

# PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with  
Prostate Cancer Foundation of  
Australia



ABN 26 499 349 142

## NEWSLETTER

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FIND US AT [www.pcagsa.org.au](http://www.pcagsa.org.au)

## AUGUST 2006

### Chairman's Report August 2006

#### Awareness Evenings

##### Clare

Promotion of the event to be held on the 21<sup>st</sup> August is well under way with distribution of flyers and details given to local radio stations. An advertisement will be placed in the Northern Argus for the 9<sup>th</sup> & 16<sup>th</sup> August plus advertisements on local TV in the week preceding the event. Radio interviews will be sought. Speakers will be Dr Kim Pese (visiting urologist to the area), Dr Graham Lyons, Trevor Hunt and Bill Toop as survivors and Coralie Hunt as a carer. We are hoping for a good attendance.

##### Stirling

As previously mentioned our Group is conducting a presentation at Stirling with the support of the Masonic Lodge in the area. The event will be held at the RSL Hall at Stirling on Thursday 12<sup>th</sup> October from 7.00 – 9.30p.m.

Our key speaker will be Dr James Aspinall. Other speakers are not confirmed at this stage.

##### Mount Barker

This presentation also has the support of the Masonic Lodge in the area with a likely date in early/mid November. Dr Chris Switajewski, the urologist who visits the area, has agreed to speak. Further details will be confirmed shortly.

##### Strathalbyn

This presentation will probably take place in February/March 2007. No further information is likely until late this year.

#### **Award Submission**

Receipt of our application has been confirmed with results of the judging known in late September.

#### **Mitcham Prostate Cancer Support Group**

22 attended the July meeting to hear Dr Lloyd Evans give another interesting talk. Lloyd spoke on the changes to medical care over the past 50 years and also the expectations and attitude of today's providers.

The next meeting will be held on Thursday 24<sup>th</sup> August. The speaker will be from the Cancer Council SA with the likely topic being "Services provided by the Cancer Council SA".

#### **Cancer Consumer Advocacy**

A further meeting was held on the 20<sup>th</sup> July at the Cancer Council SA premises to "explore community interest in establishing a voice to advocate on cancer care issues in South Australia".

The key speaker was Ian Roos, Chair of the steering committee of Cancer Voices, Victoria. Ms Stephanie Newell also spoke on "local perspectives".

At the close of the meeting those attending were asked to register interest in being involved in a Cancer Consumer Advocacy Group.

## Prostate Cancer Call-In

The 7<sup>th</sup> Prostate Cancer Call-In will be held at the Cancer Council SA – 202 Greenhill Road Eastwood on the 7<sup>th</sup> September 2006. Prostate cancer volunteers are again asked to assist with packing resources to send out to callers. Anyone interested should contact Chris Hygonnet on 8291 4111 by 21<sup>st</sup> August or email [chygonnet@cancersa.org.au](mailto:chygonnet@cancersa.org.au)

## Bike Ride for Prostate Cancer Research

Geoff Loveday and his son Mark will be embarking on a bike ride to raise funds for prostate cancer research. The ride will be from Adelaide to Coffs Harbour, a distance of 1850 km.

Geoff is receiving support from the ANZ Bank, Super Elliott's Cycles and the Masonic Foundation.

For more information contact Geoff at [glandhjl@aapt.net.au](mailto:glandhjl@aapt.net.au)

Any donations can be forwarded to Geoff Loveday, 33 York Street, Valley View SA 5093. They can either be at 1c per kilometre = \$18.50 or your fixed amount donation.

All cheques are to be made payable to the Masonic Foundation Inc. (Amounts over \$2 are tax deductible).

Therefore if you require a receipt please provide full name and address.

It would be great if members of our various groups could help Geoff and Mark on their way with as many donations as possible.

Jeff Roberts

## MIND MEDICINE

### Fay Burstin

**P**ROFESSOR Avni Sali is the go-to man for patients given bad news.

From the rich and famous - including Rupert Murdoch and Melbourne restaurant identity Donlevy Fitzpatrick - or their loved ones, such as Jana Wendt's father, to cancer sufferers of more humble means, they come in droves seeking a glimmer of hope from the world-leading alternative medicine pioneer.

Cancer patients make up about half of those seeking the expertise of the former head of surgery at Heidelberg hospital, who went on to set up the world's first graduate school of integrative medicine at Swinburne University.

But Prof. Sali's mind/body approach to health is also in constant demand from people with incurable illnesses, such as multiple sclerosis and motor neuron disease, and the chronically ill with diabetes, heart disease, arthritis and hypertension.

Like-minded researchers around the world and government bodies also clamour for his advice.

But Prof Sali, now the founding director of Melbourne's new National Institute of Integrative Medicine, says his healthy, long-living message is quite simple.

A healthy diet, regular exercise, and taking the right supplements are all essential ingredients in his famous three-tier "Ultimate Consultation in Wellness, Anti-Ageing and Illness".

'Of all the things (you can do to improve wellbeing), having a healthy state of mind is the most important' - Professor AVNI SALI

But having a healthy mind by minimising stress is the key. "Of all the things (you can do to improve wellbeing), having a healthy state of mind is the most important," Prof Sali said. "When you feel good, your body works well, but when you feel bad, your body works badly.

"And if you feel good about yourself, you're more likely to look after yourself (by doing things) such as eating well and not smoking."

Being stressed, overworked, anxious or depressed *can* cause cancer, he said. "Tension and stress are the key drivers of illness," he said. "And unless you look after your mind, other therapies, including drugs and a good diet, won't work."

(from Herald Sun, 9/5, p24, Health Watch)

## PROSTATE CANCER PICK-ME-UP

A daily glass of pomegranate juice can hold back prostate cancer and could even prevent men dying of the disease, US scientists have found. One 240ml. glass per day increased the stability period of prostate cancer four-fold, scientists found. The benefits of drinking a glass of pomegranate juice a day are so prominent that men aged 65 to 70 with prostate cancer could prevent the disease from killing them and live a normal life, a study by the University of California suggests. The study comes after previous research into the benefits of the fruit found that its high levels of anti-oxidants are a good defence against some cancers and other diseases. (Sunday Herald Sun 2/7, p18, Sunday Tasmanian 2/7, p7)

# Prof Sali's Ultimate Wellness Consultation

## MIND/BODY

Reduce stress by unloading brain storage, Effective methods include:

Write for 15-20 minutes a day, even if you write about the same emotional stresses over and over, so long as you destroy the paper afterwards

**Talk to others.** Having a confidant can improve life expectancy by up to 25 per cent

Meditate or try other relaxation methods

Do some exercise, especially walking, at least 30 minutes a day. "The magic of exercise lies more in what it does to your mind than what it does to your body because it's a powerful anti-anxiety and antidepressant," Prof Sali said

Go to a movie or a concert. "It's like meditation or a visit to fantasy land where you can forget about your problems for a couple of hours," he said

**Be nice to yourself: get a pet, grow a garden, play some music, go dancing, burn aromatic oils, have a massage, eat dark chocolate.**

Snack on unsalted nuts, yoghurt, dark chocolate

## EAT A HEALTHY DIET

**Aim for food with a low glycaemic index (a food's ability to raise blood sugar levels) such as wholegrains, basmati rice.**

Avoid butter; margarine and vegetable oils. Substitute with Olive oil, avocado and nut or seed spreads such as hummous.

**Eat lots of cruciferous vegetables such as broccoli and leafy greens**

Eat fish every day if possible, especially smaller ones, or take fish oil capsules

**Eat fruit before each meal when you're most hungry, the brighter the colour the better**

Avoid eating red meat more than twice a week

**Don't add salt or sugar to your food**

## SUPPLEMENTS

**The best supplements are those with high doses of vitamins and minerals grouped effectively**

Natural vitamins (not synthetic) work best with vitamin C and Selenium

**Valerian with multiple herbs for sound sleep**

Olive leaf, zinc and vitamin C to fight cold and flu symptoms

**Calcium with vitamin D and magnesium for strong bones**

Ginkgo bilbao, folic acid and vitamin C to enhance memory

*(from Herald Sun, 9/5, p24, Health Watch)*

## Eating fish may help prevent prostate cancer

MANCHESTER, UNITED KINGDOM. Men face a much more dangerous form of prostate cancer if tumor cells from the prostate gland metastasize and migrate and invade other parts of the body, such as bone marrow. New research suggests that oily fish may help prevent this process. It appears that omega-3 fats contained in oily fish can prevent the cancer spreading to bone marrow, a process which may be encouraged by the other major group of polyunsaturated fatty acids - omega-6 fats. Researchers at the Christie Hospital in Manchester found evidence for this effect in laboratory tests, where they showed that omega-3 fats can inhibit invasion by prostate cancer cells, potentially reducing the threat of metastasis. They also found that omega-6 fatty acids, found in vegetable oils, nuts and seeds, increased the risk of tumor cells spreading into bone marrow. This invasion was blocked by omega-3 fats, which are found in oily fish such as salmon, mackerel and tuna.

The researchers believe that cancerous tumors may use omega 6 fats as a high-energy food, enabling rapid growth. Omega-3 fats are known to interfere with the various functions of omega-6 fats, they explain, and this was confirmed by the current findings. This effectively removes the cancer's 'free lunch', a fact that may have clinical importance. Eating a diet with the right balance of omega-3 and omega-6 fats may well help to keep prostate cancer within the prostate gland where it may be monitored safely or more easily treated with surgery or radiotherapy, they conclude, adding that a healthy balance of these two types of fat would be about half as much omega-3 as omega-6.

Many cancers, including breast and prostate cancer, seem to invade bone marrow rather than other parts of the body. If it could be shown that this is influenced by the proportion of different types of fat, then scientists may be able to develop drugs that prevent metastasis.

*Brown, M.D. et al. Promotion of prostatic metastatic migration towards human bone marrow stroma by Omega 6 and its inhibition by Omega 3 PUFAs. British Journal of Cancer, Vol. 94, March 27, 2006. pp. 842-53 (from International Health News)*

## ZOMETA TRIALS AT ROYAL ADELAIDE HOSPITAL

Professor Willis Marshall is conducting a trial at the Royal Adelaide Hospital, which is aimed at investigating the value of a drug called Zometa. Zometa has been shown to be effective in improving quality of life and bone events such as fractures in men with metastatic prostate cancer, which is no longer fully controlled by androgen deprivation therapy. This study is designed to determine if similar benefits can be achieved in men who have metastatic disease, but where the disease is still controlled by androgen deprivation therapy. In essence, it is repeating the earlier studies, but at a time when the disease is still amenable to androgen deprivation.

Men will be randomised to either a treatment arm where they will receive Zometa intravenously, or no treatment until the disease becomes hormone-resistant. All participants will be followed for 3 years to monitor the progress of the disease to determine whether Zometa is having further beneficial effects. It seemed that there may be men known to the PSA group who would be interested in joining this trial, and as I have indicated, the requirements are that they have known spread of the prostate cancer to their bones, but their PSA levels are stable on androgen deprivation therapy. Before entering the men into the trial, we would need to inform their treating doctors to ensure that there would be no disruption to their normal care if they entered the trial.

***For further information please contact the Research Coordinators, Catherine Easterbrook and Olivia Corso on (08) 8222 4438 or alternatively, Professor V.R. Marshall on (08) 8222 5680.***

## LONG TERM RESULTS AFTER PROSTATECTOMY SHOW HIGH SURVIVAL AMONG MEN WITH EARLY PROSTATE CANCER

*After 25 years, nearly 80% of men were still doing well*

WEDNESDAY, July 19 (CancerConsultants.com) -- According to results recently published in the *Journal of Urology*, death from prostate cancer at 25 years after therapy is low following a radical prostatectomy for patients with early prostate cancer.

Researchers from the Virginia Mason Medical Center in Seattle, Washington, and the University of Montreal in Quebec, Canada, recently reviewed long-term data from 787 men with early prostate cancer who underwent a prostatectomy between 1945 and 1994. Overall, nearly 16% also received radiation therapy, and 15% also received chemotherapy.

\*

At 25 years, less than 19% of patients had died from prostate cancer.

\*

At an average of 12 years, 31% developed an increase in prostate specific antigen (PSA) levels; 8.4% experienced a cancer recurrence; 11% experienced a cancer recurrence in distant areas of the body.

The researchers concluded that death from prostate cancer remains minimal among patients with early prostate cancer who underwent a radical prostatectomy. This data includes some of the most long-term data for this group of patients. Patients diagnosed with early prostate cancer may wish to speak with their physician regarding their individual risks and benefits of all treatment options for their disease.

*Reference: Porter C, Kodama K, Gibbons R, et al. 25-Year Prostate Cancer Control and Survival Outcomes: A 40-Year Radical Prostatectomy Single Institution Series. /Journal of Urology/. 2006; 176: 569-574.*

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## Urinals wired for sound (By Tracy Staedter, Discovery News)

If you're a man and the urinal you're standing over is talking to you, one of two things is probably happening: you're really drunk or the owner has installed a talking urinal in the bathroom.

Let's say, for *your* sake, it's the receptacle. Then it must be the Wizmark Urinal Communicator, a waterproof, disposable drain cover embedded with electronics that senses a visitor and then relays an audio message.

The device can be programmed to play anything from beer commercials to public service announcements promoting responsible drinking. "It functions as a point of information and amusement *for* the male visitor," says its inventor Dr Richard Deutsch, a chiropractor and bioengineer, as well as the founder of US company Healthquest Technologies. Deutsch conceived the idea while on a business trip in Washington D.C.

*Can't a man pee in peace? Not in the US, where urinals are broadcasting public health messages*

On a pit stop to an airport toilet, he realised that he was staring down at a drain for about the same length of time as it took to play a commercial.

He worked as an inventor *for* several years to develop and patent a prototype and about one year later was under way with mass production.

### How does it work?

The communicator is a plastic device designed *to* fit over the drain of standard-sized urinals.

*Not* only does the device act as a deodoriser with a disinfectant base, it also contains a proximity sensor that detects someone approaching within about 30 to 60 centimetres. A few seconds after detection flashing lights and a prerecorded audio announcement plays.

The device has a 9 centimetre diameter display area containing a lenticular screen that features multiple images or text that, as the person moves toward the urinal, appear to change from one graphic to the other.

Just in case you are drunk, the Wizmark doesn't want to let you get away without a warning. Aside from advertising, it's being used to tout anti-drink-driving, safe sex, and anti-drug messages.

### Out in the field, erm, the toilet

Safety officials in Nassau County, New York, have already acquired 100 copies of the Wizmark, funded by fines from those caught driving while intoxicated, as part of a pilot program to be distributed free to bars, clubs and restaurants.

"This is perfect for the target audience we try to reach all of the time and have difficulty doing it," says Joanne McGarry, the coordinator of Nassau County's anti-drink driving program.

McGarry is asking participating store-owners to fill out a questionnaire about the Wizmark, to gather information about its usefulness.

Deutsch is also working with various states and their associated health agencies on devices featuring cartoon characters or sports heroes to promote anti-drug messages in schools.

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*The above could only happen in the U.S., couldn't it? What could be more off-putting than to have messages beamed at you, in a moment of concentration?*

*But, then, perhaps it is worth reconsideration. What better place to reach men who should be considering their own health, especially in relation to their prostate health? It appears as though this could be very appropriate time/place to get the message across that it is time to "Be A Man – talk to your doctor about prostate cancer".*

## **FUND RAISING CAN BE FUN (3 VERSIONS)**

The challenge of hitting on a new way of raising funds, for whatever cause, is constantly with us. There must be an unlimited number of organizations out there competing for a new, fun way of raising funds for their cause. Some succeed, and some are flops. As long as it hasn't posed a big risk to the organization, then not much has been lost. On the other hand, if you are not prepared to take risks of any nature, or devote time to planning the event, then it is not likely that you will reach great heights. It is all about originality, risk assessment, promotion, and planning, planning, planning.

Thus, the July campaign conducted by 891 ABC Adelaide entitled "I swear by 891", in aid of Novita Children's Services should be a winner. It has novelty appeal, and obviously has the support of the ABC management, and staff. By fining any person who swears, it even has some worth in making people aware that they probably swear more than they ever knew. They have also introduced another novelty factor in nominating targeted forbidden words and/or phrases each day, and in the final week, fines were doubled in certain periods of the day.

Anyone who listens to the ABC could not possibly miss this campaign. The publicity created by this radio station has been of inestimable value to the cause, and to Novita and the station. I think that this one has been a great example of what can be achieved, and I look forward to hearing how much has been raised by this campaign. Of course, it is very handy to have the support of a radio station, with such a significant amount of free publicity.

*Then, consider the following report from "The Morning Bulletin", (Rockhampton) (4<sup>th</sup> February 2006):*

### **(2) What Does a Man Wear Under His Skirt?**

Dozens of Rocky blokes faced that very dilemma yesterday as they wore skirts to work in protest of fashion double standards. About 50 local businesses got behind "Work in a Skirt Day" – the brain child of SEA FM's morning crew of Daniel "Smithy" Smith and Paul "Blunty" Blunt.

They reacted to a Morning Bulletin article in which journalist Darryn Nufer revealed so-called universal dress rules applied only to men, and if you were female, anything goes when it comes acceptable fashion at work, bars, clubs and restaurants.

Smithy said he was overwhelmed with the response and that all the money raised from the day would go to the Prostate Cancer Foundation of Australia. "We didn't expect to get this much interest," he said. "We're odds-on to hit the \$5,000 mark." *(They raised over \$6,000)*

Jason Alderson was one of three fitting and suspension specialists at Pedders Suspension Rockhampton who braved the wisecracks and wore a skirt to work. He said the air gun had been working overtime. "It's been a battle to keep the skirt down," he said.

Some of the best fundraising efforts were: Department of Natural Resources and Mines (\$1200); Young's Bus Service (\$400); North Rockhampton Special School (\$350); Smart City (\$500); Gladstone Port Authority (\$100); Ergon Energy (\$300); The Morning Bulletin (\$116); G. & L. Dunnett Plasterboards (\$500) and Woolworths Stockland Rockhampton (\$200).

There is no doubt that awareness of prostate cancer in Rockhampton is much higher now. Our Central Queensland Prostate Support & Awareness Group also got some valuable extra publicity out of this event for the services they are providing locally

*In 1993, a bus driver, Mats Lundgren, had his request to work in shorts in the "heat wave" affecting Sweden (25C) turned down. So he showed up for work in a skirt – which was allowed by the company's dress code. "It's even better than shorts. It's unbearable driving a bus in long trousers when the sun is blazing through the windscreen, but with the skirt it feels just great," he told the local Vaesterbottens Folkblad. . (Taken from Queensland Prostate Cancer News, April edition.)*

*Now, that one sounds easy enough, doesn't it? It has the novelty factor, originality, possible future sustainability and sounds quite fun. Then, the following item was obtained from the N.P.C.C. website;-*

### (3) ALWAYS WEAR A FRESH PAIR

On August 9<sup>th</sup>, Freshpair will send dozens of models out into the streets of New York City clad in nothing more than the hottest new styles of men's and women's underwear, to raise funds for the N.P.C.C. and help raise awareness of the importance of screening for prostate cancer.

#### **Freshpair National Underwear Day**

From Marlon Brando rending his undershirt in *Streetcar*, to the sexual revolution, to Helmut Newton's lingerie-clad vamps, underwear<<http://www.freshpair.com>> has come a long way from being coyly referred to as "unmentionables" in American culture. A watershed event was the unveiling of Calvin Klein's giant underwear <<http://www.freshpair.com>> billboard ads in Times Square in the Eighties - a statement of unflinching exposure that almost single-handedly transformed the public's perception of underwear <<http://www.freshpair.com>> from 'necessary undergarment' to a brazen gesture of style and freedom.

In this spirit - and in the spirit of many underwear brand images today - we at Freshpair decided to launch \*National Underwear <<http://www.freshpair.com>> Day\*. Founded in August 2003, \*National Underwear <<http://www.freshpair.com>> Day\* is an event that evokes the care-free attitude of Sixties 'happenings', when free spirits took control of public spaces as venues for their art, their message. Our message at Freshpair is the belief that underwear deserves a lot more recognition than it gets. Americans spend more than \$13 billion on intimate apparel each year and for that kind of money, we feel it is our duty to tell the world. With\*National Underwear <<http://www.freshpair.com>> Day\*, we've taken underwear out of the dresser drawer and into the streets - by sending twenty male and female models out clad only in our finest undergarments.

In the heat of Manhattan summer, our underwear ambassadors wander through heavily-trafficked locales such as Times Square and Penn Station, modeling some of today's hottest brands for unsuspecting - yet pleasantly surprised - shoppers, tourists and die-hard New Yorkers who think they've 'seen it all'...until now. More than just eye candy, our models conducted various surveys on undergarment choices and asked people to sign a petition which urges official recognition of this underwear

<<http://www.freshpair.com>>-honoring day.

On August 9th, National Underwear <<http://www.freshpair.com>> Day will be taking Manhattan by storm for the fourth year in a row. This year will be our biggest and best event yet, with more sponsors, underwear<<http://www.freshpair.com>> giveaways, contests, and surprises. National Underwear <<http://www.freshpair.com>> Day is the day when underwear<<http://www.freshpair.com>> becomes not just the first thing you put on and the last thing you take off, but the most important thing you wear all day.

So, make sure you're wearing a fresh pair. (*from N.P.C.C.*)

### **NO LINK TO DAIRY PRODUCTS**

Australian research has forced Harvard University to back down on surprising claims of a link between dairy products and prostate cancer.

A large scale study by Victorian researchers has disproven the U.S. theory that men who eat more dairy are 11% more vulnerable to the disease. These findings puzzled Cancer Council Victoria researchers who had just completed a study showing no link between them. (*The Advertiser, 31/7, p.14*)

### **OBESITY PREDICTION**

Obesity in a patient could predict whether their prostate cancer will continue to grow following radiotherapy, say researchers in the latest issue of *Cancer*. They found that moderately and severely obese patients had a 99% greater risk of rising blood levels of prostate specific antigen (PSA) - an early sign of the cancer returning - than those in the healthy weight range. Obese patients also had a 66% greater risk of having a prostate tumour come back again or spread to other parts of the body than non-obese patients. Researchers examined the medical records of 873 men with prostate cancer who had undergone surgery and radiotherapy between 1988 and 2001. (*Weekend Australian, 1/7, p27*)

## FATHERS DAY SURVEY: WIVES & DAUGHTERS KEY TO GET DAD TALKING ABOUT PROSTATE CANCER WITH DOCTORS

SANTA MONICA, Calif. June 16, 2006 Men may not listen to women when it comes to directions, but a new national survey shows that they are likely to listen when it comes to their own health.

The Prostate Cancer Foundation/Gillette Men's Health Survey, released just before Father's Day by the Prostate Cancer Foundation and the Gillette Prostate Cancer Challenge and conducted by Lieberman Research Worldwide, shows the critical role women can play to help increase men's awareness of prostate cancer and other major threats to their health.

Almost three-quarters (72 percent) of men said they would be very likely to talk to their doctors about prostate cancer as a result of the urging of the women in their lives, the survey finds. Yet, only half of women (51 percent) believe they have that kind of influence.

"Women don't realize how much influence they have with their husbands on matters of health," said Leslie D. Michelson, CEO of the Prostate Cancer Foundation. "Daughters, wives and partners may be our secret weapons to get men to talk with their doctors about prostate cancer."

Dr. Mary-Ellen Taplin of the Harvard Medical School and the Dana-Farber Cancer Institute agreed. "Many men are uncomfortable with the subject, but the one simple thing men need to do is talk with their doctors about prostate cancer," she said.

One in six men will be diagnosed with prostate cancer, making it the most common non-skin cancer in America and one of the greatest threats to men's health. Most men in the survey (73 percent) say they are concerned about the threat, yet the survey identifies important gaps in men's knowledge of prostate cancer, even in those who are at increased risk for the disease.

Almost one in three men (30 percent) above the age of 50 - the age at which the risk begins to increase rapidly - is mistakenly waiting for symptoms to develop. However, most men experience no symptoms at all in early stages of the disease, when more treatment options are available.

"We're in a race against time," Michelson said. "Baby boomer men are rapidly moving into the target zone for prostate cancer, and both men and women need to appreciate the significance of this disease. This Father's Day, women can show they care for husbands and dads by urging them to have a conversation with their doctors. This new survey suggests that most men will listen."

The survey finds that even men with a family history of cancer, a fact that puts them at greater risk, are reluctant to talk to their doctor about cancer of the prostate or any kind, the survey finds. Of men with a family history of prostate cancer, 1 in 5 men (22 percent) has never discussed his family history with his doctor and 1 in 4 (26 percent) has never discussed his personal risk with his doctor.

The survey also finds that across all groups, basic facts about prostate cancer are not well known:

- \* About a third of those surveyed (36 percent of men, 32 percent of women) believe women can develop prostate cancer. (The prostate is found only in men.)
- \* Nearly three-quarters of those surveyed (71 percent of men, 75 percent of women) believe prostate cancer is less common among men than breast cancer is among women. (In fact, men are one-third more likely to get prostate cancer than women are to get breast cancer)

The Prostate Cancer Foundation and the Gillette Prostate Cancer Challenge have produced an online Father's Day Kit with "Conversation Tips" to help women and men get simple advice about how to talk about prostate cancer. The kit also includes an "Introduction to Prostate Cancer" guide containing a general overview of prostate cancer.



Go to [www.menshealthsurvey.info](http://www.menshealthsurvey.info) <<http://www.menshealthsurvey.info/>> for more information and to download a free Father's Day Kit.

**\*About the survey:\***

The survey was conducted by Lieberman Research Worldwide from May 9-15, 2006. The survey was conducted online among a national sample of 1,572 people. Eligible respondents were men and women between the ages of 25 and 65; the men had not been diagnosed with prostate cancer. Where necessary, data is weighted to reflect U.S. Census levels for age, gender, race/ethnicity and geographic region.

**\*About the Prostate Cancer Foundation:\***

The Prostate Cancer Foundation is the world's largest philanthropic source of support for prostate cancer research and seeks to find better treatments and a cure for recurrent prostate cancer.

**\*About the Gillette Prostate Cancer Challenge:\***

The Gillette Prostate Cancer Challenge helps to increase awareness on topics including risks, prevention strategies, diagnostics and symptoms- and early detection of prostate cancer, especially among high-risk men. They encourage men to know their risks, talk to their doctors and tell their friends. Learn more: [www.gillettepcc.org](http://www.gillettepcc.org) <<http://www.gillettepcc.org/>>.

**\*About Lieberman Research Worldwide:\***

Lieberman Research Worldwide (LRW) is one of the largest research firms, turning insight into impact for clients worldwide. LRW's clients are leaders in a wide range of industries including healthcare, pharmaceuticals, technology, entertainment, automotive, retail, food service, financial services and non-profit. Learn more: [www.lrwonline.com](http://www.lrwonline.com) <<http://www.lrwonline.com/>>.

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## CANCER AND YEW ( by Doctor Jacob Ross)

### Nature and science are combining to fight cancer.

While much of today's cancer research emphasises genetics and hereditary factors linked to the disease, scientists at the Hanson Institute and the University of Adelaide are also looking at the role of proteins - with the help of the new Adelaide Proteomics Centre.

Proteins are the fundamental building blocks of all living cells. Proteomics is the study of the proteins in a cell, tissue or organism.

Only a tiny percentage of the proteins in human cells have been identified. Fewer still have been studied in relation to cancer.

Applying proteomic tools to cancer research will, it is hoped, identify proteins that may serve as indicators of early disease, of responsiveness to therapy or of the likelihood of relapse after treatment. It is also hoped to shorten the cycle from discovery to delivery of anti-cancer medications such as paclitaxel, the poster-child of natural products used in the fight against cancer.

Paclitaxel's story spans nearly 50 years, from 1958 when the U.S. National Cancer Institute (NCI) organised collections of more than 30,000 plants for evaluation as potential sources of anticancer agents. Plants were shipped to chemistry laboratories, where compounds were extracted and evaluated. One plant collected was the Pacific yew, *Taxus brevifolia*, a small understory tree from the Pacific Northwest.

In 1967, an extract from 7kg of twigs, needles and bark was found to reduce tumor size. By 1971, a crystalline derivative of the active compound (named paclitaxel) was analysed by X-ray crystallography, allowing its chemical structure to be solved. This data allows research into the chemical manufacture of paclitaxel.

Yet there was little understanding of how the drug worked until Susan Horwitz, a molecular pharmacologist, discovered that paclitaxel binds to tubulin - a protein crucial for cell division.

Rapidly dividing cancer cells split just like healthy cells, but at an uncontrolled rate. During division, tubulin forms microtubules - a cellular scaffold along which, chromosomes are positioned for distribution into "offspring" cells.

With paclitaxel bound to the tubulin, microtubules cannot rapidly restructure in the way necessary for chromosome positioning.

In essence, paclitaxel slows cell division - an effective treatment for aggressive cancers.

A proteomic study of cancer types has revealed another key to paclitaxel's function. Many cancers have characteristically high levels of the protein Bcl-2 (first found in B-cell leukemias). Bcl-2 is an "anti-death" protein that regulates the lifespan of cells, allowing cancer cells to survive much longer than normal.

Cancers can be screened for levels of Bcl-2, indicating how susceptible they will be to paclitaxel. Cancers with low levels of Bcl-2 are vulnerable, suggesting a method to customise the cancer treatments for individual patients.

While there is still a lot of work to be done, proteomics could lead to an individualised approach to cancer treatment, which has long been a goal of research into cancer therapy.

Although chemical synthesis has been accomplished, it is far from an economical way to produce the drug. Extraction from Pacific yew bark remains the most effective method.

So while cancer is becoming an ever-growing problem, yew trees, the source of one of the most promising anti-tumor drugs in the past 30 years, are disappearing.

Proteomics may offer a shortcut to cancer therapies, allowing us to quickly translate natural anti-cancer compounds into effective drugs as well as diagnose, identify and customise treatment for cancers on an individual basis.

*Dr. Jacob Ross is a C.J. Martin Research Fellow at the Calcium Signalling Research Laboratory at Adelaide University.*

*This article taken from 'The Advertiser', Review section, p.2, March 18, 2006*

## **SAW PALMETTO - NO HELP FOR PROSTATES**

Having prostate problems is one of the blights of male ageing; your stream's weak, you get up during the night and in general it's harder to pass a loo without going in.

And, since no-one wants to have surgery on an enlarged prostate unnecessarily, a herbal medication sounds like a good option and the extract of the saw palmetto berry has been very popular. Several trials have suggested saw palmetto relieves prostate symptoms and it's apparently loved by German urologists even though the active ingredient isn't known.

Well, the love affair's probably over because a well conducted, year-long trial of saw palmetto in men with moderate to severe prostate problems has found that it doesn't work. Nothing they measured from symptoms to size and beyond was different from a placebo.

The reason other trials showed benefit was almost certainly due to major flaws in the studies.

So what are you to do about the dribbles? Well there are medications but be careful about surgery. There isn't good evidence it helps much unless your life's badly disrupted by the problem.

For reference Bent S et al. Saw palmetto for benign prostatic hypertrophy. /New England Journal of Medicine/ <<http://content.nejm.org/>> 2006;354:557-566

## **CLINICAL TRIALS FOR CANCER RUNNING OUT OF VOLUNTEERS**

*by E.J. Mundell | HealthDay News | 07.10.2006*

What if you organized an important cancer clinical trial and nobody came?

That scenario could become a reality for oncology researchers across the United States, new research shows.

Some experts are even advocating that the small pool of informed, willing study participants be rationed to only the most important cancer trials -- leaving other studies to languish or close down.

It's a notion that saddens 38-year-old cancer survivor Rod Quiros, who contracted a potentially deadly lymphoma when he was only 23 but made the decision to enroll in an experimental drug trial. "I don't think I'd be here to tell my story if I had not participated then," he said.

"We really can't do enough to stress how important trials are," said Quiros, a business analyst who lives in Suffern, N.Y. "We may have a wonder drug sitting in

a dark freezer somewhere, but if you can't get enough people to participate in the trials and help advance that, we'll never find out if it works."

Experts say that, for the past few decades, just 5 percent to 10 percent of all cancer patients in the United States have joined a clinical trial. But with the current boom in biotechnology and drug development, the demand for willing, eligible study participants now far outstrips the supply.

In a study reported recently at the annual meeting of the American Society of Clinical Oncology (ASCO), Jennifer Tam-McDevitt and colleagues at the Baltimore-based Geriatric Oncology Consortium tallied up the number of participants needed to complete all 679 active phase I, II and III clinical trials for breast, lung and prostate cancers in the United States.

According to Tam-McDevitt, the nearly 238,000 patients needed to fulfill enrollment and complete these studies "would represent more than /half/ of the total 2005 [cancer] incidence." That's a far cry from the less than 10 percent of cancer patients currently enrolled in U.S. trials, she said.

"Within certain tumors and certain cancers, we really are running out of patients," warned Tam-McDevitt, who is director of scientific development at the consortium.

Why the shortfall? It's certainly not because patients are unwilling to join up, said Dr. Robert Comis, president of the Coalition of Cancer Cooperative Groups (CCCG), which lobbies to increase patient and doctor participation in trials.

His group published its own study at the ASCO meeting. It found that, when informed about a clinical trial by their doctor, 40 percent of cancer patients either enrolled or tried to enroll.

Of those people who did meet eligibility requirements and participated, 96 percent said they "were treated with dignity and respect" during the trial, and 91 percent said they'd recommend participation to a family member or friend with cancer.

Still, the experts said, some cancer patients do misunderstand clinical trials, worrying that they'll be given a placebo "sugar pill" instead of active treatment. That's never the case, however, since these studies typically compare a newer intervention against the current "gold standard" of care available for their disease.

In fact, clinical trials are usually so well-constructed that patients tend to get better care than they would outside the trial setting, experts said. "My treatment was just as good or better than if I was in a regular protocol," said Quiros, who's been cancer-free for several years. "There was a lot of attention and follow-up," he said.

So, why aren't more patients getting that message? The experts agreed that the real roadblock occurs in the doctor's office.

"In the vast majority of cases, the deciding factor for the [participating] patient was that their doctor had recommended they go on the trial," said Dr. Richard L. Schilsky, chairman of ASCO's Cancer Research Committee. "However, what you find is that about 70 percent of patients who are enrolled are enrolled by just 30 percent of participating doctors."

In fact, in the Coalition of Cancer Cooperative Groups' study, Comis' team found that only 10 percent of the nearly 1,800 cancer survivors interviewed said their doctor had mentioned a clinical trial.

According to the experts, oncologists may be reluctant to suggest trials for a variety of reasons.

"Being treated on a protocol makes more demands on patients and doctors than being treated by routine medical care," Schilsky said. Tests are performed more frequently, for example, and must be done at specific times.

Treating a patient through a clinical trial usually means higher costs for the doctor's practice, too. Enrolling a patient in publicly funded trials, especially, can cost doctors money.

"Typically, the government will reimburse about \$2,000 per patient," Schilsky said, "even though we know that it actually costs about a minimum of \$4,000 to \$6,000 to support the infrastructure that's required to enroll patients in clinical trials."

Clinical trials are also heavily burdened with regulation and paperwork. And some doctors worry about litigation, especially for trials focusing on experimental agents.

"When you put all these things together, it explains why only a small proportion of oncologists are actively engaged in clinical trials," Schilsky said. Action at the federal level to ease these barriers could boost doctors' willingness to suggest clinical trials to patients, the experts said.

In the meantime, more drastic measures are being discussed. Tam-McDevitt said her group, which lobbies for more cancer research aimed at elderly patients, is pushing for the creation of a national expert panel that would oversee trial enrollment. In essence, the group would ration out participants to only those studies the experts agreed were especially important.

"I don't know who's going to be able to do this, but there's got to be some line drawn that says, 'These particular trials are really vital to move the science forward,' " Tam-McDevitt explained.

Schilsky agreed that the notion had merit. "We may have to really prioritize carefully what studies are made available to the public, so that only the highest-priority, most important studies are done," he said.

All the experts agreed that cancer patients shouldn't wait for their doctor to mention a clinical trial, but should be pro-active in seeking out what's available.

"Clinical trials should be an option for patients at every point in their oncology care," Schilsky added. "Right from the very beginning of treatment to the 'last-resort' kind of option."

Tam-McDevitt concurred. "I certainly don't advocate that every patient goes on a clinical trial, but I think it's the right of the patient to have that information," she said. "Caregivers, as well, should be involved in the process of finding out whether a clinical trial might be appropriate."

Quiros said joining a trial was certainly the right decision for him. "At the time, I was told that I'd become sterile -- because of my condition, and because of the drugs that were standard then," he said.

But Quiros took a chance on the newer medication. "So, here I am, 15 years later, with a 5-year-old and an 8-year-old," he said.

His only worry now is that a family history of lymphoma might boost his children's risk for the disease. "But," he said, "if they ever have to deal with that, I'd like to think that I contributed to a better treatment for them."

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ABC Home <<http://www.abc.net.au/>> | Radio <<http://www.abc.net.au/radio/>>25 July 2006*

## Study shows prostate cancer vaccine linked to longer survival

A University of California, San Francisco study has found that men with advanced, often untreatable, prostate cancer who received a therapeutic cancer vaccine went on to survive longer than those receiving a placebo.

Study findings showed the vaccine group lived up to an average of four-and-a-half months longer and had a greater than three-fold increase in survival at 36 months when compared to patients in the placebo group.

The double-blind, placebo-controlled phase III clinical trial was conducted to test the efficacy of the vaccine, called sipuleucel-T, in delaying disease progression and prolonging survival in patients with asymptomatic metastatic hormone refractory prostate cancer (HRPC).

Study results showed that the vaccine was well-tolerated by participants. The most common reported adverse effects such as fever and chills were typically mild.

Led by Eric J. Small, MD, UCSF Professor of Medicine and Urology, the study was conducted in collaboration with 19 institutions in the United States and funded by the Dendreon Corporation, a biotechnology company that developed the vaccine.

"This trial is an important milestone in the development of new treatments for prostate cancer patients," said Small. "The potential survival benefit that was observed may offer important benefits to patients and would represent the first time that immunotherapy has provided a survival advantage in prostate cancer."

Sipuleucel-T, known by its product name Provenge, is an investigational immunotherapy vaccine designed to stimulate T-cell immunity to prostatic acid phosphatase, an antigen found in about 95 percent of prostate cancers but not in non-prostate tissue.

A total of 127 patients with asymptomatic metastatic HRPC received three transfusions of sipuleucel-T or placebo every two weeks. Of this group, 115 patients had progressive disease at the time of data analysis and all patients were followed for survival for 36 months.

The study showed that the median overall survival was 25.9 months for sipuleucel-T-treated patients and 21.4 months for placebo-treated patients. After three years, survival was 34 percent for those treated with the vaccine compared to 11 percent for those taking the placebo. The clinical trial did not meet its primary endpoint of demonstrating a statistically significant difference in progression of the disease from diagnosis, according to Small. "We found that the time to disease progression for sipuleucel-T was 11.7 weeks compared to 10.0 weeks for placebo," he said. "This shows the difficulties in using the worsening of the disease as an intermediate marker for overall survival of patients treated with immunotherapy. The study however, suggests that sipuleucel-T may provide a survival. (from [www.virtualmenshealth.com](http://www.virtualmenshealth.com))

### **PROSTATE S.A. MEETING**

A meeting of Prostate S.A. will be held on Thursday 17<sup>th</sup> August, at 6.00p.m., in Flinders Lodge, 27 Dequetteville Terrace, Kent Town.

This meeting will be to introduce Mr. Ray Blight, the inaugural Chairman of the Prostate Cancer Alliance Board which will be the combined PSA Cancer Council entity. He will inform the meeting of the steps to date and the membership of the new board. Professor Gary Wittert of the Department of Medicine at the Adelaide University will talk on the strategies to improve men's health and the Florey Adelaide Men's Health Study.

The meeting is sponsored by Sanofi Aventis, and RSVPs should be sent to Joanne Tryfopoulos , telephone 8222 5680, or [jtryfopo@mail.rah.sa.gov.au](mailto:jtryfopo@mail.rah.sa.gov.au)

## **HORMONE "HOLIDAYS" EFFECTIVE FOR TREATMENT OF ADVANCED PROSTATE CANCER**

*Intermittent hormone therapy can result in fewer side effects while maintaining efficacy*

FRIDAY, July 21 (CancerConsultants.com) -- According to results recently published in the journal /Cancer/, intermittent treatment with hormone therapy may be an acceptable treatment alternative with fewer side effects than standard administration for men with recurrent prostate cancer who have received radiation therapy.

Hormone therapy, or androgen suppression, is designed to block testosterone from stimulating the growth of the hormone-dependent prostate cancer. Hormone therapy is a very effective and commonly used treatment for men with advanced prostate cancer. However, the therapy can result in side effects such as weight gain, loss of bone density and increased risk for bone fractures, loss of sexual desire, fatigue, and low levels of red blood cells.

One concept that is being evaluated to reduce side effects associated with hormone therapy is intermittent hormone therapy (IAS). In IAS hormone therapy is begun and then followed by a break from treatment until prostate specific antigen (PSA) levels rise to a pre-specified level; at this time treatment is resumed. It is also thought that the time off from hormone therapy with IAS may reduce the rate at which patients stop responding to the treatment.

Researchers from Canada recently conducted a clinical study to further evaluate IAS in patients with recurrent prostate cancer. This study included 103 men who were treated with hormone therapy for 36 weeks and were then monitored every four weeks. If PSA levels reached a specific level or the rate of PSA increase reached a specific point, hormone therapy was re-initiated.

- \* There was a decrease in the duration of time a patient received treatment following the first two cycles of hormone therapy.
- \* Patients were off treatment for over half (53%) of the time of the trial.
- \* At the end of the trial, only 2% of deaths were due to prostate cancer.

The researchers concluded that IAS appears to provide an acceptable alternative to standard administration of hormone therapy for recurrent prostate cancer among men who received radiation therapy for an early diagnosis of prostate cancer. Quality of life issues in this trial will be presented at a future date.

Men with recurrent prostate cancer who are to be treated with hormone therapy may wish to speak with their physician regarding their individual risks and benefits of IAS.

*Reference: Bruchovosky N, Klotz L, Crook J, et al. Final results of the Canadian prospective phase II Trial of intermittent androgen suppression for men with biochemical recurrence after radiotherapy for locally advanced prostate cancer. /Cancer/. 2006;107:389-395.*

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### **Have A Laugh**

Working people frequently ask retired people what they do to make their days interesting.

Well, for example, the other day I went into town and went into a shop. I was only in there for about 5 minutes, when I came out there was a cop writing out a parking ticket. I went up to him and said, "Come on man, how about giving a senior citizen a break?" He ignored me and continued writing the ticket. I called him a fascist. He glared at me and started writing another ticket for having worn tyres. So I called him a d\*\*\*head. He finished the second ticket and put it on the windscreen with the first. Then he started writing a third ticket. This went on for about 20 minutes. The more I abused him, the more tickets he wrote

Personally, I didn't care. I came into town by bus. I try to have a little fun each day now that I'm retired. It's important at my age. (Taken from Brisbane P.C. Support Network newsletter)

# FREEMASONS – SHARING THEIR VALUES

*By Ray Nicholson*

Freemasons are opening their doors and their resources to bring their organisation alive with projects for our community. They have many projects underway or in planning to heighten the awareness of men with regards to their health. Their new slogan is 'Men's health - No more secrets'. Freemasonry has always been active in supporting the community and they do that best through the Masonic Homes Inc and the charitable arm of Freemasonry, The Masonic Foundation Inc.

Some of the more public profile areas includes supporting the Cancer Council Inc with sales of merchandise for Daffodil Day raising around \$100,000pa, Trailer Raffles and Christmas Hampers raising some \$30,000pa, annual sponsorship of \$10,000 for Foodbank SA, Charity Drag Race netting \$170,000 for Mary Potter Hospice, the Julian Burton Burns Trust and the Masonic Foundation prostate cancer project. Freemasons were quick to respond to news of the tsunami disaster on Boxing Day 2004. The Masonic Foundation launched an immediate Freemasons appeal raising some \$80,000. But, no sooner had this commenced when the terrifying bushfire ravaged Eyre Peninsula on "Black Tuesday", 11th January 2005. There was an acute shortage of available water and tankers had to travel up to 30 minutes for refills which was a crucial delay in delivery of fire fighting operations. The Freemasons Eyre Peninsula Bushfire Appeal was launched raising some \$90,000 and fourteen 20,000 gallon water tanks have now been installed at strategic locations across Lower Eyre Peninsula for bushfire fighting purposes.

Their latest endeavours involves many projects supporting awareness in men's health and at the Australasian Conference of Grand Masters last year it was resolved to establish a men's health project throughout Australia and New Zealand during October with the slogan Men's Health - No More Secrets. This project will allow Freemasons throughout Australasia to actively participate in this community based promotion by organising public men's health seminars within their area. In Adelaide this Project will be launched at a gala dinner in Adelaide Masonic Centre on Saturday 23rd September 2006. Guest Speaker for this special event will be Dr Manny Noakes, co-author of the best selling "CSIRO's Total Wellbeing Diet", which has taken the nation by storm. Coupled with that will be the Freemason's Art Exhibition during September. There will be a gala Opening Night on Friday 15th, and the Exhibition will be open to the public on 16/17 and 21 to 24th September. The Great Hall of the Adelaide Masonic Centre, North Terrace will be filled with art from around 300 artists including some well known artists like Andris Jansons, Richard Maurovich, Alana Preece and David Taylor along with a large entry of quality aboriginal art from Dreamtime Creations, porcelain works as well as ceramics from East & Fifth. Coupled with the Exhibition will be guided tours of the Masonic Centre. An Information Booth will be provided by Prostate Support Groups throughout the Exhibition.

Other projects undertaken include a beautiful full bodied red rose Father's Love - the Freemasons rose which has been developed exclusively by internationally acclaimed rose specialists Meilland International in France under licence through Corporate Roses in Myponga. It is a hybrid tea medium size bush growing to about 1.5 metres. With every sale a percentage is paid to the Foundation which proceeds go towards men's health promotion and research, with a focus on 'Men's Secret Business - Prostate Cancer'.

The Trailer raffles will be in evidence in some shopping centres and a charity bike ride from Adelaide by Mr Geoff Loveday commencing on 2nd October and finishing in Coffs Harbour some 10 days later will all support the main project."

At the same time ongoing projects will continue including Legacy Appeal, Educational Scholarships, Christmas Hamper distributions and support for those causes which require a helping hand. During October there will be a formal announcement regarding a world first for Freemasonry, the establishment of a Freemasons Research Centre for Men's Health in Adelaide which will require initial funding of some \$150,000 per annum.

Should you require further details please contact Ray Nicholson on 8332 7414

## **FREEING EMOTIONS MAY HELP CANCER PATIENTS**

BEING emotional and letting everyone know you're distressed rather than bottling it up could be the key to keeping cancer in remission.

Adelaide University psycho-neuro-immunology researcher Vikki Knott is hoping to show that "emotion-focused" treatments can improve cancer survival rates through tracking physiological changes in the immune system before and after therapy sessions. "It's about the link between the mind and the body and how your mind state can affect the disease state in the body," Ms Knott said.

"Even though you might not be acknowledging that you're distressed, by going through the process of freeing the cognitive mind you might be freeing the body of distress as well."

By using therapy to reduce distress, Ms Knott hopes to show changes in the immune system, using markers in the blood.

Ms Knott's studies involve taking blood from people in remission prior to "emotional" therapy, compared with a control group not undergoing therapy.

The therapy participants will undergo trials of three emotion-based therapies: writing about living with cancer, meditation and hypnosis.

"When people have the opportunity to express their emotions, this could have a beneficial effect on them and they can have improvements in terms of survival," she said. "People who initially thought they weren't distressed showed physiological signs of distress."

Ms Knott said her study was not based around the "power of positivity", because positive people were often found to be in denial of their illness. She said it was better for patients to be realistic.

Ms Knott is hoping that the success of her study could lead to improved survival rates of stage-one cancer patients in remission. (*@ The Australian 1/8/06*)

## **FALSE BELIEFS AFFECT TREATMENT OF PROSTATE CANCER**

*Those with newly diagnosed localized disease often don't retain information about treatment options, risks, and expected outcomes*

FRIDAY, July 7 (Reuters Health) - Patients newly diagnosed with localized prostate cancer often don't retain information provided by their physicians about treatment options, risks, and expected outcomes, a new study conducted at the University of Colorado at Denver suggests.

Instead, patients are inclined to base their treatment decisions on fear and uncertainty, false impressions, and anecdotes from acquaintances who have been treated for prostate cancer.

To see what factors affect patients' decision-making process, Dr. Thomas D. Denberg and his associates interviewed 20 men with newly diagnosed prostate cancer receiving care from the Denver Veterans Affairs Medical Center. Ages ranged from 54 to 80 years.

As reported in the journal */Cancer/*, regardless of intellectual knowledge of their own clinical condition, most men desired treatment as soon as possible. The patients had unambiguous opinions about prostate removal, which they seemed to equate with the gold standard, against which their decisions were made.

Eight felt surgery was the best option, because they thought it to be the treatment most likely to remove all traces of the cancer. According to Denberg's group, "compared with surgery, other forms of treatment are less immediate, less visible, and more mysterious and indefinite."

Among those who didn't want to have their prostate removed, some of the reasons were based on the belief that surgery and anesthesia is dangerous and possibly deadly, that their recovery would be prolonged and painful, that exposing the tumor to air can cause its spread, and that surgery causes impotence.



Regardless of which option they chose, none of the patients compared side effects of treatments.

Nineteen of the patients were aware of the experiences of acquaintances, and were far more likely to base their treatment decisions on this information rather than their physicians' advice. Nearly half of the subjects independently sought information about the disease, but found it to be confusing and contradictory.

Denberg's group recommends that doctors explicitly describe common misconceptions and correct them. They also advise that they pay greater attention to patients' fears and anecdotal influences.

*SOURCE: /Cancer/, August 2006. Reuters Copyright © 2006 Reuters Limited. All rights reserved. NewsPulse & Newsletter <<http://www.prostatecancerfoundation.org/subscribeNow>>*

## **PROSTATE CANCER SURVIVORS HAVE POSITIVE OUTLOOK**

*Survivors are actually less depressed on average than men their age who never had the disease*

By Anne Harding

WEDNESDAY, June 21 (Reuters Health) - Prostate cancer survivors are generally "happy, hopeful and positive," and are actually less depressed on average than men their age who never had the disease, a new study shows.

"Most people who have cancer have a long and active life in front of them," Dr. Thomas O. Blank of the University of Connecticut in Storrs, the study's co-author and himself a prostate cancer survivor, told Reuters Health. "In fact, most people who have cancer feel as many beneficial and positive things from the experience as they do negatives."

There are currently about 10 million cancer survivors living in the US, Blank noted, and as many as 2 million of them may be prostate cancer survivors. Given that men usually live for years after a prostate cancer diagnosis, he and his colleague Dr. Keith M. Bellizzi of the National Cancer Institute in Bethesda, Maryland note in their report in the journal */Cancer/*, it is important to understand how treatment options, personality and coping strategies will affect their long-term sense of well-being.

While there has been extensive research on health-related quality of life one or two years after prostate cancer treatment, they add, there is less information on psychological quality of life issues or longer-term outcomes.

To investigate, Blank and Bellizzi surveyed 490 one- to eight-year prostate cancer survivors.

Just under 91 percent of the men reported being somewhat or very happy, while their scores on measures of depression were lower than national averages for men of similar ages. The men also showed no long-term traumatic effects of having the disease. There was no association between the type of treatment a man had and his long-term psychological well-being.

The men who were more depressed tended to be those who continued to feel they were affected by the disease, and thus used coping strategies to deal with these feelings.

Men with generally positive outlooks tended to fare better, the researchers found. But this should not be interpreted as meaning that people without such overall positive attitudes will fare worse, Blank said.

"It isn't a kind of Pollyanna-ish, everything always works out fine, the glass is always two-thirds full or something like this -- it's more an 'I can deal with this' kind of optimism," he said.

"Everybody in their lives has been able to be resilient in some circumstances, even if they're generally pessimistic people," Blank added. This is where, he noted, that support groups, counseling and other types of support can be helpful.

*SOURCE: /Cancer/, May 15, 2006. Reuters Copyright © 2006 Reuters Limited. All rights reserved. Prostate Cancer Foundation NewsPulse & Newsletter*

## IMMUNOLOGIC TESTS DETECT HIDDEN PROSTATE CANCER

THURSDAY, June 29 (Reuters Health) - In patients with locally advanced prostate cancer and negative results on lymph node examination, immunochemical testing of the lymph node cells can spot the spread of cancer cells that are not detected at initial tissue examination, a study shows.

Moreover, the presence of hidden prostate cancer cells that have spread (metastasized) to the lymph nodes increases the risk of recurrence and death, the study investigators report in the *Journal of Clinical Oncology*.

Therefore, when hidden lymph node metastases are detected in patients with locally advanced prostate cancer, "our results suggest they should be treated as high-risk patients," advise Dr. Richard J. Cote and colleagues from the University of Southern California in Los Angeles.

They studied 274 patients with locally advanced prostate cancer who underwent surgery to remove the prostate and had cell samples taken from the lymph nodes in the groin, a common site of cancer metastases. Of these patients, 180 were diagnosed with lymph node-negative disease based on the results of routine tissue examination.

A total of 3,914 lymph nodes from the node-negative patients, an average of 21.7 nodes per patient, were then evaluated for hidden metastases using immunochemical methods, which looked for prostate-specific antigen (PSA) and certain antibodies associated with this cancer.

The results revealed hidden tumor cells in 24 patients (13.3 percent), according to the team. Compared with patients without hidden tumor cells in the lymph nodes, the presence of these cells more than doubled the risk of prostate cancer recurrence and mortality.

These findings may have "profound implications" for the early initiation of systemic treatment after prostate cancer surgery in patients with localized prostate cancer and whose lymph nodes appear to be negative using routine tissue analysis, Cote and colleagues conclude.

*SOURCE: Journal of Clinical Oncology, June 20, 2006. Reuters Copyright © 2006 Reuters Limited. All rights reserved. NewsPulse & Newsletter*  
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## BOWEL HARM FROM PROSTATE RADIATION MAY BE LASTING

WEDNESDAY, July 26 (Reuters Health) - Adverse effects on the lower gastrointestinal (GI) tract after radiation therapy for prostate cancer may be more common than previously reported, according to Texas-based researchers -- and the harm may be prolonged.

"Among men treated with radiation for prostate cancer," Dr. Sharon H. Giordano told Reuters Health, "we found higher than expected rates of late GI toxicity which persisted out for at least five years."

As survival rates for prostate cancer increase, side effects of therapies have become more important, Giordano of the University of Texas M. D. Anderson Cancer Center, Houston, and colleagues point out in the medical journal *Cancer*.

The researchers studied data for 57,955 men 65 years of age or older who were treated for prostate cancer. Of these, 24,130 underwent external beam radiation therapy.

After five years, GI diagnoses were present in 51 percent of men who had radiation, compared with 32 percent of men who did not undergo surgery or radiation and 29 percent of those treated with surgery alone. The researchers note that these rates are higher than those reported in previous studies.

In addition to radiation therapy, increasing age, diabetes and hormonal therapy were among factors associated with apparent GI toxicity.

The team concludes that bowel problems, "while rarely serious enough to result in hospitalization, could negatively impact quality of life in prostate cancer survivors."  
*SOURCE: Cancer, July 15, 2006. Prostate Cancer Foundation NewsPulse & Newsletter*

*Newsletter compiled by Trevor Hunt*