, and we are equipped to take on these challenges. Most often we find that these cases of relapse involve

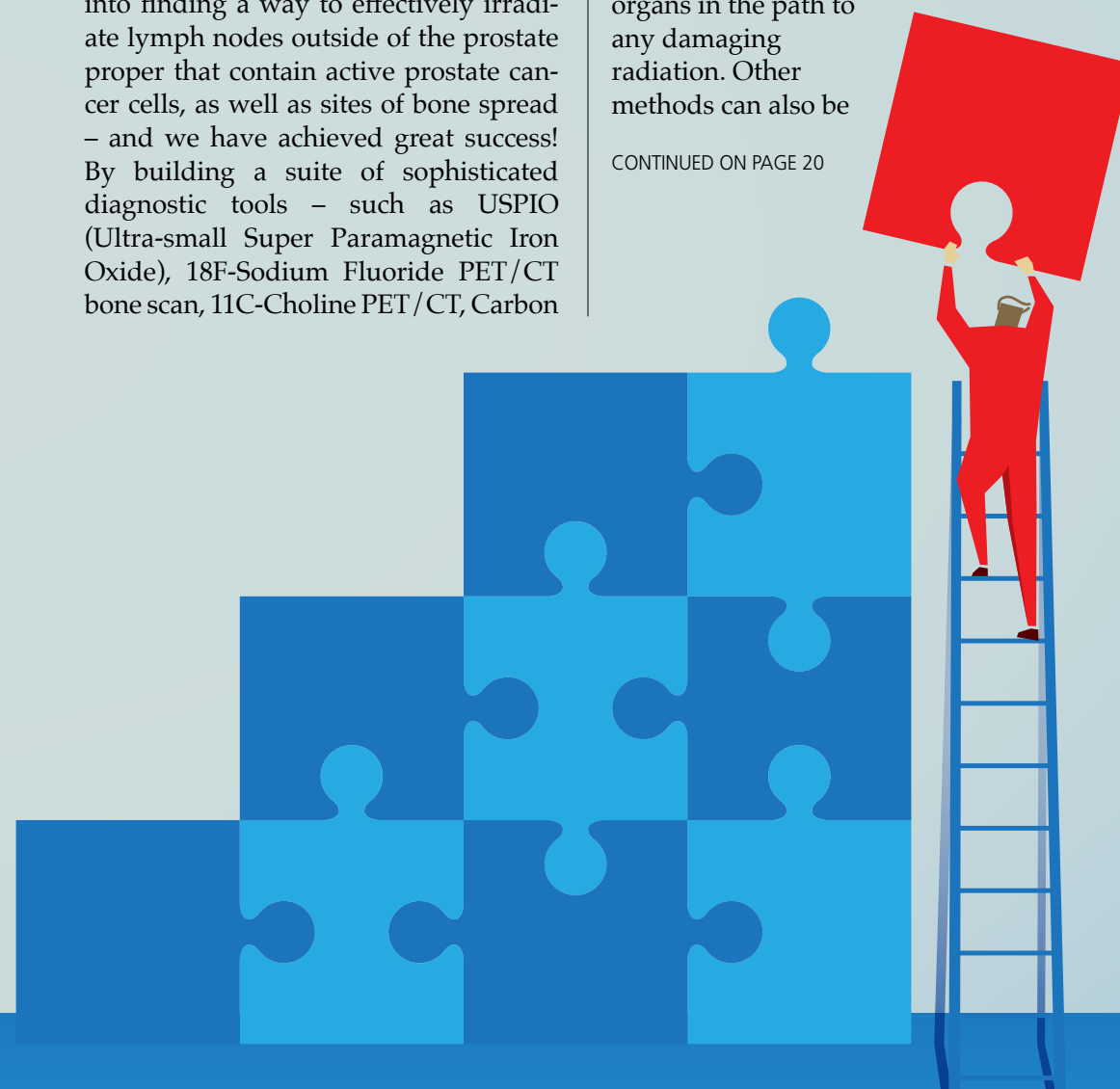
prostate cancer that has spread into the lymph nodes and bone, with the majority being to lymph nodes. Sometimes this could have been discovered before the man’s initial treatment, thus eliminating surgery and other treatments as an option. Once cancer has spread beyond the prostate’s edge, Radical Prostatectomy, Cryoablation, Cyberknife, SRS, HIFU, NanoKnife, PDT, etc., are useless as potentially curative options.

Our Center has devoted great effort into finding a way to effectively irradiate lymph nodes outside of the prostate proper that contain active prostate cancer cells, as well as sites of bone spread – and we have achieved great success! By building a suite of sophisticated diagnostic tools – such as USPIO (Ultra-small Super Paramagnetic Iron Oxide), 18F-Sodium Fluoride PET/CT bone scan, 11C-Choline PET/CT, Carbon

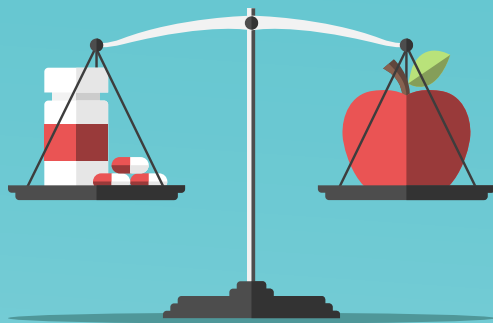
11 acetate PET CT, 18F-Fluciclovine PET/CT, Gallium-68 based PSMA PET CT and mpMRI – we can image the exact nodes or bones containing cancer.

These lymph nodes can now be successfully irradiated by dynamically adjusting the DART “microbeams” to organ motion in “real time” (specialized radiotherapy created by and available only at the Dattoli Cancer Center). This radiation can halt the advance of prostate cancer through the lymph system, without exposing the critical organs in the path to any damaging radiation. Other methods can also be

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# Supplements: Why, When, Where



Americans spend \$21 billion on vitamins and herbal supplements annually. Over 50% of our citizens take some kind of supplement on a daily basis, primarily multivitamins and multi-minerals, according to the National Center for Health Statistics. A major concern about the supplement industry is that it is virtually unregulated, and no one has oversight to assure that a product even has what it claims to contain. The New York Attorney General's office, in a recent examination of commonly available supplements, found that 80% of those tested did not contain any amount of the substance on the label!

The best practice is to take your doctor's advice. Investigate every supplement you plan to use. A good place to start is the National Institute of Health's Supplement Fact Sheets ([www.ods.od.nih.gov](http://www.ods.od.nih.gov)) – with information on everything from acai berry and beetroot to yohimbe and zinc.

While the market is flooded with questionable products, there are quality supplements available if you know where to look.

In an effort to protect and help our patients, we have spent years researching a number of supplements and vitamins at our practice and believe that prostate cancer patients (and others) can benefit from several, but only if they are pure and properly manufactured. To that end,

we recently created D&K Brand Supplements and Vitamins. Our products are subjected to the most rigorous voluntary testing, making them as close to "prescription drugs" as possible. You can be assured that our products are safe and satisfy several criteria, including vegan, gluten-free, lactose-free, non-GMO, organic and anti-cruelty.

Currently there are four proprietary formulations available:

#### **Maximum Prostate Health**

(primary ingredients Beta Sitosterol, pumpkin seed extract and quercetin)

**Advanced Anti-Inflammatory** (primary ingredients bromelain and curcumin)

**Erectile Support** (ingredients that result in nitrous oxide production)

**Heart Health & Protection** (primary ingredients resveratrol, grape seed and CoQ10).

We are investigating other specific combination supplements and singular vitamins, such as Omega-3 fish oil (EPA, DHA) and Red Yeast Rice, which contain properties helpful to many of today's diagnoses. Progress is slow and time consuming, but we are intent on bringing more quality supplements to our patient population and others. ❶

**If you are interested, please check the website ([www.dandksupplements.com](http://www.dandksupplements.com)) or call 877.874.5644.**

# Essential Reading



CARMEN SCHEITTING

The Dattoli Cancer Foundation is happy to report that all of the booklets in its Prostate Cancer Essentials for Survival series are now available on Amazon.com. Most are available in either Kindle or paperback.

Each of the 11 booklets in the series focuses on a specific prostate cancer topic and is illustrated with helpful graphs and color images.

All book sale proceeds go to the nonprofit Dattoli Cancer Foundation to benefit Prostate Cancer research by Dr. Michael Dattoli and Dr. Joseph Kaminski.

NOW YOU CAN  
FIND ALL OF  
OUR BOOKS ON  
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1. Coping With Prostate Cancer Recurrence
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6. Dosimetry and Radiotherapy for Prostate Cancer
7. Hormonal Therapy for Prostate Cancer: The Benefits and Risks
8. Radiation Safety and Prostate Cancer: Need You Be Concerned?
9. Lymph Node-Positive Prostate Cancer
10. The Dattoli Prostate Cancer Challenge
11. The Dattoli Blue Ribbon Prostate Cancer Solution

# Lee Showers: Man in Motion

COVERING MANY MILES FROM FLORIDA TO THE NETHERLANDS AND BACK, THIS SUCCESSFUL BUSINESSMAN'S UNEXPECTED, COMPLICATED PROSTATE CANCER JOURNEY WAS TRULY GROUNDBREAKING

BY VIRGINIA CARNAHAN, APR, CPRC



MEGHAN DOUGHERTY

Admittedly, Lee Showers was "at the top of his game" at age 55. His career trajectory was aimed for the stratosphere. The regional salesman for a number of food product companies was on the road every week. As busy as he stayed, Lee Showers did not neglect his health. Married to a nurse, that would be unthinkable.

In 2006, when his trusted family doctor (Dr. Greg Weatherford) noted a slight rise in his annual PSA, he suggested that Lee should just watch it. After all, he did not have any symptoms of disease, it was just a small rise, and Lee was "lean and mean," running every day. Linda Showers, however, insisted that her husband would follow through with a biopsy.

Back at Dr. Weatherford's office, this time with Linda, they discussed the next step. Dr. Weatherford agreed to their decision to have a biopsy, just in case, and suggested that Lee contact a doctor in Sarasota that he'd read about. He said he had "heard and read-up that this Dr. Dattoli is apparently pretty darn good, and with excellent DCC outcomes."

## An Unexpected Journey

However, learning that before Dr. Dattoli would even see Lee, and according to Dattoli Cancer Center's standard protocol, Lee had to first have a biopsy performed by a urologist and further needed to receive a positive diagnosis, he was referred to Dr. Bino Rucker in nearby Bradenton for the required prostate biopsy.

Based on Dr. Rucker's diligence in taking biopsy cores throughout the gland, it was found that Lee indeed had prostate cancer. Two core samples were positive and those two snippets were taken very close to the margin, in the area adjacent to the neurological nerve bundles.

Upon receiving Lee's biopsy report, Dr. Dattoli phoned the couple and spoke to them for over an hour, outlining the many options for treatment, explaining the detailed pros and cons of each. From the biopsy, Lee's cancer was graded T3a, Gleason 6-7. Dr. Dattoli suggested that Lee had possibly had the cancer for a few years prior to the current diagnosis.

The doctor explained that prostate cancer had many manifestations, and additional testing would be required to predict how his cancer would respond to treatment. At the end of the conversation, Dattoli said the choice

of treatment would be theirs, closing with a forthright question: "How do you want to live out your own remaining months, years and quality of life?"

Lee and Linda decided right away to have the team at Dattoli Cancer Center treat him with radiation and brachytherapy. Dattoli's partner, Dr. Richard Sorace, would analyze results of additional exams, tests and scans to build a predictive mapping of the specific cancer and create an individualized treatment plan. Treatment was started right away.

## A Successful Working Man

Lee was able to continue to work during this entire treatment time. His early morning daily treatments required him to be in Sarasota (away from his home in Wellington, a city along Florida's southeast coast) Monday through Friday. His days were spent at nearby Homewood Suites, where the accommodating staff treated him like close family. He worked by phone and would take care of some business on the weekends.

Lee's business career had already presented a number of exciting highlights. While working for Oscar Mayer from 1969 to the early 1970s, he was part of the team that created the iconic "Wiernermobile" and launched a Food-service Division (the company merged with Kraft Foods in 1989). Later he worked with Management and Personnel at McDonald's Corporation in Chicago, and he was on the teams that started their Breakfast Program and "Hamburger University." He was

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## Lee Showers: Man in Motion

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well known in the industry as a dynamic manager and creative thinker, and he spent time with Swift & Company and John Morrell Company, calling on Jewell, Dominick's, A&P, Sysco, Kraft, Plumrose USA, and others. He is currently closing out an 18-year stint with Rosina (Italian food products), serving as Corporate Account Manager for Retail and Foodservice for both U.S. and international markets.

### The Treatment Experience

Of his weeks of treatment at Dattoli Cancer Center, Lee recalls a couple of things very clearly. First, that he strictly followed the Center's dietary recommendations and never felt sick – “not even one day.” He observed that some of the men going through treatment along with him weren't quite so diligent and, as a result, suffered some unpleasant intestinal upsets along the way.

“I am sure that following the diet was key,” he says, “and while it wasn't a culinary delight, it kept me strong, nourished and positive.”

Lee also recalls many great conversations in the Dattoli lobby and library, making new friends with male patients and their wives from all over the world, each in different stages of Dattoli's treatment protocols.

Lee breezed through 8 weeks of radiation treatment, having his seed implant in early January 2007, followed by a year of hormonal therapy. He returned to work sure that this challenge was behind him, and he would see Dr. Dattoli annually for follow-up. However, a

troubling finding would dog him. His PSA failed to nadir (reach a stable, predicted low score). Not only did it not nadir, it increased to 5.5. It was suspected that his cancer had migrated into the lymph system or elsewhere, even before he was diagnosed and treated.

### Challenged Yet Again

During his many visits to the Cancer Center, Lee spent some time in the Dattoli Cancer Foundation second floor library, scouring journals, CDs and texts to learn about prostate cancers that “failed to nadir after definitive treatment.” He had a “eureka” moment when he found a CD that recorded and reviewed a Duke University and MIT research publication presenting a special data program for use with an MRI application using a nanoparticle contrast that would reveal 10 times the resolution of the MRI alone. Then Lee found an article about a Dutch researcher who was using a test called Combidex® (a nanoparticle technology to identify lymphatic spread) to reveal active cancer cells in lymph nodes. After a discussion with Dr. Dattoli about this interesting option, they jointly decided to investigate the test to learn what might be the key to Lee's PSA mystery and possibly a potential treatment for whatever was found.

There was a six-month waiting period for securing the desired appointment with Dr. Jelle Barentsz at the only prostate cancer research center in Nijmegen, The Netherlands. The trip was well worth the investment, as the test did reveal and confirm that cancer was outside the prostate gland; the

cancer was in the lymph node chains in the abdomen and up into the mid-chest. Lee was one of the earliest of dozens of Dattoli patients who would travel to The Netherlands for this landmark diagnostic test over the next few years. With his CD scan and Dr. Barentsz's report in hand, he immediately returned to Sarasota with hope that Dr. Dattoli would know what to do with this troubling information. Cancer was not simply contained in the prostate gland.

As with so many things in life, timing was critical for Lee. The team at DCC had long been ahead of the curve in irradiating lymph nodes without damaging healthy surrounding tissue based on Prostatecint scans.

Again, Lee put his future in the hands of Michael Dattoli and the staff at Dattoli Cancer Center. Painstaking accuracy would be required to successfully defeat these rogue prostate cancer cells. He remembers the pro-

fessionalism and personal care he received from the staff; recalling the relationship he developed with radiation technologist Scott Mouliett, Lee said, “Scotty was great in explaining in simple terms how the treatment would modulate day-to-day to attack the cancer cells but also protect the surrounding areas.” In fact, Lee was complimentary of everyone at the Center, from the nurses to the front desk and business office staff, and others.

### Success Again

Following the lymph node treatment, Lee's PSA did finally nadir and confidence in his treatment returned. His experience would be shared with many other men facing post-treatment disappointment.

Some years later, Lee would undergo another landmark scan just to confirm that there was no more cancer in his lymph nodes. This time the test was

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The Oscar Mayer Wienermobile.  
Photo courtesy of The Kraft Heinz Company.



## Lee Showers: Man in Motion

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closer to home. Dr. Stephen Bravo at Sand Lake Imaging near Orlando, Florida, was using a different isotope (contrast) to examine lymph nodes. Ferumoxytol (called Feraheme®, a “cousin” nanoparticle) injection would identify any lymph node containing cancer cells. In addition, he underwent a Sodium Fluoride F-18 CT/Bone scan,

immediate break from his career in order to be present and to help personally influence the children’s early development. He was committed to providing them with a “balanced life,” being exposed to academics such as math and history, art and music, along with a busy calendar of social activities.



Examples of nanoparticle lymph node scans revealing prostate cancer spread. Left: Combindex; Right: Feraheme.

which carried a 99% predictive accuracy of ruling out bone metastasis. When Lee’s scans came back negative this time, it was the ultimate confirmation he sought – that Dattoli’s new, highly focused Dynamic Adaptive Radiation Therapy (DART) had indeed destroyed the cancers identified through the earlier Combindex scan.

### Focus on Family

Following Lee’s experience with prostate cancer, his focus turned to his family: Wife Linda, and children Laura and Benjamin. In fact, the day Benjamin was born, Lee took an

Daughter Laura is now graduating from The University of Florida and will be starting her formal career as an elementary school art teacher. Son Ben is a junior at Florida Atlantic University. Once an architecture student, he has recently adjusted his major to business. No doubt he’s been inspired by his father’s career success. Both offspring have been exceptional students, and each has an impressive record of community service. It is clear that Lee is extremely proud of them.

Linda, wife and nurse, serves as an RN III-Case Manager at Bethesda Hospital



The Showers family at Christmas (L-R): Son Benjamin (with Max), Linda and Lee, Lee’s Mom Jean, and daughter Laura.

in Boynton Beach, Florida. The story of their Delray, Florida, meeting (on the beach, of course) and marriage more than 35 years ago is something that Lee describes as being “right out of a Hollywood movie.”

### It’s in the Genes

As our interview with Lee Showers was winding down, he perked up and said, “I must tell you about my mother!” This January, Lee’s mother, Jean Ida Showers Nelson, turned 100 years old. She lives independently in an apartment complex in Stoughton (Madison), Wisconsin, where many of her friends also reside. Despite recently giving up driving, she maintains a rigorous schedule of volunteer activities for Meals on Wheels, various hospital and nursing home support groups, and hospice individual and family visits. Lee says that she is a

strong, positive inspiration to many people, radiating calmness, love and understanding. It is clear that Lee inherited those very same special traits from this extremely strong woman.

As Lee is preparing to retire for the last time, in April 2020, he notes ironically that his last task is to train and mentor the people who will be hired to replace him at Rosina Food Products. He is looking forward to living the desired life that Dr. Dattoli asked both Lee and Linda about over 13 years ago, when prostate cancer threatened to sidetrack this man in motion. ❶

Your support is needed for a landmark **Prostate Cancer research study**. See page 20 for an important reminder.

# How to Help Yourself Heal

BY JOSEPH KAMINSKI, MD

Recently Alex Trebec, longtime host of TV's "Jeopardy" game show, announced that he had been diagnosed with Stage 4 Pancreatic Cancer and emphatically shared that, although the diagnosis was one with a very serious prognosis, he was going to fight it with everything in his power.

This made me recall an amazing documentary film I had seen a few months prior. "Heal" was produced by Kelly Noonan Gores, and it explores how our thoughts, beliefs and emotions impact our overall health and our ability to heal. In this award-winning documentary, many well-known "holistic" thinkers – such as Dr. Mehmet Oz, Deepak Chopra and Dr. Joe Dispenza – are interviewed, along with several patients who share



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their personal stories of healing in the face of dire predictions.

Among the film's key messages is some good advice: Avoid buying into a scary prognosis, and instead empower the miraculous nature of the human body to participate in healing itself. This does not mean to forsake the field of medicine, *but to support it with your own powers of belief and hope.*

This approach is not new. It has been preached for centuries – thousands of books have been published and many practitioners reach out through lectures and videos. These teachings have been incorporated into the practice of many, many physicians, including here at Dattoli Cancer Center.

Nine recommendations taken from the documentary are:

1. Radically change your diet (Dr. Mehmet Oz boldly says, "Food can fix it.")
2. Take control of your health
3. Follow your intuitions
4. Use herbs and supplements
5. Release suppressed emotions
6. Increase positive emotions
7. Embrace social support
8. Deepen spiritual connections
9. Adopt strong reasons for living

Many of these actions are addressed in your Patient Handbook and explored through the weekly "Dattoli U" classes. Perhaps the most common obstacle to releasing the body's own healing power is bottled up frustration, bitterness, fear and insecurity caused by the stresses inherent in today's fast-paced, competitive society. Meditation, prayer, relaxation, massage and rest can help overcome these negative forces, as well as talking to a trusted friend or professional about your feelings.

At the Dattoli Cancer Center, we remind our patients about the necessity of good quality supplements, and to assist them in finding pure, effective products, we have created our own label, pharmaceutical grade products. These are available through [www.dandksupplements.com](http://www.dandksupplements.com), or by calling 877.874.5644.

The "Heal" documentary can be found on Netflix or ordered through Amazon. I encourage our patients to learn more about the power of healing through books by Deepak Chopra and other videos on this topic. Or, if you have questions, please feel free to contact me at the Dattoli Cancer Center. 📞

## Solving the Prostate Cancer Puzzle

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utilized to attack metastatic bone spread using denosumab and infusional “systemic” bone-seeking radiation. Even treatment of lymph nodes above the diaphragm may be extremely effective in eliminating symptoms associated with castrate-resistant prostate cancer, offering patients extended biochemical and disease-free survival, and even cure (defined as undetectable PSA, no evidence of cancer, five years or greater following treatment)!

We have been increasingly utilizing genetic/genomic testing to create a “designer cocktail,” often immunotherapy, which is given in conjunction with high tech and infusional irradiation, with or without DART.

### Building the Knowledge Base

In addition to this panoply of diagnostic and treatment refinements, we are going beyond the disease itself to “treat” our patients holistically, with helpful supplements and vitamins.

Discovering and assembling all the various “puzzle pieces” of an individual’s cancer creates a fairly accurate picture of what is going on, and this allows us to design a treatment plan to defeat each specific manifestation of disease and return the man to wholeness. Over the years, solving each unique puzzle has also increased our knowledge of how to treat the next guy. 📌

## Support Needed for Dattoli Landmark Prostate Cancer Study

Lee Showers’ participation in both the Combidex® and FeraHeme® scans laid the groundwork for further study of nanoparticle evaluation of lymph node positive prostate cancer. Today, Dattoli Cancer Center & Brachytherapy Research Institute has data and follow-up from the largest number of patients treated to lymph nodes based on nanoparticle studies in the world.

A multi-institute collaboration with the University of Nijmegen, the University of California at San Francisco and Dattoli Cancer Center is in the works. This will be a landmark study in oncology, with the potential to change the way patients will be treated internationally, with intent to cure. Before this exciting advancement, patients having advanced nodal disease have been considered non-curable and treated with only palliative hormonal therapy.

**This comprehensive study will be very expensive, requiring a lot of manpower hours. We are aggressively seeking funds to cover these research costs. You can participate by specifying that your contributions go to support the Advanced Lymph Node Research Fund.**