PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia

ABN 26 499 349 142

NEWSLETTER

WEBSITE – http://www.pcagsa.org.au

AUGUST 2005

BE A MAN

We thoroughly support the following message from the launch of the Be A Man campaign in Western Australia;

"Men generally feel it is unthinkable to visit a doctor for any health problems other than life-threatening! Many men die of prostate disorders that could have been detected and cured if found during a routine medical check-up. Almost a quarter of all men who are diagnosed already have incurable prostate cancer.

"Prostate cancer is a disease that can be detected at a curable stage. Our message to the men of Australia is – 'Do not allow embarrassment or your ego to get in the way of acknowledging that your body is susceptible to illness.'

"Prostate cancer is a family illness. We wish to remind men to have regular check-ups."

(as reported in "Queensland Prostate Cancer News)

PROSTATE DATA SHOWS PROGNOSIS LOOKS GOOD

Results from one of the biggest tissue banks of prostate cancer in the world, based in Perth, is showing dramatically improved survival rates for men after surgery. Perth urologist, Ronnie Cohen, considered a world authority on the biology of prostate cancer, said the Australian-first database was showing 70% of men were cured 5 years after having their prostate removed. Dr. Cohen, who runs the independent urological group UroPath, said the results were extremely encouraging.

The 1550 tissue samples, supplied by Perth urologists, showed that only 3 or 4 per cent of cancers removed were later found to be insignificant types unlikely to be life-threatening. Research also had identified a new type of particularly aggressive prostate cancer as well as bacterium thought to play a role in the development of the disease. *(West Australian, 9/7, p10)*

Chairman's Report – August 2005

My report for this month will be brief as I have been Interstate for approximately 3 weeks. I will mainly confine my comments to coming Events over the next 2 months.

Awareness Evenings

Yorke Peninsula

Promotion for the Kadina visit will be stepped up over the next 2 weeks with advertising via the Yorke Peninsula Country Times, local TV and community radio.

A further reminder, the date is the 19th August at the Farm Shed Museum and Tourist Centre – 50 Moonta Road Kadina from 7.00p.m.-9.30p.m. The key speaker is the visiting urologist to the area, Dr Zenon Herzberg. A free Evening for men, women and/or their partners.

Adelaide Metropolitan Area

Flyers are now being distributed in respect of the Awareness Evening to be held on the 14th September at The Cancer Council South Australia premises – 202 Greenhill Road Eastwood. As previously mentioned much of the promotion for this Evening will be linked with the Prostate Cancer Call-In to be held on the 8th September.

Prostate Cancer Call-In

The sixth Prostate Cancer Call-In will be held on the 8th September at The Cancer Council South Australia, 202 Greenhill Road, Eastwood. Let's hope a substantial number of calls are received.

Mitcham Prostate Cancer Support Group

A further Meeting of the Group, Chaired by Trevor Hunt, was held on the 28th July at the Colonel Light Gardens RSL Club. There was a pleasing attendance of 25.

The Meeting was advised a bank account had been opened at the Colonel Light Gardens Branch of Bank SA. With the receipt of a Grant of $400 from the City of Mitcham and $50 from the Association of Prostate Cancer Support Groups (S.A.) Inc. the balance of the account is $450.

The guest speaker for the Evening was Ian Fisk who gave an informative power point presentation on his brachytherapy experience.

The next Meeting will be held on Thursday 25th August at the Colonel Light Gardens RSL Club at 7.15p.m. Anyone is welcome to attend and tea/coffee will be provided. The guest speaker will be Barry Oakley who will speak on his prostate cancer experience.

For more information phone Jeff Roberts on 8277 3424 or check our website on http://www.pcagsa.org.au

Jeff Roberts

NEW DOUBTS OVER PROSTATE TEST

A global campaign aimed at encouraging men to be tested for prostate cancer has been dealt a severe blow by a study which found the much-vaunted PSA blood test may be flawed.

American researchers said there did not appear to be reliable cut-off point to gauge when a man was at risk, which meant some of those who returned what was considered a normal level might have cancer. The study published in the Journal of the American Medical Association, found other men who recorded high levels in their prostate specific antigen tests and then had biopsies were later found to have no cancer.

But some Australian experts said the results showed merely what was already known about the test – that its reliability depended on how it was used. The Prostate Cancer Foundation of WA says the blood test could save lives among men who have no symptoms and whose cancers would otherwise go undetected until it was too late.

Cancer Council WA's director of education and research, Terry Slevin, said the US findings showed the complexities of PSA screening which men and their GPs needed to be aware of.

(from West Australian, 7/7, p5)

BE A MAN ABOUT YOUR HEALTH

The AMA has released its first-ever formal Position Statement on Men's Health.

AMA President, Dr. Bill Glasson, said the AMA Position Statement is a direct response to the fact that the overall health of Australian men is generally poorer when compared to Australian women, and getting worse.

"The poor state of men's health is a significant public health problem for Australia," Dr. Glasson said. "Due to a combination of apathy, ignorance and arrogance, Australian blokes just don't consider regular check-ups with their GP a priority. But they have to get rid of this 'she'll be right, mate' mindset"

"In 2005, Australian men have lower life expectancy, increased cardiovascular mortality, and increased rates of injury, poisoning and suicide than Australian women.

"While social, environmental and work factors influence the pattern of wellness and illness for men and women, gender stereotypes are also significant. When it comes to health and vulnerability, many men believe that nothing can harm them.

"Research shows that men often have a functional view of their bodies, which means that they don't think they are sick until something is not working properly.

"It is only when their work, play or exercise is below par, or when their sexual performance or everyday social interaction is suffering that they understand there may be a problem.

"If screening or health promotion activities are to be put in place and to be effective, men have to start being more aware and alert about their personal health.

"We hope our Position Statement can generate greater awareness of men's health and encourage more men to get into the habit of monitoring their health and seeing their GP regularly," Dr. Glasson said.

This item was taken from "50s Lifestyle" magazine, winter 2005 edition No. 10, p.37. The first thing that attracts attention is the headline. It appears to have a familiar ring about it! Maybe the PCFA campaign has a much more catchy appeal than we realised. I have attempted to find the full text of the Position Statement, but have not been successful, to date. One must say that this is long overdue, but the AMA appears to be a long way ahead of the government in recognising that men's health is in a serious position, and suffers from an inequitable distribution of the health budget.

PROSTATE RADIATION DOES NOT CAUSE BLADDER CANCER

A study has found that the conventional treatment of prostate cancer using focused radiation does not increase the risk of bladder cancer. Past research has hypothesized that radiation therapy in women with gynaecologic cancer doubles the risk of bladder cancer.

The current study, performed at the Mayo Clinic in Rochester, Minnesota, involved 1743 men who were administered radiation therapy for prostate cancer between the years of 1980 and 1988. Investigators followed the individuals for development of bladder cancer for several years.

The results, published by the Journal of Urology, showed that there was no increased risk for developing bladder cancer after this form of radiation therapy for prostate cancer.

According to the authors, "The natural history of bladder cancer in this population does not seem to be altered by radiation … except that some patients seem to be diagnosed earlier." *(from http://www.myDNA.com)*

G.P.s CHAMPION PROSTATE TESTING

By JOANNA DAVIS SATURDAY , 16 JULY 2005

Medical opinion is swinging towards prostate cancer screening for men, a leading Christchurch urologist says. The debate was reignited at the national GPs conference in Christchurch yesterday, despite current Ministry of Health advice against a national screening programme.

In a show of hands, most GPs at the conference debate indicated they would offer prostate-specific antigen (PSA) blood-testing to men over 50 during a general health check-up.

Urologist Peter Davidson said prostate cancer was the third-biggest cancer killer in men after lung and colon cancer. About 550 men a year die of it, more than the 450 killed on the roads.

Clinicians were persuaded by recent research that showed screening improved the length of time sufferers lived after diagnosis. Screening was important because once symptoms emerged it was generally too late, because the cancer had spread beyond the prostate.

However, epidemiologist Dr Ann Richardson said there was no strong evidence that screening made any difference to how long a man would live. She said doctors should wait for the results of major studies under way in Europe and the United States. Those studies were randomised controlled trials, considered the gold standard in medical research.

One of the main dangers of screening was over-treatment, Richardson said.

Last year, the National Health Committee, a Health Ministry advisory body, concluded that risks of investigations and treatment after a positive PSA test included impotence, urinary incontinence, diarrhoea and even death.

"Some men who will suffer these effects would never have been aware that they had prostate cancer during their lifetime had they not undergone screening. This is because screening detects slow-growing prostate cancers that may never cause problems or shorten a man's life," Christchurch GP and National Health Committee member Dr Api Talemaitoga said at the time.

Christchurch financial adviser Chris Jones said he was pleased his GP was "open-minded" enough to offer him a PSA test nearly two years ago. When the test came back positive, Jones, 52, was referred to a urologist and eventually told he had prostate cancer. Jones said he was scared by the diagnosis and decided to have radical prostate surgery.

"There were many tears. I started playing games in my head about cancer being the big C and that sort of thing. But I'm a positive person and I prefer to know," he said.

"In my case, the diagnosis was very positive news because there are a number of 52-year-old men out there who may not go to the doctor or may not ask for a test."

Jones believed men should be given information about the risks and benefits of prostate cancer screening and left to decide for themselves.

Prostate Cancer Foundation president Barry Young said that although PSA testing was not diagnostic, it was no less accurate than mammography and there was not a better screening option.

"The Ministry of Health says men without symptoms should not ask to be tested," he said. "But the horrible thing is if you go along with symptoms and find it's caused by prostate cancer, it's generally too late. Once it's out of the prostate, it's incurable." Young said men were reluctant to request PSA testing and doctors should be proactive.

"Men are their own worst enemies. We're bullet-proof. We don't want to talk about what's essentially a sexual organ," he said.

Christchurch Men and Fathers Network co-chairman Don Rowlands said prostate cancer was a huge issue, but men's health was not prioritised. "Health is a competition for funds," he said.

“IT MAY BE YOUR BODY, BUT IT’S MY HEART…”

Prostate Cancer: A Woman’s Perspective by Barbara Payne

Waiting for the results of her husband’s prostate biopsy was excruciating. “What if...” kept invading her thoughts no matter how hard she tried to keep the anxiety at bay. At the best time of their lives -- with the kids grown, educated, happily married and starting their own families -- would this insidious disease change everything?

Bill hadn’t been sick more than a handful of days during the last decade, and never for more than a day or two with a cold or the flu. He ate right, got plenty of exercise (on the golf course and off), and looked a lot younger than his 62 years. How could he have cancer? No, it couldn’t possibly be true.

Like most women, Anne* was dismally unfamiliar with the male anatomy. If it hadn’t been for all the media coverage about prostate cancer and the famous men who had it, she wouldn’t have known anything at all about this tiny, walnut sized gland. Even so, that was about the extent of it. She had the “impression” that it had something to do with a man’s sexual function and -- from the television commercials -- with urinary flow and frequency -- but she was old enough to believe this was not a topic discussed in polite society. Until Bill’s routine company physical (when the PSA test showed a significantly higher level than last year’s results, prompting the further tests and subsequent biopsy) Anne was blissfully unaware that her husband was approaching the age group in which his chances for prostate disease would increase. His doctor might have reminded him, but Bill didn’t pass that information along to her.

“I think that we all have a kind of barrier we put up around us to shield us from all the things we want ‘not to know.’ We take a lot of pride in being up on what’s going on in our ever- expanding world...in our own community...and even with our family members. But, when you suddenly have to face IT -- you know, the Big C; the disease that can so dramatically and inexorably change everything in your life from that moment forward -- you have absolutely no idea of what you will do,” explained Anne.

“Oh, you think you know. You hope you’ll be brave and stoic, and do and say exactly the ‘right’ things, but you don’t know for sure. When IT happens to someone else, you can be sympathetic, and supportive, and reassuring, but how do you know what you’ll want -- or a loved one will want -- if IT happens to you? The short answer is that you don’t...you simply don’t know.”

“When the test results are still out,” Anne explained, “there are still some games you can play. You can bargain with promises...as in, ‘if only...I won’t’ or ‘I’ll never...if.’ You think of everything that’s at stake. And then, the worst case scenario hovers in the corner of your mind... ‘what would I do without him?’ Like it or not, we’re all selfish creatures. We don’t mean to be, but even when it’s a loved one who has -- or is about to be diagnosed with -- cancer, we can’t help thinking how it will impact us...how our lives will change...or what the news will do to our relationship. The thoughts are there in the dead of night; you don’t take them out and inspect them in the daylight hours.”

“Someone I know used an expression once that perfectly described a tumultuous situation -- ‘emotional fruit salad’ he called it. That’s exactly it. The situation looks different with each ‘bite;’ one is full of peaches and the next one has nothing but grapes with seeds. Then I remind myself that I’m not the one awaiting diagnosis...my husband is.

Somehow, after 35 years of marriage, the line that sets off where one of us ends and the other begins has become blurred. It sounds trite, but it may be his body...but it’s my heart.”

Then, you have to come face-to-face with your fears and deal in the currency of reality. This poses a real challenge. You don’t want your husband to know how absolutely terrified you are; how the very idea of cancer invades your dreams and startles you awake in the middle of night

As you sit with him in his doctor's waiting room to get the verdict, it's hard to keep the lost sleep and anxious thoughts from tracing lines around your mouth. Or to keep your chin from quivering. Or to stop the tears you've held back from tumbling over and spilling down your cheeks. But you'll try. You'll give it your best shot to 'be there' for him (what a foolish phrase; as if you could be anywhere else).

"There has been a lot of talk about managed health care, and grumbling about what's happened to doctor-patient relationships. But, when it comes right down to what they used to call the 'nitty-gritty,' it is obvious to me that people who have invested the incredible number of years necessary to study the amazing human body and the diseases that attack it care deeply about preserving life. They abhor delivering potential death sentences and they hate to admit defeat at the hands of
a nasty disease. Of course, they are people, too. They have the same dreams and fears as the rest of us...a medical degree did not inoculate them from life. Doctors -- and their loved ones -- get cancer, too."

"That said, some doctors are warmer and friendlier than others," Anne continued, "and some are more matter-of-fact, and perhaps even speak more plainly. We might compare several physicians' credentials and what we perceive to be their 'bedside manner' during an initial visit, but we don't get to pick our doctors based on exactly how they would tell us devastating news, or how compassionate they might be if the diagnosis turns out to be cancer. I can tell you from experience that, when
you're waiting for the doctor to report the results of a biopsy, you're in a kind of suspended animation anyway. The physician is reduced to being a talking head, saying things you don't want to hear, over the cacophony already going on in your thoughts. You're in denial, big time...it must be a mistake; it couldn't happen to us...yadda, yadda, yadda."

"But, maybe hours later, you realize that this time it has happened to you. By association, you have joined the exclusive club of cancer victims...the people for whom -- as one cancer survivor put it -- time is forever divided into B.C. and A.C. -- before cancer and after cancer. Every muscle in your face is frozen into something you hope is an encouraging smile as you grip your husband's hand and give it a little squeeze. There is an awkward silence, broken by a sharp intake of breath that is exhaled in a hiss as the man you love struggles to absorb the news. The doctor shuffles papers and waits for you to say something -- so he doesn't have to, I suspect."

"What do you say? 'Are you sure,' perhaps? Or maybe, 'Could the tests be wrong?' Conversation is just a place-holder anyway, until you can gather your wits and think logically about the enemy that now stares back at you with the frigid finality of fact. The games are over; the diagnosis is in; the ball is in your court. The only question to answer right now is, 'What's next?"

Digesting the News...

Anne and Bill are among the fortunate couples who have maintained a close and loving relationship over the years. Their marriage has had the normal ups and downs, but their commitment to each other and to solid family values forged the very strong adhesive that binds them together. How they would react -- together and individually -- to the news that one of them had a potentially life-threatening disease; however, was uncharted territory.
What Anne didn't know was how her husband would respond. Would he want to talk about it? Or, would he internalize his concerns and fears, and shut her out while he sifted through the news in his own way. Would he want friends and family to know what he was facing, or keep the information to himself?

They were quiet in the car after leaving the doctor's office, with conversation focusing mainly on little things as they studiously ignored the "five thousand pound gorilla" leaning over the seat. Anne nervously flipped through some brochures the doctor had given them that explained the surgical procedure he recommended, and then looked through a pamphlet that addressed cancer issues in the broader sense. The diagnosis was

beginning to sink in...her husband had cancer and may have to undergo surgery. “If I feel threatened and afraid,” Anne thought,
“what must Bill be feeling?”

As soon as Bill had reported that his routine PSA test results indicated there might be a problem, they both had started finding out more about prostate disease in general, and also read specifically about prostate cancer. By the time he had been retested to check the accuracy of the PSA results, and followed up with a digital rectal exam by his urologist, they had accumulated quite a stack of information. They had learned some of the anatomical “language” and understood that, even if it did turn out to be prostate cancer, there was an excellent chance for a cure if this cancer is found early. Since Bill had not experienced any symptoms that sometimes accompany the disease in its later stages, they had gone for the biopsy results with some degree of optimism.

During her research, Anne had read that, after being diagnosed with prostate cancer, men often felt that their manhood was under siege and the family jewels were in jeopardy. This threat was enough to humble the strongest of men, she had learned, so she was not quite sure how to approach the subject with Bill even though she had lived with this man most of her adult life. Anne suspected that although no decision about treatment had been reached, Bill was already worrying about impotence -- one of the potential side effects of prostate surgery. They had always enjoyed satisfying sexual intimacy, but it wasn’t something they often
talked about. She was therefore waiting to follow his lead, hoping for a gentle way to introduce the subject, knowing full well that the quality of communication they established at the outset would set the tone for the long haul.

“I’d like to go ahead and get a second opinion right away,” Bill said, finally breaking the silence. “I’m not sure I can take this all in at once. You know, it’s amazing. After doing all that reading about prostate cancer, I never once thought it could happen to me. Somehow, I was just sure all this would turn out to be a mistake. I already feel like I’ve lost control of my body; you know, having to give up any shred of modesty. I guess I’m just going to be poked and prodded until this is over, and I might as well get used to it. Oh, the indignity of it
all!” he ranted with a self depreciating smile.

“I’d give the world that this didn’t have to happen to you,” Anne said, “and I feel helpless that there isn’t anything I can do to make it go away. It goes without saying that I’m here to provide whatever you need, so please don’t be afraid to ask for my help. Frankly, it will make me feel better...more useful...to think that you need me or that I might be able to help.” Anne was amazed at how steady and firm her voice sounded when she was virtually screaming inside. “So, where do you want to go from here?”

A week passed before Bill was able to see another Urologist for the second opinion, which turned out to be the same as the first. The specialist confirmed that since 1. Bill’s tumor was non-palpable (which means it couldn’t be felt during the digital exam); 2. the biopsy found cancer in three of the samples and the tumor ranked as a 4 on the Gleason score; and 3. his PSA level was 6, he felt confident that the cancer was still confined to the prostate and had not yet spread to nearby organs, the bone or lymph nodes. Although he wasn’t comfortable predicting exactly how fast the cancer might grow or if it would spread, the doctor explained Bill’s treatment options as waiting to see what happened and then deal with it accordingly; having surgery; or undergoing radiation treatment. If he were in Bill’s place, the doctor advised, he would have the surgery.

As a lifelong pragmatist, Bill immediately discarded the idea of waiting around to see what might happen -- would it spread? would it grow? “I want to get rid of the cancer as fast as I can, and then do whatever is necessary to keep it from coming back,” he told Anne as they were discussing the topic that had dominated their conversation for weeks. “I expect to be around for a lot of years yet, and I don’t want to be constantly worrying about what the next test will reveal. It’s bad
enough to know it’s in there now, without having to dread the results of a test every six months. Let’s get it over and done with. Both doctors agree that we’ve caught it

early enough for a cure, and -- because this kind of cancer is relatively slow growing -- I can take the time I need to make an informed decision I can live with."

"I don't think I fit into the profile of men for whom radiation is appropriate instead of surgery. It's something I want to know more about, and -- God forbid -- if I should have a recurrence later, then radiation might be an option. I guess there are several other things we might as well get out in the open, too," Bill suggested.

"I'm worried about the potential side effects of radical surgery. Frankly, the idea of having to go under anesthesia scares the hell out of me and, from what I've read about prostatectomy, it's a long, tedious operation that takes lots of skill to avoid damaging the nerves involved in sexual function. I really hadn't thought we'd have to give all that up just yet," he smiled with a little of his old sparkle.

Anne hadn't realized that she had been holding her breath and now let it out slowly. Bill was fidgeting with some papers, but finally raised his eyes to look into hers. She stared back calmly and directly and said, "Me either. But if it comes down to being able to make love again or losing you, it's a no-brainer. Let's just make sure that your surgeon has had lots of practice and has a good track record in avoiding the side effects."

Their search for information led them to the internet and to several support organizations. Bill decided that he would like to attend a local meeting of US, TOO* to talk with some men who had been where he was, and to learn what they decided and why. Since there is a little bit of the armchair quarterback in most men, Bill also wanted to ask them if they would change anything if they could go back to the point of diagnosis and do it over again.

As more family members, business associates, and people in their "circle" learned of Bill's diagnosis, Anne was surprised to learn how many friends or friends-of-friends had dealt with the disease. Some of it, of course, had to do with age and some of the men had other close family members who also had prostate cancer. Every one of them had a "story." At first, Bill wasn't ready to listen to what others had gone through...he was still digesting that he had prostate cancer. The disease was still in the "first person."

After attending the US TOO meeting, this changed rather abruptly. Now, Bill wanted to know more of the details and to have first-hand recommendations about the men's surgeons. He wanted the best; someone with plenty of experience, who was up on all the new techniques. Everything Bill had read underscored the importance of doing thorough research before selecting a surgeon. As the references pointed out, a man has only one shot at this operation -- just one chance for a cure -- so reviewing the surgeon's credentials and experience is absolutely essential. Bill narrowed his search; he wanted a board certified urologist who performs this particular operation every day -- or at least several days a week. He wanted a doctor who would discuss his rate of success in preserving potency and continence; a doctor who doesn't leave any cancer behind. Finally, Bill wanted a surgeon who selected his surgical candidates so carefully that most of them didn't need radiation or hormonal treatment after undergoing the surgery.

Bill narrowed his choice to two surgeons who met all his criteria for "excellence," and finally selected the one who came highly recommended by both physicians and men on whom he had performed the surgery. The "referring" patients were in his same age group as Bill, they were diagnosed early, and were generally in good health. They were both corporate types who had high standards for performance in all aspects of their lives, so a good recommendation from them carried extra weight. With the decision made, Bill scheduled an appointment for a pre-surgical consultation.

Going For the Gold..._

The "gold standard" for curing the vast majority of men with cancer confined to the prostate is the radical prostatectomy. This surgery can also cure cases where the cancer has reached or even penetrated the prostate wall if the tumor cells are well

differentiated (a Gleason score of 6 or less) and if the surgeon is able to cut out all the cancer (a clear surgical margin).

Bill was reassured that his surgeon of choice considered him an excellent surgical candidate, and a date was set for the operation the following month. While he was anxious to get this over and done with, the surgeon explained that he wanted to be sure that the tissue had healed from the needle biopsy he had earlier.

“Bill was clearly a man on a mission,” explained Anne. “He had attacked this like he did so many of his business challenges -- he did painstaking research, then considered all the facts, he talked them over with me, and then made up his mind. He established a no-nonsense relationship with his surgeon, got his questions asked and answered, and then set about taking care of loose ends before checking into the hospital. His confidence was contagious,” she continued, “but I had just a moment of dizzying terror when Bill got the will out of the safe deposit box, and made sure it was up to date. I knew there was only a one or two percent chance of him dying during the operation, but I didn’t want to face even that small chance of losing him. Frankly, I think he was better prepared for the surgery than I was for him to have it.”

Bill had received a list of pre-op directions that included no aspirin(a noted blood thinner that can cause excessive bleeding in surgical situations) 10 days before the operation. He was encouraged to donate several units of his own blood ahead of time -- which was another reason the surgery was set so far ahead. Bill and his surgeon agreed on an epidural anesthesia, which effectively numbs the surgical field and virtually all of the lower body, because it is administered continuously and can be adjusted if necessary, and it minimizes the risk for blood clots developing in the legs.

They had also agreed that the surgeon would use the “nerve sparing” procedure if the cancer was indeed small and confined to the prostate to leave behind one or both of the neurovascular bundles that lie on either side of the prostate. These are the nerves responsible for erection, but there is no way for the surgeon to know beforehand if they can be spared. Bill and Anne had agreed completely that the first priority was to get rid of all of the cancer, and then to preserve sexual function. Stoically, the couple simply decided they would deal with the potential for side effects one step at a time.

“P-Day” had finally arrived and Anne sat quietly by the bedside as they waited for Bill to be taken to the operating room. By this time, being “poked and prodded” was old hat and Bill had reluctantly suspended his former modesty. He felt that he was as mentally and physically prepared for the operation as he could be, and was calmly optimistic. A hurried kiss, a gentle squeeze of her hand, and Bill was wheeled down the sterile corridor by a flying wedge escort of his scrub-clad medical team. The conversation was upbeat and encouraging as they disappeared behind the OR’s double automatic doors.

The surgeon’s team kept Anne posted on the operation’s progress as she made herself as comfortable as possible in the busy waiting area. The pre- and post-operation instructions provided by his surgeon’s office were very comprehensive, and probably contained far more about the recovery period than either Bill or Anne really wanted to know. But it did prepare them for the drainage tubes from the surgical site that would be there for three to five days and the urinary catheter that had to remain in place for two or three weeks -- until the area healed and to minimize the risk for incontinence in the future. This, clearly, would take some getting used to for a man who found it difficult to stay still for any period of time.

Bill had also been reassured that there were new medications to manage the pain, and was advised realistically about post-op activity limits and other recovery issues. All things considered, the couple agreed, they could “live” with the program for six weeks or so, knowing that it wasn’t going to last forever. Bill and Anne had also made a pact to keep the lines of communication open.

"We have always talked things over," Anne explained. "Bill's surgery, however, involved his 'privates' and conversation about body parts and bodily functions was somewhat alien to us. Oh, we'd get used to it, I suppose, but I was continuing to take my cue from Bill to find his comfort zone. My primary objective was to help him recover and to give him plenty of support and encouragement. The rest, I figured, would follow."

The surgeon had good news. While the cancer turned out to be relatively close to the prostate wall, he had a clear surgical margin and was very confident that he had been able to get it all. Now, he said, Bill could concentrate on getting back to normal.

Anne knew it was entirely natural that Bill might experience some level of depression after surgery, especially while his activities were curtailed during recovery. She had met with the surgeon's trained nursing staff and had prepared for her new role as caregiver. With Bill's independent streak, however, they had decided on visiting home health services for the week following surgery to help Bill learn about and adjust to care of the catheter and urine collection. This would give Anne some much-needed time for her own responsibilities and would relieve Bill's reluctance to have Anne waiting on him in such a personal way.

As it turned out, this was an excellent decision for both of them. Bill and Anne enjoyed some great quality time together as he was able to get up and around more and more comfortably. She resisted the urge to be with him all the time, and deliberately went out and did things just for her, like shopping, having a massage, and getting her hair done. They went to the movies, took walks, and completed countless jigsaw puzzles together. Actually, it was a bumper sticker that set the tone for Bill's recovery period: "Don't sweat the small stuff -- and remember it's ALL small stuff."

Thanks to early discovery and excellent medical care, Bill and Anne could anticipate many good years together in the future. Bill would have to have regular PSA tests and annual physical exams in the years ahead, and he may require some medication or treatment for incontinence in the short term, but all indications were that the surgery was a success. They had met the enemy head on and so far, they had won. While neither of them would have chosen a bout with prostate cancer to bring them even closer together, they certainly enjoyed this net effect.

(EDITOR'S NOTE: Anne and Bill are a "composite" couple. Their experiences in this article are drawn from those of real people who have faced the realities of this disease, and are supplemented by advice from health care professionals, as well.

**ProstateAction.com is NOT a medical website.* It was developed to provide what we hope will be useful information for men who have been diagnosed with prostate disease…and their family members. *We do NOT have doctors* to answer your questions, *we do NOT make medical referrals* or offer second opinions, and we will not reply to questions about any specific case. Instead, we hope that you will use our LINKS section to locate other sites of interest; utilize our message boards to discover prostate cancer screenings and related events; and to use the Forum area to "discuss" prostate cancer issues with others who share your interests and concerns. We reserve the right to delete any objectionable postings. Please direct your medical and health questions to your health care provider.*

It is our objective to promote an exchange of information about prostate health. We do not endorse or recommend specific medical treatments, but we encourage visitors to our site to explore a variety of points of view.)

ASPIRIN-CANCER STUDY SHOWS BENEFIT FOR MEN, NOT WOMEN

Men who took aspirin over five years slightly lowered their risk for prostate cancer, but women who took low doses over 10 years did not reduce their risk of cancer, two separate studies indicate.

That study, involving nearly 40,000 women, is among the longest aspirin-cancer studies to date and used doses a little higher than in baby aspirin, taken every other day and compared against placebos. It found no effect on lymphoma, colorectal, breast or several other cancers.

In the men's study, American Cancer Society researchers followed 70,144 men over 9 years and asked about their use of aspirin and other non-steroidal anti-inflammatory drugs, or NSAIDs, including ibuprofen. Men who took standard 325-milligram doses of those medicines daily for at least 5 years were about 18% less likely to get prostate cancer than men who used aspirin occasionally or for a shorter duration. *(Mercury News, CA, 6/7/05)*

GETTING A JUMP ON CANCER GENETICS

By Alan Mozes HealthDay Reporter

Trying to stop cancer before it starts, researchers have developed a new method of spotting tumor-causing genes in mice -- offering hope for better early detection in humans.

The detection process relies on the use of so-called "jumping genes" -- pieces of mobile DNA called transposons found in humans, animals and fish. These DNA fragments can enter or move around an organism's fixed genes, disabling or jump-starting normal genetic function.

The research was conducted by two teams of scientists at the University of Minnesota Cancer Center (UMCC) in Minneapolis and the National Cancer Institute (NCI). In each study, researchers used the jumping gene mechanism to force hidden cancer-related genes to reveal themselves.

"We know of about 300 cancer-causing genes, but I suspect there are more like 30,000 of them," said David A. Largaespada, an associate professor at UMCC and a co-author of both studies. "But finding them is like finding a needle in a haystack. So we figured out a quicker, more accurate and more efficient way to find these genes. And hopefully what we learn in mice will be analogous to what we will find among humans."

In the July 14 issue of /Nature/, Largaespada and his colleagues report on their work with a fish-derived jumping DNA, designed specifically for their cancer research. The DNA was named "Sleeping Beauty" to describe transposons that had been reactivated by the scientists after having lost their natural jumping ability over time.

In one study -- led by the UMCC team -- Sleeping Beauty was hard-wired into the DNA of a group of 26 1-year-old genetically altered mice, all specifically bred for the cancer experiments.

The Sleeping Beauty DNA fragments were then tracked as they set off jumping about a particular mouse's genetic structure, or genome.

Aiming to read genome's fine print faster and more accurately, Largaespada and his colleagues relied on the Sleeping Beauty's ability to cause gene mutation upon contact.

If the Sleeping Beauty DNA hopped directly inside a mouse gene, it would prevent the gene from functioning normally. On the other hand, when the jumping DNA hopped to a nearby location -- but remained outside the gene-- it would provoke gene activity.

While not all the affected mouse genes were revealed as having a relationship to cancer, this mutation experiment enabled the researchers to identify specific genes that appeared to either offer protection from, or promotion of, cancer in the mice.

For example, if cancer tumors grew as a result of a certain gene's impaired functioning, then that gene was tagged as protective against cancer. On the other hand, if cancer tumors grew as a result of a certain gene's activity, then that gene was tagged as cancer-causing.

Furthermore, the researchers were able to analyze malignant tumors that formed as a direct result of Sleeping Beauty exposure -- isolating and mapping the on-off cancer role of specific genes in each tumor.

In a similar vein, the second study -- led by the NCI team -- focused specifically on the ability of the Sleeping Beauty-jumping cell method to help scientists map genes causing lymphoma, a cancer of the immune system.

While acknowledging that there is a leap to be made moving from mice to human cancer patients, both research teams touted the success and potential of the jumping gene cancer screening method.

Since many of the mutated genes that cause cancer in mice often cause cancer in humans, they also suggested that success in identifying previously unknown cancer-causing genes among mice could lead to a more detailed portrait of cancer genetics in humans.

"If you look at the data carefully, we do find that there are also a bunch of new genes in mice that cause cancer that aren't already known to be involved in human cancer development," said Largaespada. "And that gives us a clue to look for more cancer genes in humans -- that there's more to discover."

Largaespada said future work at UMCC will focus on using the jumping gene screening method to compile a list of cells that lead to colon cancer, lung cancer, prostate cancer and myeloid leukemia. The team at NCI will focus on breast cancer, brain cancer and melanoma.

"We need to know this information as soon as possible, because the drug companies need to know what to target when they're looking to develop new treatments for different cancers," he said. "It will take a lot of hard work and time, but this technology is one additional tool that researchers will have to meet that goal."

Dr. Carlo M. Croce, chairman of the department of molecular virology, immunology and medical genetics at Ohio State University, shares the hope that jumping gene research will contribute to cancer treatment.

"This is a novel method to look at genes that might be activated and contribute to cancer," said Croce. "It's not a revolutionary step, but it's a step forward. These are two interesting studies, and the people who have done this work are very good geneticists. So I think it will have a wide application, and it might be an improvement over already established screening approaches."
http://www.forbes.com/fdc/rss.shtml

LOVE BATTLES PROSTATE CANCER

Having a supportive partner greatly improves quality of life for men with prostate cancer, a new study finds.

Researchers at the University of California, Los Angeles, tracked the ongoing health of 291 prostate cancer patients and found that those in a partnered relationship reported much better psychosocial and spiritual health and fewer prostate cancer and general cancer-related problems than single men.

Men in relationships were also better able to tolerate their disease- and treatment-related symptoms, according to the study, which is scheduled to appear in the July 1 issue of /Cancer/.

Previous research has shown that a cancer patient's quality of life can affect survival and that improved quality of life may actually result in longer survival. The study authors noted that only 13% of prostate cancer patients attend support groups, perhaps because personal relationships provide an alternative kind of support.

In light of the apparent positive impact that a close relationship can have on quality of life for prostate cancer patients, "clinicians caring for prostate cancer patients need to address coping and social support mechanisms in order to encourage the beneficial aspects of partnership and overcome the detrimental effects of being single," the study authors wrote. *(from http://www.Forbes.com & ScoutNews LLC)*

FDA REJECTS GREEN TEA CANCER CLAIMS

by Miranda Hitti | WebMD | 07.06.2005

The FDA has given a thumbs-down on a bid to label green tea as a cancer fighter.

Current scientific evidence from human studies doesn't support the claim, says the FDA's Michael Landa.

Landa is the deputy director for regulations at the Center for Food Safety and Applied Nutrition. He wrote the FDA's response to a green tea company's proposed cancer-prevention claim Landa doesn't totally dismiss green tea. Future research will be considered, he says.

For now, he says it is "highly unlikely" that green tea cuts breast cancer or prostate cancer risk.

Landa also says there is "no credible evidence" supporting green tea as a fighter of other cancers, including lung, gastric, colon, rectal, pancreatic, esophageal, skin, ovarian, or liver cancers.

All tea comes from the same leaves, but processing methods produce different types of tea. White tea is the least processed tea type; it's made from buds and young leaves. Next is green tea -- which is made from more mature leaves -- and black tea.

Tea is packed with antioxidants, which have been studied for their potential against cancer and heart disease. The type of tea determines the amount and types of antioxidants.

The FDA's review only addressed cancer.

Green tea has been found to have cancer prevention activity in animal studies. The flavonoids found in tea are known for their ability to alter cell pathways that may lead to cancer.

Many green tea studies have been done on animals, or on cells in lab tests. Some have also tracked health among large groups of people who drink a lot of tea.

For instance, researchers unleashed antioxidants called phenols from tea on human breast cancer cells in a lab experiment. The tea phenols had a sizeable impact on breast cancer cell growth, the researchers said in April 2004.

Other experiments have targeted human prostate and bladder cancer cells. Those cells were placed in mice, where they were treated with a green tea extract.

The data on green tea reviewed by the FDA included only human studies. Studies done on humans have inconsistent evidence. Some of those studies showed decreased cancer risk for breast and prostate cancers, but others didn't. A lot of the data were "weak and limited," says Landa.

Some research on stomach cancer -- done in Japan -- got benched because the disease and salt intake differs in Japan and the U.S., says Landa.

Some other foods bear FDA-approved health claims.

Packages of nuts and whole-oat foods can carry labels touting possible heart benefits.

Nuts got the nod from the FDA nearly two years ago. Oats were OK'd for the labeling back in 1997. The FDA's standards for food claims aren't as strict as its approval process for new drugs. *<http://www.pcacoalition.org/>*

MORE VOICES JOIN IN PROSTATE CANCER FIGHT

by Mary Ann Roser | Austin American Statesman, TX

Breast cancer is known for its pink ribbons, celebrity spokeswomen and array of help groups. Not so for prostate cancer.

Although more men get prostate cancer -- one in six, compared with one in eight women who get breast cancer -- men are less likely than women to seek support and talk about their illness, cancer experts say.

"When I was diagnosed, there was nobody there," said Leibel Harelik, who learned three years ago that he had an advanced case. Harelik, now 56, was determined after his surgery to end the silence and help others feel less alone.

He established the Prostate Cancer Resource Center last summer, and in May, he became the local coordinator of a national awareness program to spread the word about prostate cancer among men in Austin.

The targets of both efforts are minorities and "underserved populations," those who lack good access to medical care. But Harelik said the resource center, based at his home, will help anyone.

Of special concern, he said, are black men, who die of prostate cancer at twice the rate of white men. "It's almost an epidemic in the African American community," Harelik said. Black men often wait longer to seek care and thus are harder to treat, he said.

Hispanic men have similar issues, sometimes arising from lack of insurance or machismo, Harelik said. But those who get care early are likely to survive.

The U.S. Centers for Disease Control and Prevention and Us TOO International Prostate Cancer Education and Support Network, an Illinois-based nonprofit organization, are working with coordinators in13 states and the District of Columbia, including Harelik, on the awareness program.

Gene Wheeler, a program director with Us TOO, said the aim is to reach as many people as possible who normally wouldn't get the message.

Harelik and the other coordinators visit churches, community centers, grocery stores, civic groups, black fraternities and other settings. Prostate cancer survivors and spouses also are asked to speak out.

The coordinators report to Wheeler monthly on their progress in reaching out and training presenters.

The CDC said it does not recommend routine prostate cancer screening because "there is no scientific consensus on whether the potential benefits outweigh the potential harms." That's because not all cancers require a medical intervention.

Austin's program was slow getting off the ground, Wheeler said, but he
hopes that the program will do well. Harelik said getting people to respond has not been easy.

"It's like the cancer nobody talks about but everybody screams about," said Mike F. Jones, who created an Us TOO support group in South Austin after his diagnosis two years ago.
The American Cancer Society estimated that 13,380 Texans would be diagnosed with prostate cancer this year and that 1,750 would die.

The five-year CDC/Us TOO program, which is financed by a grant of$292,530 a year nationally, has an ambitious goal: to be in every state in five years, said Pam Barrett, development director at Us TOO.

This is the program's second year but the first year Austin is involved.
Houston and Dallas also are taking part.

Harelik, who gets a stipend of $650 a month from the program to cover expenses and a $2,000 monthly salary from money he raises to support the resource center, can use materials from the awareness program to educate resource center clients. He also can count resource center clients as Us TOO contacts, Wheeler said.

"We're into collaboration," he said. (*<http://www.pcacoalition.org)>)*

PROSTATE SCREENING LAW PASSES

Aimed at erasing Oregon's rank of 49th in the USA when it comes to prostate cancer screening, the State Governor has signed a bill immediately mandating that insurance companies cover prostate cancer screenings. The law makes Oregon the 37th state to pass such a law, and certainly will raise the statistic of only 42% of men statewide getting screened for the disease.

The Bill requires insurers to cover digital rectal exams and follow-up blood tests at least every other year, or more often upon a doctor's advice. The Bill applies to men 50 or older, or young men who are at higher risk for prostate cancer.

"We applaud the Oregon legislature for taking a stand for men's health", said National Prostate Cancer Coalition CEO Richard N. Atkins, M.D. "Removing the barriers in accessing needed health maintenance will no doubt save lives." (from http://www.pcacoalition.org/site/News2?page=NewsArticle&id=5419 11/7/05)

Certainly a marked contrast to the treatment of men's health in Australia

LAWMAKERS URGING PROSTATE CANCER SCREENING

by Jeffrey McMurray | Washington Post | 06.14.2005

WASHINGTON -- If it seems members of Congress are diagnosed with prostate cancer more than most American males, anti-cancer activists say there's a logical reason. They're tested more. Several congressional prostate cancer survivors, led by Georgia Sen. Saxby Chambliss, are uniting Wednesday to encourage men to get screened often for the disease, which is deadly but treatable if detected early enough.

Chambliss, a Republican, learned he had prostate cancer last summer as part of an annual physical given to members of Congress. He has since had a surgical procedure, and the disease is in remission.

"We're on the road to winning our battle," Chambliss said. "I want to make sure I communicate my story to men all across Georgia and all across the country. It just proves if you have cancer and find out early about it, you can be cured."

Chambliss has plenty of colleagues to help him spread the message. Fellow prostate cancer survivors in the Senate include both Alabama's Republican senators, Richard Shelby and Jeff Sessions, Idaho Republican Mike Crapo and South Dakota Democrat Tim Johnson. Congressmen who were diagnosed with it include Jim Marshall, D-Ga., and Duke Cunningham, R-Calif.

"I think for years that people died of cancer, and it probably came from prostate cancer but people didn't know what it was," Shelby said. "Now you can save people's lives."

Shelby and most of the others will participate in the awareness event Wednesday outside the Capitol. Also expected to attend are two activists from the baseball world, former Los Angeles Dodgers manager Tommy Lasorda and former New York Mets third baseman Robin Ventura.

Jamie Bearse, spokesman for the National Prostate Cancer Coalition, said about 48 percent of men over 50 haven't been screened. That's troubling considering one out of six men get the disease in their lifetimes, and only a third survive five years if it isn't detected early. Sessions said screening is an easy procedure that takes only about 10 minutes.

"They draw blood, may check your cholesterol and PSA at the same time," Sessions said. "If that comes back positive, they can do a biopsy that will confirm the PSA." *(<http://www.pcacoalition.org/>)*

NEW HELP MAKING SENSE OF MEDICAL RESEARCH

by Lauro Landro | Wall Street Journal | 06.17.2005

In the most ambitious effort yet to disseminate information about medical studies, a consortium of medical-journal publishers and patient-advocacy groups is unveiling a Web site to help consumers navigate the often bewildering world of health research.

The objective of the new site, patientINFORM.org<http://patientinform.org/>, is to present the most up-to-date and important research available about the diagnosis and treatment of cancer, heart disease and diabetes. The site will offer free access to selected medical-journal articles, and provide plain-language explanations of what the studies mean, how they compare with what's already known, and how patients should weigh them in making treatment decisions.

The three groups involved in the patientINFORM project -- the American Cancer Society, the American Diabetes Association and the American Heart Association -- represent conditions that account for nearly two out of every three deaths in this country, and more disease groups may join.

To select studies for the site, the groups will review hundreds of published medical studies each month from more than two dozen publishers whose journals include the New England Journal of Medicine and the Annals of Internal Medicine. They will use their own experts to interpret the research in lay language for consumers, and then along with the interpretations, the site will provide free access to the original journal studies that are otherwise available only by subscription. One major publication, the Journal of the American Medical Association, has elected not to provide free content on the site, but the disease groups still expect to independently publish summaries of JAMA research.

The site, which is still in a pilot phase, will begin posting study findings next month. For now, consumers can go to the sponsors' own sites for examples of what they will see; on the American Cancer Society's site, for example, (http://www.cancer.org/, click on Medical Updates, Browse all Topics) users can gain full access to some major studies published in recent weeks along with comprehensive interpretations of the findings.

The effort comes as pressure is mounting on medical researchers and publishers to disseminate their studies more widely to the public. The federal government has asked researchers to make any taxpayer-funded studies available free within a year of publication. And researchers are under growing pressure to disclose both good and bad results from studies in the aftermath of the withdrawal of Vioxx and other painkillers, when studies suggested the drugs doubled the risk of heart attack and stroke in some patients.

There have been some moves by government, nonprofit and drug-company Web sites to post more trial data. But some medical experts have criticized the efforts as half-measures, saying they failed to address a national crisis in health literacy. Without help interpreting the high-level science in medical studies, patients and families would be unable to apply the findings to their own situations.

Publishers have also resisted the idea of simply giving away research that they can now sell to subscribers. But in the interest of public health, they say, many are willing to consider free access to some of their new studies if a trusted expert provides interpretations. More than 100 million consumers go online annually for health information, but resources to help them interpret new medical studies have been relatively scarce. The National Institutes of Health's own site, http://www.nih.gov/, and its National Library of Medicine's MedlinePlus.gov <http://medlineplus.gov/> offer news summaries of the latest research findings, and provide helpful links and guidance for evaluating scientific research in general. But they generally don't evaluate specific studies or compare them with previous findings. And while some leading medical journals offer consumer-friendly versions of their studies and guides for understanding their implications, they haven't heavily promoted such services.

The Journal of the American Medical Association, for example, publishes a JAMA Patient Page online that summarize major studies and can be printed by doctors to give to patients. But to access the articles on their own, patients would have to know to go directly to the jama.ama-assn.org <http://jama.ama-assn.org/> site or find it through a search engine. Catherine D. DeAngelis, JAMA editor in chief, says the journal declined to participate in patientINFORM because it already makes many articles available free to the public and publishes its own summaries of its research.

The Annals of Internal Medicine, the journal of the American College of Physicians, publishes summaries for patients of some papers in each issue. But Christine Laine, a physician who is senior deputy editor of the journal, says that generally, "people just kind of stumble upon them." Her journal is participating in the patientINFORM project in the expectation that it will make it easier for patients to find the information. An American Cancer Society spokesman says that the disease groups will still provide their own editorial interpretations of the Annals studies to provide an "independent voice."

The Annals summaries, available at http://www.annals.org/, typically explain why a study was done, who was studied, the limitations of the studies, what the researchers found, and what the implications are. The journal writes the summaries to a ninth- or 10th-grade reading level, and runs them by a panel of lay reviewers. The summaries often make it clear that the studies don't represent a major change in thinking about a disease or treatment.

"We need to show how a particular study integrates into a greater body of evidence," says Dr. Laine, "and medical journals haven't done a very good job of doing that."

Peter Banks, publisher of American Diabetes Association(http://www.diabetes.org/) consumer publications, says patientINFORM will help his group and others expand their efforts to provide medical news to patients, and put the research in better context. "In many cases we tell them there are no immediate implications for their treatment, because there really aren't that many studies that say a patient should suddenly start doing something differently," he notes.

Though patientINFORM doesn't aim to be a comprehensive guide to all new research, the disease groups say they will choose studies that appear to be of highest interest and relevance to consumers facing decisions about cancer, diabetes or cardiac treatments. The medical journals will have no input in the interpretation of the research.

One example on the American Cancer Society site explains why two recent studies on prostate-cancer treatment in major medical journals that seemed to contradict each other are actually complementary (one found that those who opt for surgery are less likely to die while another suggested that some men can safely skip treatment). The former compared two treatment options while the latter looked at how men fared once they had already chosen a strategy of putting off treatment, known as "watchful waiting."

"For years, patients have been telling us they wish someone would explain to them what a study really means in practical terms," says J. Leonard Lichtenfeld, the American Cancer Society's deputy chief medical officer.

What to Look For
Some questions to ask when reading medical research

Was it a randomized controlled trial? One group receives the new therapy, a control group receives standard treatment or placebo; subjects are randomly assigned

Is the study double blinded? Neither patients nor researchers know who is in which group

Was there a large sample size? The number of subjects

Were subjects followed for a long time? **Source:* patientinform.org <http://patientinform.org/>*
****Sorting Out the Data****
Here are some sites that help interpret the latest medical studies on;-
****TOPIC**:* Cancer* SITE:* http://www.plwc.org/*
*****COMMENT**:* Consumer site of the American Society of Clinical Oncologists; includes reports on latest research from annual medical meeting and online "Ask the Expert" chats.*
****TOPIC**:* Complementary and Alternative Medicine *SITE:* nccam.nih.gov/health <http://nccam.nih.gov/health>*
*****COMMENT**:* Federally funded National Center for Complementary and Alternative Medicine funds research and provides guidelines for evaluating whether to pursue treatments based on studies.*

VIETNAM VETERAN'S DAY COUNCIL

PRESENTS

VIETNAM VETERANS DAY

SUNDAY 21st AUGUST 2005

FEATURING AT 11.00am - SERVICE AT THE CROSS OF SACRIFICE

THEN ON TO THE TORRENS PARADE GROUND

FOR THE

THE 2005 MEN'S HEALTH EXPO

(OVER 30 ORGANISATIONS HELPING MEN)

INCLUDING ABORIGINAL CENTRE FOR INFORMATION AND ARTS SA * ACTIVE AGING * ADELAIDE CENTRAL COMMUNITY HEALTH * ALCOHOLICS ANONYMOUS * ANDROLOGY AUSTRALIA * ARTHRITIS FOUNDATION SA * ARAFMI SA * ASTHMA AUSTRALIA * AUSTRALIAN RED CROSS * CANCER COUNCIL SA * CARER ASSOCIATION SA * CENTRE FOR PHYSICAL ACTIVITY * COTA NATIONAL SENIORS * DEPARTMENT OF VETERANS AFFAIRS * DIABETES CENTRE QEH * DIABETES SA * FOOD SAFETY IN THE HOME * HEART SUPPORT SA * HELPING HAND AGED CARE * HEP C COUNCIL * OSTEOPOROSIS SA * LEGACY * MELANOMA SCREEN SA * MEN'S INFORMATION & SUPPORT CENTRE * NORTH WEST ADELAIDE HEALTH SERVICES * PARTNERS OF VETERANS * PROSTATE CANCER ACTION GROUP * RELATIONSHIPS AUSTRALIA SA * ROYAL AUSTRALIAN REGIMENT ASSOCIATION * RSL * SHINE SA * TPI ASSOCIATION * THE REPATRIATION GENERAL HOSPITAL * VIETNAM VETERANS ASSOCIATION SA * VIETNAM VETERANS FEDERATION SA * VIETNAM VETERANS COUNSELLING SERVICE * SONS & DAUGHTERS WAA * VOLUNTEERS SA

FOLLOWED BY

A FREE CONCERT

‡ STARRING ‡

BITS AND PIECES – EVAN, ANDY AND IRENE – JOHN SCHUMANN – CATHERINE LAMBERT AND HER BAND – THE ROYAL AUSTRALIAN NAVY BAND SA AND HEIDI

» SPECIAL GUEST: JAMES BLUNDELL «

ROCK'n'ROLL DANCERS – THE BOOMERS with EVIVA AND "ELVIS"

HOT FOOD BEER WINE SOFT DRINKS

MEMBERS OF THE PUBLIC WELCOME