PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia

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NEWSLETTER

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JULY 2006

Chairman's Report July 2006

Awareness Evenings

Clare

Flyers have now been forwarded to John Monten, men's health Worker at Lower North Health – Community Health at Clare. John will commence distribution to his many contacts and various other groups in the area. Newspaper, TV and radio promotion will commence later this month.

Stirling & Mount Barker

Following our very successful presentation at Blackwood I was contacted by Peter Robinson from the Blackwood/Stirling Masonic Lodge. I understand their area also includes Mount Barker and Woodside.
Several members of the Lodge attended the evening at Blackwood, were impressed with the format and the information provided and felt they would like to be involved with our group in similar events.
As you are no doubt aware, the Masonic Lodge has been a great supporter of prostate cancer issues and is continuing that support this year. I attended a meeting of their committee and advised we would be delighted to have an involvement with them.
As a result, awareness presentations will be conducted in Stirling in October and Mount Barker in early November 2006. The dates are not definite at this stage as we need to fit in with the availability of urologists. However, I hope these dates can be confirmed shortly.

Strathalbyn

Again as a result of the Blackwood Evening I received a request for our Group to conduct a presentation at Strathalbyn and this is likely to take place in February/March 2007. The original request was for an event in September this year but this would have been difficult to fit in with our other activities. Next year is certainly more suitable to us.

The above details confirm my thoughts that the Blackwood presentation was one of our best. In each case the parties who contacted me commented on the professional way the evening was conducted and **were confident of our ability to arrange the proposed events**.

Award Submission

We have submitted an application to the NAB Volunteer Awards.

PCFA Men's Health Promotion Conference

I have received details from Jo Fairbairn (National Corporate Partnerships & Health Promotions Manager PCFA) of a Men's Health Promotion Conference to be conducted by the PCFA in Melbourne on Saturday12th August 2006. This is the first of what is hoped to be a series of such Conferences to be held throughout the various States.
The Conference is open to the general public and proudly sponsored by Australian Pensioners Insurance Agency (APIA). Andrology Australia has worked in partnership with PCFA for this event.
An excellent range of speakers have been arranged with an international keynote speaker Professor Fred Saad from Canada.
A full list of speakers plus a registration form is listed on our website www.pcagsa.org.au
If anyone is able to attend I am sure they would find this an excellent program.

Mitcham Prostate Cancer Support Group

At the June meeting members viewed an interesting DVD on prostate cancer issues produced by the PCFA. There was time for those present to have a general discussion over a cup/biscuit. 22 people attended.

The next meeting will be held on Thursday 27th July when Dr Lloyd Evans will again speak to us.

Members will remember his previous interesting talk on the Royal Flying Doctor Service of which he is Board member.

On this occasion Lloyd will speak on "Medical care over the last 50 years – its changes from both the clients (patients) view and also the expectations of today's providers".

Jeff Roberts

AUSTRALIA IMPROVES ITS HEALTH RANKING

Australia's international ranking for numerous aspects of health is among the top 10 of the world's developed countries, according to the Australian Institute of Health and Welfare's latest national report card on health, Australia's health 2006.

The report was launched today by the Minister for Health and Ageing, Tony Abbott, at the opening of the 'Australia's health 2006' conference at the Hyatt Hotel in Canberra.

It shows that while we should be pleased with the overall improvements in health, lifestyle-related risk factors such as insufficient physical activity, obesity and Type 2 Diabetes are still a concern. Smoking also remains a public health challenge, and there is still too little evidence that the health of Aboriginal and Torres Strait Islander peoples is improving.

"Australia's health 2006" looks at the health status of the Australian population and the factors that influence it, including health services and expenditure. This edition of the biennial publication also includes a special chapter on the health of Australia's children, and shows that children under 15 years of age are generally much healthier than in previous generations.

'Vaccination rates have improved in recent years and smoking rates halved between 1994 and 2002. However, childhood obesity is still a great cause for concern, as is the increased incidence of diabetes,' said Dr Penny Allbon, Director of the AIHW.

AIHW Medical Advisor and Australia's health 2006 editor Dr Paul Magnus noted that Australia's overall cancer death rates declined by about 14% between 1986 and 2004.

'Australia's smoking rates are already low when compared with other western countries, so with rates continuing to fall, Australia's ranking has improved from the middle third to the best third,' Dr Magnus said.

Australia's international ranking for death rates from coronary heart disease, stroke, lung cancer and transport accidents have also improved markedly.

'There is now much better information in the community about health, and Australia's network of health services has continued to improve, providing prevention, early intervention and better treatment of disease,' Dr Allbon said.

Our international rankings have fallen however, in relation to diabetes(self-reported diabetes more than doubled between 1989-90 and 2004-05) respiratory diseases, and mortality from suicide, even though the overall suicide rate for males in 2004 was the lowest since records began in 1907,' she added.

'The other disturbing fact that continues to pervade the overall health picture is the poorer health of Australia's Indigenous population. Death rates of Indigenous infants remain about 3 times those of other Australian infants, and about 70% of Indigenous Australians die before reaching 65, compared with a little over 20% for other Australians.'

Australia's health 2006 explores many aspects of Australia's complex health system in one volume. It brings statistics together in a way designed to inform policy makers, service providers, consumers and interested citizens alike.

'Overall, the picture that emerges is of a high quality health system serving the bulk of the population well, but under pressure to deliver even more,' Dr Allbon said.

Australia's Health 2006 Highlights:

o Australians continue to live longer. Babies born today can expect to live for over 80 years on average. For females, life expectancy at birth in 2002-2004 was 83 years and for males it was 78 years. (p.17)

o Death rates for cardiovascular disease continue to decline, including heart attack and stroke. (p. 54, 64)

o Australia's overall cancer death rates declined by about 14% between1986 and 2004 and these rates are low when compared with other Western countries.(p.78, 79)

o Despite improvements, cancer is now Australia's leading cause of death among 45-64 year olds and causes more premature deaths and overall disease burden than cardiovascular disease. (p. 52, 131)

o Mental ill health is the leading cause of the non-fatal burden of disease and injury in Australia. Also, it is estimated to have caused about one eighth of the total Australian disease burden in 2003, exceeded only by cancer and cardiovascular disease. (p. 131)

o The prevalence of self-reported diabetes more than doubled between1989-90 and 2004-05. However, between 1997 and 2004, death rates from diabetes were stable for males and fell slightly for females. (p. 70)

o Smoking rates continue to fall, with one in six Australians aged 14 years or over smoking tobacco daily in 2004, compared with seven in 10 men and three in 10 women in the 1950s. (p. 158-9)

o About one in 12 young people aged 12-19 years smoked daily in 2004, more females (9.1%) than males (7.3%). (p. 159-60)

o In 2004, about five in six Australians aged 14 years or over had drunk alcohol in the previous 12 months. About one in 12 had drunk at levels that risked harm in both the short and long term. (p. 167-8)

o The proportion of children under 15 years who are overweight or obese continues to rise, according to state-level data. (p. 272)

o Dementia is the greatest single contributor to the burden of disease due to disability at older ages, as well as the greatest single contributor to the cost of care in residential aged care. It is estimated that in 2004 about 171,000 people aged 65 years or over had dementia. (p. 218)

o A 2004 survey of prison entrants found that their prevalence of hepatitis C was 25 times as high as in the general population. (p. 250)

o About 70% of Indigenous Australians die before reaching 65 years of age, compared with little over 20% for other Australians. (p. 226)

o Death rates of Indigenous infants and children (under 15 years) generally remain about three times those of other Australian infants and children.(p. 278)

o Average per person expenditure on health for Aboriginal and Torres Strait Islander peoples was 18% higher than for other Australians although the general health status of Indigenous peoples was considerably poorer. (p. 291)

o In 2005, one in 17 of all employed people were in health occupations-nearly 570,000 Australians, representing a growth of 26% since 2000. (p. 315)

o According to OECD figures, Australia had higher numbers of general practitioners and nurses relative to population in 2003 than did New Zealand, Canada, the United States and the United Kingdom. (p. 330)

o Health service use has increased by almost any measure: medical services up by 4.4% in just one year; hospital stays up almost 9% in the public sector over the last five years and 30% in the private sector; and pharmaceutical prescriptions up 41% over the latest decade. (p. 344, 356, 361)

o Around 85% of Australians visit a doctor at least once a year, at an average of five GP visits per Australian. However, this includes 4% of people having more than 50 medical services in a year. (p. 342, 343-4)

**Availability:* Check the AIHW Publications Catalogue </publications/index.cfm/title/10321> for availability of /Australia's health 2006/. Australian Government Department of Australian Institute of Health and Welfare Media release * Media releases </mediacentre/index.cfm>*
o 2006 releases </mediacentre/index.cfm/year/2006>

DON'T RUSH PROSTATE SURGERY, RESEARCHERS SAY

Researchers have raised doubts about whether all men diagnosed with prostate cancer should be treated, arguing that "watchful waiting" might be better than surgery or radiotherapy.

The study by the Institute of Cancer Research in Britain found that removing the prostate of men with low-grade cancer was not likely to improve their overall survival and could cause unwanted side-effects such as impotence and incontinence. It found that without treatment, only one per cent of men aged 55-59 diagnosed with low-grade prostate cancer died within 15 years, compared to the 68% of men with high-grade disease who did not have treatment.

Perth urologist, Tom Shannon, said the findings had to be viewed with caution because they were estimates, not results, from a clinical trial. "Patients with low-grade small volume prostate cancer should be looking closely at the treatment options, as radical treatment may not be needed, especially in older men," he said.

Cancer Council WA director of education and research Terry Slevin said it was an important study which helped doctors and men with prostate cancer grapple with the issue of who was more likely to benefit from radical treatment options. "It's important to acknowledge that making the right choice about treatment options for prostate cancer is not easy because the natural and understandable instinct is for men to want any sign of cancer removed from their body," he said. "But this study suggests perhaps more men should consider conservative treatment or watchful waiting, as a viable option." (*West Australian, p12, 26/5)*

SUBSIDISED CITY HOME FOR CANCER SUFFERERS

The Comfort Inn Flinders Lodge at Kent Town will be used as subsidised accommodation for people from the state's regional and remote areas receiving cancer-related care in Adelaide.

The Cancer Council SA has bought the 70 room motel which will double its accommodation service. Services are provided at Greenhill Lodge at Eastwood and Seaview Lodge at Fullarton.

Rural patients' need for accommodation in Adelaide depends on the cancer treatment required and its availability locally. While some surgery and chemotherapy is provided at regional hospitals, radiotherapy services are available only in Adelaide. About 20% of guests who use The Cancer Council's accommodation service are from interstate, mainly Broken Hill, Mildura and the Northern Territory. (*from The Advertiser 22/6, p.24)*

SURGERY MOST COMMON TREATMENT CHOICE

Surgery remains the most common treatment choice of men with prostate cancer, followed by hormone therapy and external beam radiation, according to the National Prostate Cancer Coalition's (NPCC) annual Men's Health Survey of 350 prostate cancer patients. *(New York, 13/6/06, Reuters Health)*

Websites of interest

www.prostatepointers.org/leibowitz/ http://www.virtualmenshealth.com/

Minutes of the National SAC Teleconference: Thursday 15.06.06 :1500 hrs. – 1610 hrs

Chair: David Sandoe Executive Officer (Minutes): John Ramsay

Participants: Pam Sandoe, Con Casey (NSW/ACT), Bill McHugh (Proxy), Don Baumber, Keith Williams (Q'ld/NT), Trevor Hunt (SA), Karen Rendell, Ian Carpenter (WA), Kate Orr (Proxy)

Apologies: Max Shub, Peter Gluth (Vic) John Dowsett, Jennifer Lyall, Judy Lee (Tas) Garry Bowes (SA)Graham Nicholls (NSW/ACT) Andrew Giles (ACT)

[Andrew absent at Mudgee negotiating the raffle of a Whippet Whizzer which could realise the Foundation $100K in funds]

Meeting Opened: 1500 hrs

Item 1: Confirmation of Minutes of the previous National SAC meeting: moved: Karen Rendell second: Con Casey

Item 2: Business Arising

Don Baumber noted the need to refer to Guidelines; Item4 vi … going to meeting next Monday 19 June 2006; Item 5 ii – SAC

Con Casey queried status of ongoing Affiliation review; John advised that documentation was to be forwarded onto Graeme Johnson for comment. In the absence of existing affiliation documentation the re-issuance of pro-forma would be required; the National Snap Shot survey was receiving a steady rate of returns and compliance.

David Sandoe informed that the PSA Statement was endorsed by the PA & E Committee and had progressed for tabling at the National Board meeting on 27 July 2006. Procedurally in would then be released to the National SAC, State SAC's and PCSG's for ratification. Moved: Don Baumber that the statement go forward to the National Board. Second: Con Casey

PCFA Insurance(s): question raised by Con Casey : status clarified by David Sandoe.
Andrew Giles currently in discussions with Graham Torney, brokers and solicitors. Graeme Johnson drafting amending resolution to constitution for next National Board meeting covering insurance(s).

Men's Consumer Health Forum, Melbourne on 12/08 shall not be attracting a PCFA National subsidy.

Don Baumber raised matter of inviting Prof. Ian Olver to address the Melbourne Forum. Proposal agreed by David Sandoe. John shall follow up with Andrew.

Issue of Updates for the Leaders Kit in the form of a Q&A (as foreshadowed by Con Casey) was endorsed. A working party comprising Con Casey, Bill McHugh, and John Ramsay to oversight.

Item 3: State Chapter Reports

A brief overview of reports as submitted by PCAG of SA, SAC NSW Minutes, and Q'ld Chapter Council prior to teleconference was undertaken. Karen Rendell, Ian Carpenter and Kate Orr provided oral reports on respective WA activities; new support groups foreshadowed for Esperance, Margaret River and the Goldfields. Karen and Ian to provide written report. A nil report for Victoria and Tasmania due to illness and/or absences.

David Sandoe sought supplementary items to the written reports.

Bill McHugh : Administrative /Compliance and Governance – established communication and liaison protocol with John and Andrew. Important in view of problems experienced in resolving Q'ld indemnity and insurance issues.

Don Baumber : provided an update on the planning for the Sanctuary Cove Boat Show 2007; throughput of 50K visitors; 450 exhibitors; Jo Fairbairn and Gold Coast collaborating on awareness and health promotion.

Pam Sandoe : overview on the Newcastle launch of 'Be A Man'; Prof Jim Denham, Prof Irena Madjar, (Mater Hospital and Newcastle University); local identities and PCSG representatives from Mater, Great Lakes and Tamworth.

Item 4: Brief Updates

CEO report to be circulated to National SAC

Item 5: Other Matters

Issue of Updates for the Leader's Kit in the form of a Q&A (as foreshadowed by Con Casey) was endorsed. A working party comprising Con Casey and Bill Mc Hugh in liaison with John Ramsay is to review amendments and additions. A plain English format is desirable. Updates due for 2007.

A brief overview on the redevelopment of the PCFA website was provided by John. A new look web site with additional links and enhanced content is being coordinated by Andrew Giles in liaison with a number of outside authorities. It is envisaged that negotiations will be concluded shortly and the new site commissioned.

[Con Casey expressed his opinion that this had been a tardy exercise and had caused anxiety and affected the maintenance of the Lions web site]

Sue Clifford of the Melbourne office was still collecting and collating current support group data for forwarding to Nev Fogg.

[David Sandoe requested that Andrew Giles provide a timeline for the redevelopment and finalisation of the web update]

Trevor Hunt sought clarification on the submission of 2006/07 budget applications. David and Bill advised that the budgetary Process was underway (as per Bills minute)

Meeting concluded at 1610 hrs

CANCER JAB CUTS VISITS

A new drug that may reduce the number of treatments needed by prostate cancer sufferers has been listed on the Pharmaceutical Benefits Scheme.

Eligard, a six-monthly injection, may benefit many of the 20,000 Australian men currently receiving up to 12 injections a year to treat prostate cancer. Eligard is injected as a gel and then forms a solid implant under the skin. The active ingredient, leuprorelin acetate, is then slowly released over six months, blocking testosterone that feeds the cancer.

Having the treatment available on the PBS has taken the price down from about $2000 to between $5 and $10 per injection. *(Herald Sun, 9/6, p.34)*

THE GOOD DROP

Catechins and resveratrol are two of the slightly obscure buzz words doing the rounds of research laboratories and natural health circles at present. They are the goodies found in plants and in abundance in red wine, which are believed to have antioxidant and anti-cancer properties. The medical website, medicinenet.com, reports on the animal studies which suggest that resveratrol can reduce tumour incidence and also has been shown to inhibit the growth of many types of cancer cells in culture in laboratory experiments. The site warns that while these studies are promising, there is no conclusive evidence that drinking red wine can reduce the risk of cancer. On the other hand, there is evidence that alcohol consumption causes cancer. The WA Cancer Council reports that in 2001, 1291 cancer deaths were attributed to alcohol. "It is not just heavy drinking that increases cancer risk. Even drinking small amounts of alcohol increases the risk of these cancers (mouth, throat, oesophagus, liver and breast) and the more you drink the greater the risk," a council spokesman said. (West Australian, p2, 9/5)

TREATMENT: BACKING RADIATION FIRST FOR PROSTATE CANCER PREMATURE

Australian experts say it is too early to consider radiation therapy as a routine first-line treatment for younger men with prostate cancer, despite results showing it is just as effective as surgery (*See article on page 9 of our June newsletter).* US researchers said external beam radiation should be offered to men younger than 55 with low-grade prostate cancer, because it was just as effective as radical prostatectomy. In their study, no significant differences in 5-year survival were seen between younger and older men treated with radiation alone. But Dr. Phillip Katelaris, consultant urologist at the Sydney Adventist Hospital, dismissed the results because the patients were only followed for 5 years, rather than the standard 10 years. For men with life expectancy of 25 to 30 years, surgery was still the first-line treatment. "If you radiate the prostate and the cancer recurs, it is very difficult to perform salvage surgery, but if you perform surgery first and the cancer returns, you can treat it with radiation," he said. *(Medical Observer, p9, 19/5)*

Did you ever notice: The Roman numerals for forty (40) are "XL"

Beer protects your prostate

One of the main ingredients in beer appears to thwart prostate cancer, according to findings released by US researchers.

But you would have to quaff more than 17 pints to imbibe a medically effective dose of xanthohumol, the apparently cancer-fighting antioxidant found in hops, says researcher Emily Ho. "From my studies, you would have to drink an awful lot of beer," says Ho, assistant professor of health and human science at Oregon State University.

"So the counter effects of the alcohol may outweigh any health benefits from drinking beer."

Co-author Fred Stevens of the university's College of Pharmacy, says it's feasible to make pills containing concentrated doses of xanthohumol or to bump up the revel of the chemical in hops.

Scientists in Germany have already brewed up a beer containing ten times as much xanthohumol as found in traditional recipes, Stevens says.

cheers!

The good news is that beer may prevent prostate cancer. The bad news is that you'll destroy your liver if you drink enough to have any effect

The brew is being marketed in Germany as a healthy beer, but any effect on cancer rates is yet to be shown, he says.

Beer and pizza

Richard Atkins, head of the US National Prostate Cancer Coalition, says tomato sauce is also believed to be an effective cancer fighter. This means that beer and pizza could be a winning anti-cancer formula.

"It's every man's dream to hear that beer and pizza can prevent cancer," he says. "But our hope is that men know the facts and get tested for prostate cancer. Food no matter how helpful it may be is not a full preventive for prostate cancer."

While the research regarding xanthohumol is promising, Ho cautions that further study is necessary. "The one caveat is that all our work is done in a laboratory system using cultured cells with purified compounds," she says.

Now for more good news

Meanwhile, a separate study has found that drinking coffee may help prevent the liver disease alcoholic cirrhosis.

The study of more than 125,000 people found that for each cup of coffee they drank per day, participants were 22 % less likely to develop alcoholic cirrhosis.

"These data support the hypothesis that there is an ingredient in coffee that protects against cirrhosis, especially alcoholic cirrhosis," concludes the report from the Kaiser Permanente Medical Care Program in Oakland. The authors said they could not determine whether it was caffeine or another ingredient in coffee which had the protective effect.

The study is published in the American Medical Association's *Archives of Internal Medicine.*

The authors say the findings don't suggest heavy drinkers should rely on coffee to prevent alcoholic cirrhosis. "Even if coffee is protective, the primary approach to reduction of alcoholic cirrhosis is avoidance or cessation of heavy alcohol drinking," they say.

Donations of $2.00 or more, made to the Prostate Cancer Action Group (S.A.) Inc. are now allowable taxation deductions.

How exercise might beat cancer

Martha Kerr Reuters Tuesday, 30 May 2006

The anticancer effects of exercise are due to increases in a protein that blocks cell growth and induces cell death, say Australian researchers. This would slow down runaway cell growth, one of the hallmarks of cancer, the researchers suggest.

But the team, led by Dr Andrew Haydon from Monash Medical School in Melbourne, cannot say how much exercise someone needs to show these effects.

The researchers publish their results in the May issue of the journal *Gut.*

They identified new cases of colorectal cancer in a prospective study of 41,528 adults recruited between 1990 and 1994.

They then looked at baseline body mass index, level of physical activity reported and compared baseline levels of two proteins: insulin-like growth factor binding protein-3, or IGFBP-3, and insulin-like growth factor-I, or IGF-l.

Analyses centered on 443 colon cancer patients followed for more than 5 years.

Among subjects who were physically active, an increase in IGFBP-3 was associated with a 48% reduction in colon cancer-specific deaths. There seemed to be no association with IGF-l.

For the physically inactive, there was no association between IGF-l or IGFBP-3 and colon cancer survival. The researchers conclude that increased levels ofIGFBP-3 with exercise blocks IGF-l 's proliferative effect on cell growth.

IGF-l has been shown to stimulate cell growth, inhibit cell death, and promote angiogenesis, the formation of new blood vessels, which tumors need to grow.

"We did not look at the amount of physical activity needed to reduce colorectal cancer incidence," Haydon points out. "Other studies ... have shown a dose-effect, meaning the more exercise the lower the risk. However, our study did not try to address this issue.

"We were examining the effect of physical activity on one's prognosis following a diagnosis of bowel cancer and the possible mechanisms behind this effect."

For more information about cancer, including fact sheets and where to go *for* counselling, see the Cancer Council Australia website.

MOUNT COMPASS FIELD DAY

It is reported in “the Advertiser” (Sat. 8/7, p49) that the Mount Compass Field Day, usually held in the last week of March each year, will be run in future by the Southern Alexandrina Business Association.

New co-ordinator, Andrew Stewart, said the event would continue to focus on the region’s farming community. With declining crowds, however, some changes to the format are expected. A possible change of venue, extending it to two days, and attracting a larger crowd are among the organiser’s aims.

Members will recall that the 2005 Mt. Compass Field Day was where we “cut our teeth” on our presentations at this type of event, and used it to gauge responses from the public, together with gaining experience about methods of presentation. If it is to be revived, then we may be interested in participating again, especially if it is in a new location.

Finding your feet through rehabilitation from cancer

Jill Margo

When Barry Forwell completed his cancer treatment he was so thin he could see both bones in his forearm, and so wasted he could barely walk 200 metres.

Although his surgery, chemotherapy and radiation therapy were over, he needed more care. Most of all, he needed to be rehabilitated.

Forwen, who turns 54 later this week. is grateful for the medical care he received, but says at the end of it he felt as though he had been "churned out" of the cancer treatment machine and left to struggle back to full health on his own.

He has regained his health and is now using his energy to lobby for rehabilitation to become a standard part of cancer treatment, so that others don't face the same struggle. When people emerge from cancer treatment, there are very few places they can go to prepare themselves for ordinary life again.

The wealthy may go to a spa, a health farm or a private hospital, but the rest have to depend on their families or a support group, if they can find one.

Australia no longer has convalescent homes, where people can grow strong and emotionally process what has just happened to them physically.

"Convalescence is a word that has disappeared from our vocabulary," says Petrea King, a counsellor and cancer survivor herself." We now live in a culture that soldiers on.

"These days people get a few days off for their body but they get no time to rest, eat well, sleep and stare into distance while the experience settles within them."

She runs the Quest for Life Centre in NSW, which, as far as she knows, is the only place that offers this kind of recovery. "We give people practical strategies for living well in challenging circumstances and for finding meaning in the midst of life's unexpected events. We recognise that we can't always change what happens to us but we can play an active role in how we are going to respond to what happens to us."

Her program helps people regain a sense of control over their lives so they can actively participate in their own healing.

While Forwell had total emotional support from his family at home, he desperately needed to be rehabilitated physically.

His bout of bad luck began in 2004 when he was working in project finance at Commonwealth Bank of Australia in Sydney. In August that year he was retrenched and in the process lost his disability and income insurance.

Two weeks later, while still trying to figure out what to do next. he was told that the small lump he'd found on his neck looked worrying. He'd assumed it was a swollen gland from a recent cold but it turned out to be head and neck cancer, based in his tonsils, that had spread through his lymph glands. His hardship was just beginning. Treatment for this cancer is particularly gruelling and his took four months.

"Convalescence is a word that has disappeared from our vocabulary."

During radiotherapy he couldn't drink water without taking morphine, and for weeks he was fed through a tube placed directly into his stomach. The severe radiation burns on his neck had to be dressed three times a day.

Throughout the course of the ordeal, his treatment was discussed at a regular meeting with the multidisciplinary team responsible for him - dentists, speech therapists, dieticians, surgeons, radiation and medical oncologists.

The dental team followed up, but otherwise, he was largely on his own. The resources had all been focused on his cancer, not on the recovery. If he'd done the planning himself, he would at least have had a physiotherapist on the team to take him into recovery.

"Afterwards, I thought I would take it nice and easy, have gentle swims and slow walks. My partner gave me a month's trial membership to a gym to see if I could build myself up.

"Through serendipity I found a great trainer who had done rehabilitation work and he agreed to take me on. He said taking it so slowly was the wrong thing to do because I was burning energy with the exercise [but] not putting any benefit back into my body.

"Recognising I was weak, he wanted me to stress myself and build myself up. Within two months, going to the gym three times a week. I could see a clear improvement. "

Within 12 months he has recovered 10 kilograms of muscle mass. Now Forwell's immediate goal is to knock 15 minutes off the 110 minutes it took him to complete the City to Surf last year.

While he is frustrated at not being back in the workforce yet, he is campaigning for rehabilitation services. through Cancer Voices, an independent peak advocacy organisation that provides a voice for people affected by cancer. Forwell says his call for rehabilitation resonates with people who have had cancer. It is common sense that an exercise therapy program, as part of standard treatment, could bring many benefits.

Apart from building strength and an improved sense of self, the fitter people are, the better their immunity.

He has practical suggestions too: "There needs to be more recognition that people undergoing treatment are in crisis. They shouldn't be expected to have to research the information they need, and locate the support services themselves."

The dozens of brochures that lie around in waiting rooms contain useful information and the relevant ones could be gathered into a folder and given to patients. Forwell says this might sound trivial but it would have helped him.

The cancer experience has changed him in several ways. It concentrated his mind and, for several months, narrowed his focus to one thing - beating the cancer. So far, he is doing it. (*from The Australian, 22/6, p66*)

Take time to meditate, it's good for your heart

Adam Cresswell, Health editor 14junO6

FOR centuries, Indian swamis have told us meditation is good for the soul. Now we know it's good for the heart too - a new study shows it can reduce the factors that lead to heart attack and diabetes.

Previous studies have shown meditation techniques can reduce blood pressure, but the study published in a US journal yesterday shows its benefits for people who have coronary heart disease, or CHD, go further than previously thought.

A clinical trial of transcendental meditation, which is based on ancient Indian Vedic practices, compared the outcomes of two groups of 50 patients with CHD, with an average age of about 67, who were randomly chosen to practise meditation or receive health education.

The study, reported in the Archives of Internal Medicine, followed the participants for 16 weeks and took a variety of health measurements at the beginning and end.

Those who had practised meditation had lower blood pressure and less variable heart rates compared with those in the education group. The meditation group also improved their scores for insulin resistance, a factor that can lead to the development of Type 2 diabetes.

The authors, from the Cedars-Sinai Medical Centre in Los Angeles, said the improvements were made even though the meditation participants did not change their weight, use medication or experience psychological factors that might have had a bearing on the results.

"Our results ... suggest transcendental meditation may modulate response to stress rather than alter the stress itself," the researchers write. *(from The Australian, 14/6)*

ONCOLOGISTS OVER-EMPHASISE THERAPY BENEFITS

Oncologists prefer to report the benefits of chemotherapy in prolonging survival rather than the often adverse effects on quality of life. In 28 trials of treatment for advanced colorectal cancer, 13 had good results for quality of life, or vice versa, but the researchers generally emphasised survival in their discussion and conclusions *(European Journal of Cancer 2006; 42:835-45*). To an oncologist, “palliative” therapy still implied an intention to prolong life, while to palliative care specialists it meant the relief of distress and discomfort in the terminal stages of illness. *(Australian Doctor, p13, 19/5)*

Keep your conscience clear so that when you are insulted, those who speak evil of your conduct ……. will be ashamed of what they say.

Vaccines will curb cancers, not cure them

The first vaccine to prevent cancer will soon be in use. Does this mark a turning point in the treatment of the disease? ***Nigel Hawkes*** *reports* (24junO6)

A DREAM that has inspired cancer researchers for more than a quarter of a century has come true. The first vaccine to prevent cancer has won a licence and will be in use by the end of the year.

The approval by the US Food and Drug Administration (FDA) of Gardasil, a vaccine to prevent cervical cancer, has re-awakened interest in the whole field of cancer vaccines. Gardasil, from pharmaceutical giant Merck, and its rival Cervarix, from GlaxoSmithKline (GSK), will prevent infection by the human papilloma virus, which causes cervical cancer.

They will save thousands of lives every year. Gardasil - based on discoveries by Australian of the Year Ian Frazer and developed by Melbourne-based company CSL which licensed international sales to Merck - could be available in Australia as early as August. True, cervical cancer is a special case, as jt is known to be caused by a virus. Most cancers are not, so simple vaccines to prevent and treat them are less readily devised. But after years of disappointment, hopes are rising that vaccines against a wide range of cancers may prove effective. Is the tide turning? Some eminent people think so.

Last week GSK announced results from a trial of its lung cancer vaccine, which, compared with a placebo, produced a one-third reduction in the chances of cancer recurring after surgery. Lung cancer is one of the toughest cancers to treat, so these results - though not statistically significant" were "very encouraging", GSK said. Bigger trials will follow.

Other straws in the wind include good results in tackling prostate and skin cancers, and non-Hodgkin's lymphoma. If the scale of effort is any guide, cancer researchers and drug companies believe that vaccines can at last make a real contribution. There are more than 100 cancer vaccines in late-stage development from more than 75 companies, and although many will fail, in the next five years about 50 should be 'launched, analysts believe.

Cancer specialists foresee the day when cancer will be "just another disease," not the death sentence that it used to be. There will be cures, but most patients are unlikely to be cured completely. For them, it will be a disease that they live with rather than die from.

Already the number of people in this group is growing fast, partly as a result of earlier diagnosis, partly longer survival. But by 2025 this group will be many times larger as cancer vaccines make it possible to blunt the disease's cutting edge. Unlike Gardasil and Cervarix, most cancer vaccines are designed not to prevent cancer, but to treat it.

The reason cancer can spread is that the immune system is often poor at recognising cancer cells as 'foreign' and attacking them. Essentially, tumour cells appear normal to it and even when an attack is launched, cancer cells can develop ways of "hiding", perhaps by reducing the number of proteins on the cell surface that are normally the targets of antibodies.

The aim of cancer vaccines is to restore or strengthen the immune system's ability to attack cancer cells. The idea is far from new but for many years made little progress. "Twenty years ago, people didn't realise how little they knew about the immunology of cancer," says Jose Lutzky, a researcher at Mount Sinai Medical Centre in Miami Beach. Typically, early results were encouraging but the vaccines failed as soon as large trials were attempted. "The whole field was riddled with high expectations," says one US researcher.

"Then everybody failed." Despite this, the idea remains so attractive that research has continued and is growing. Several different methods are being used. The simplest idea is to combine fragments of a cancer cell with an adjuvant, a material known to provoke the immune system into action - in hope that this will create a much stronger immune response. Another approach is to take specialised white blood cells from the patient" mix them with the cancer cells, then inject them back. Similarly, the idea is that these dendritic cells - the most powerful immune-inducing cells in the body - will help the immune system to recognise and attack the cancer.

Last year the first concrete success for a vaccine using dendritic cells was published. Provenge, made by a Seattle-based company, used dendritic cells taken from prostate cancer patients and engineered them to produce a protein found in about 95 per cent of prostate cancer cells. The trial showed that 34 per cent of men given Provenge, compared with 11 per cent on a placebo, were alive three years after treatment began.

The more aggressive the disease, the more effective it was. The manufacturer, the US biotech group Dendreon, hopes to submit data for approval by the FDA later this year. A different approach is to try to identify proteins that are unique to cancer cells and use them as the basis for a vaccine. One such protein, discovered by researcher Peter Stern at the Paterson Institute for cancer Research in Manchester in the UK, is 5T4, the normal role of which is to help a developing embryo latch on to the mother's womb. He found that cancer cells reactivate this protein as part of their technique for spreading around the body.

Two cancer vaccines have since been made using 5T4. In kidney cancer patients one trial showed that the vaccine doubled the survival time. And in colorectal cancer a second vaccine using 5T4, made by Oxford BioMedica, prevoked a strong immune response and caused tumours to shrink. Yet another approach exploits a molecule called CTLA-4 that regulates the immune response.

By inhibiting CTLA-4, - taking off the immune system's brakes - scientists at the US National Cancer lnstitute managed to shrink tumours in patients with malignant melanoma, a form of skin cancer. They used an antibody to block CTLA-4, accompanied by a cancer vaccine designed to promote the immune response.

In two out of 14 patients the tumours disappeared entirely, in others they shrank, but some patients showed no benefit. Such results are enough to keep scientists encouraged, .but they *are* still a long way from practical products. The hope is that growing understanding of cancer will underpin the efforts to create vaccines and produce much better results.

The optimists include Stern, who says he is confident that cancer vaccines will be on the market in a few years to be used alongside traditional cancer drugs. Louis Weiner of the Fox Chase Cancer Centre in New York, agrees. "We have a lot of tools now," he says, "but we have to learn how to use them properly."

So far it has not really been possible to compare the survival of people given vaccines with survival across the board, because new cancer treatments are always given to those for whom all other treatments have failed. Ethically it would not be justified to take a patient off a treatment, even a poor one, to try an unproved vaccine. A vaccine that cures the disease appears unlikely.

Much more possible is that, along with drugs, vaccines will prolong survival and help turn cancer into a chronic disease. People with cancer may live for years or even decades, as HIV-positive people already do.
The Times (from The Australian, 24/6/06)

CANCER FEARS OVER BEEF

Fears about eating beef from cattle pumped up with growth hormones have been raised by a British government expert.

John Verral said there was alarming evidence it could trigger breast and other cancers, bring forward puberty in girls and increase the risk of genital abnormalities in boys.

Mr. Verral, a member of a government advisory committee, is so concerned that he has defied an official attempt to gag him. He points to a rise in rates of breast and prostate cancer in the U.S., where two-thirds of cattle receive hormones. The EU currently bans their use. (The Advertiser, 4/7, p25)

To laugh often and love much, to win the respect of intelligent persons and the affections of children; to earn the approbation of honest critics and endure the betrayal of false friends; to appreciate beauty; to find the best in others, to give one's self; to leave the world a bit better, whether by a healthy child, a garden patch, or a redeemed social condition; to have played and laughed with enthusiasm and sung with exultation; to know even one life has breathed easier because you have lived – "this is to have succeeded."

Complementing cancer

Sceptics have long scoffed at the role complementary therapy plays in treating cancer, but evidence is mounting that it works. ***Lynnette Hoffman*** *reports* 17junO6

IF you'd asked Scott Stephens's mates six or seven years ago, it's doubtful any would have envisaged the then cabinetmaker as a New Age sort of bloke..

At 23 Stephens was a juicy-steak-loving carnivore who enjoyed a cold stubby after a hard day. But a diagnosis of advanced melanoma followed by multiple operations, bouts of immunotherapy and chemotherapy and three relapses has changed a few things.

Two years ago Stephens began learning the basics of meditation and changing his lifestyle, but it wasn't until about six months later, when the cancer re-emerged in his chest and spread to his pelvis and bowel, that he decided to really get serious.

Today his diet is strictly vegan, all organic, nothing genetically modified, and he doesn't touch alcohol. He meditates for a couple hours a day, exercises daily and practises chi kung, a form of exercise similar to tai chi.

He also attends a support group run by the Gawler Foundation, a not-for-profit organisation that teaches complementary and alternative self-help techniques.

He says the difference has been profound: his outlook has gone from depressed and overly negative to happy and fulfilled. "There is hope, no matter what your doctors say. Having no hope can kill you just as much as cancer can," he says. As for the cancer itself, the tumours have not grown in more than 12 months."

Would his cancer have stabilised on its own? There's no way to know. But a growing segment of the medical community says the evidence supporting such complementary therapies is too compelling to ignore.

Last June a Senate inquiry into services and treatment options for people with cancer recommended complementary self-help programs and activities should be funded under Medicare. It also recommended increased awareness of complementary support services available, as well as funding for research into complementary medicine. As yet the Government has not made a decision on whether it will implement any of the recommendations.

"There is potential for great benefit in complementary therapies," says Tracey O'Brien, an oncologist and head of the Cord and Marrow Transplant Program at Sydney Children's Hospital, Randwick. "We use music, imagination and relaxation as powerful tools to help children and adolescent patients."

Studies confirm that practising meditation or being involved in a support group, for example, can improve quality of life for cancer patients. Other studies have shown improved benefits for patients who incorporate exercise, as well as other lifestyle changes such as stress management, into their treatment.

Integrative medicine in cancer treatment has gained significant support overseas. Nearly every university medical faculty has an integrative component, while in Australia none does - something many of those who made submissions to the inquiry say needs to change.

Even with all the advances in medicine, cancer is still deadly and conventional treatments such as chemotherapy often only have limited effect for many cancers.

That's why advocates of increased government support for complementary therapy say it's imperative that people have access to as much reliable information and as many resources as possible.

"There are complementary and holistic approaches and lifestyle changes cancer patients could be making that they're not being informed about or encouraged to take up," says Craig Hassed, a senior lecturer in general practice at Monash University who specialises in mind-body medicine.

"Studies show that massage, music therapy and meditation can help with pain, anxiety and depression and cancer patients need to know about that. Other areas are not as well researched, but the contentions are that these things can help with survival too.

"As medical practitioners we need to stop thinking that it's some kind of war we're waging with alternative practices. We need to consider what's going to be best for the patients without creating artificial barriers,"

At the most basic level, the healthier a person is the better their chances of beating cancer, according to professor Avni Sali, head of the Graduate School of Integrative Medicine at Swinburne University of Technology and a board member of the Gawler Foundation. "The very least one should do is make the patient as healthy as possible - they have to be very healthy just to cope with the treatment. It's not benign treatment, so the fitter you are the better you can cope with cancer because your defences are going to be working better," Sali says.

So far a number of studies have shown promising results. Some of these provide support for the merits of a healthier diet and better exercise - things that most people would find uncontroversial. But there is growing evidence for slightly more fringe practices too.

Last year a study published in the Journal of the American Medical Association (2005:293(20):2479-86) that tracked almost 3000 women who had been diagnosed with breast cancer found that those who walked three to five hours a week cut their risk of dying by 50 per cent.

In September the Journal of Urology published a study of 93 men who had chosen not to undergo conventional treatment for their prostate cancer (2005;174(3):1065-9). Half underwent an intensive lifestyle program that involved a strict vegan diet, antioxidant supplements, moderate aerobic exercise and stress management techniques, while the other half weren't given any treatment. When researchers measured prostate specific antigen (PSA), an indicator of abnormality in the prostate gland, for the men who had been given the lifestyle intervention, they found it had dropped by an average of 4 per cent. The PSA of the men who were untreated increased by an average of 6 per cent.

Several studies have found benefits to using stress management techniques, including meditation and relaxation therapy.

A critical review of nine research articles and five conference abstracts on meditation in oncology patients (published in Integrative Cancer Therapies 2OO6:5(2):98-108) found consistent benefits, including improved psychological functioning, reduced stress symptoms and enhanced coping and well- being.

When a person is chronically depressed or anxious, changes occur that may actually trigger relapse or interfere with treatment.

These include an increase in the number of genetic mutations, as well an increase in inflammatory chemicals that make it easier for cancer cells to replicate and spread. But meditation has been shown to decrease those inflammatory chemicals, Hassed says.

"Studies on malignant melanoma patients also showed that stress reduction improved immune response, which was associated with reduced recurrence and death rates over six years," he says.

But while all this might sound like a good way to boost your chances, experts say much more research needs to be done to under-stand the full effects of such therapies.

"Scientific validation of complementary and alternative medicine is needed, however, as every therapy has the potential for harm and unexpected interaction," O'Brien says.

To that end, she says, clinical trials by the cancer research organisation Children's Oncology Group are looking at potential benefits of homeopathic remedies to treat some symptoms of certain cancers, as well as to ease chemotherapy side effects. Hassed agrees that without clinical trials to provide solid evidence, caution is needed.

"Lack of information can be dangerous because some therapies -such as shark cartilages or mistletoe" - have only early circumstantial evidence, but there's not evidence to show long-term survival rates will improve. There are legitimate concerns that patients will be given false hope and that therapies that are not supported by evidence will make people potentially vulnerable."

What's more, Hassed says it's essential that patients view these therapies as complementary, rather than as alternatives to conventional medicine: "The best outcomes use all the available therapies that are appropriate," he says. *(from The Australian, 17/6)*

Media release

DISADVANTAGED PEOPLE AT HIGHER RISK FOR ILL HEALTH

Disadvantaged groups experience more severe and more long-term health problems than other Australians, according to a report released jointly by the Queensland University of Technology (QUT) and the Australian Institute of Health and Welfare (AIHW).

The report, /Health Inequalities in Australia: morbidity, health behaviours, risk factors and health services use/, looks at where people live, their income, education and occupation, and finds that being disadvantaged puts people at much higher risk for health problems.

The report found that people living in the most disadvantaged areas visited the G.P. more often than other Australians, but made significantly fewer visits to dentists or medical specialists.

'Disadvantaged women are much less likely than their better-off counterparts to undergo early diagnostic tests for breast or cervical cancer, for example,' said report co-author Dr Gavin Turrell, of QUT's Institute of Health and Biomedical Innovation.

He added that disadvantaged people were more likely to engage in risky health behaviours in general, with exposure to the sun, obesity and smoking just some of the health risk factors examined in the report.

In 2001, girls aged 14 years or under from the lowest income families were almost three times less likely to use sun protection (sunscreen, protective clothing, sunglasses or an umbrella) than their high-income-family counterparts.

In 2001 both men and women working in blue-collar occupations were significantly more likely to be obese, with rates for men 21 % higher than their professional counterparts. Rates for women were 63 % higher.

'Regarding smoking, men and women aged 25 to 64 with no tertiary education were two to three times more likely to smoke than men and women with a university degree.

'Measures to address these significant health inequalities could include improved living and working conditions, community involvement in health initiatives and changing health damaging behaviours,' Dr Turrell said.

Australian Government Department of Australian Institute of Health and Welfare </index.cfm>skip to content <#content>
**Availability:* Check the AIHW Publications Catalogue </publications/index.cfm/title/10272> for availability of the /Health*

WOULD YOU LIKE TO TALK TO OTHER PEOPLE ABOUT PROSTATE CANCER?

- **TO HELP RAISE AWARENESS OF PROSTATE CANCER THROUGHOUT THE SOUTH AUSTRALIAN COMMUNITY**
- **TO HELP MEN UNDERSTAND TO RISKS OF PROSTATE CANCER**
- **TO HELP SOME MEN UNDERSTAND THEIR TREATMENT**
- **TO EXPLAIN HOW PROSTATE CANCER IS DETECTED**
- **TO ASSURE MEN THAT ASSISTANCE IS AVAILABLE WHEN THEY ARE FACED WITH A DIAGNOSIS OF PROSTATE CANCER**

DUE TO INCREASING DEMANDS FOR OUR SERVICES, THE PROSTATE CANCER ACTION GROUP NEEDS MORE MEMBERS TO ASSIST WITH OUR ACTIVITIES, MAINLY OUR FREE PUBLIC PRESENTATIONS. WE ACCEPT MALE AND FEMALE MEMBERSHIP.

IF YOU WOULD LIKE TO JOIN OUR ENTHUSIASTIC AND SUCCESSFUL TEAM, CONTACT JEFF (8277 3424) OR TREVOR (8381 9771)

It's the prostate again – but don't despair!

The question is "should I be tested for prostate cancer?" It is the last thing you want to hear late in the day as you contemplate an over-crowded waiting room.

According to Dr Carole Pinnock from The Australian Prostate Cancer Collaboration (APCC), the temptation to dismiss it without further ado or reach for the pathology pad may be overwhelming.

"However there are good reasons to schedule a time to discuss it further," said Dr Pinnock. "It is critical the patient has sufficient information so they can make an informed decision."

Dr Pinnock said GPs were in a difficult position because:

- We don't have definitive evidence that routine testing will, on balance, reduce prostate cancer mortality. But this may change. Large clinical trial results are due in 2008-10.
- Major clinical practice guidelines all recommend informing the patient of the pros and cons and assisting him to make his own decision.
- Whatever the choice, it may profoundly impact his quality of life.

Dr Pinnock said it was an especially significant issue for rural and low socio-economic status men, whose outcomes were worse than those of their urban or higher socio-economic status counterparts. "Is this due to poor access to care? Later diagnosis? Poorer treatment? Recent Australian studies suggest that all three may play a role[1-3].

"But with the time needed and complexity of the issues, GPs rightly ask if a discussion on the pros and cons is practical. We think so. The Australian Prostate Cancer Collaboration has developed a showcard to guide GPs through the discussion, and a patient fact sheet to go with it. The card includes assistance with interpreting a PSA result."

Dr Pinnock said the easy to use guide could be downloaded at www.cancer.org.au/prostateshowcard

Other evidence-based aids were also available.

On Thursday, 7 September, the APCC is holding a national prostate cancer call-in for men anywhere in Australia who have a question about prostate cancer . Men (or family members) are invited to call The Cancer Council Helpline on 13 11 20 (local call cost) between 6 and 9pm in any state or territory on that day.

Other evidence-based aids

Patient information: Prostate cancer: should I be tested?
http://www.prostatehealth.org.au/v3/html/sheet_1.htm
CDC tools to facilitate shared decision-making for prostate cancer screening:
http://www.cdc.gov/CANCER/prostate/screening/toolkit.htm
Patient decision-aid: http://www.racgp.org.au/afp/downloads/pdf/june2003/20030601patiented1.pdf

CPD? Contact your local Cancer Council 13 11 20 regarding workshops on informed choice for prostate cancer testing using these materials

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C.Pinnock
Education Committee, APCC 30.6.06

Caring **for cancer carers**

A cancer diagnosis can be a devastating experience for the person concerned, but for families and loved one, who later become the primary source of support and care, it can he a stressful, life changing experience.

A new study will explore the individual experiences of these unsung heroes and identify the support services they need.

The three-year project will be led by the Gender. Culture and Health Research Unit at the University of Western Sydney (UWS) in conjunction with the Medical Psychology Research Unit at Sydney University, Westmead Hospital, The Cancer Council NSW and Carers NSW.

The study's chief investigator, Professor Jane Ussher from UWS, said most of the responsibility for day-to-day emotional support and care of cancer patients falls to partners, family members, or friends.

"When you consider that last year alone, almost 85,000 Australians were diagnosed with cancer, the disease has a massive flow-on (effect) throughout the community," Ussher said.

"Supporting and taking care of a loved one diagnosed with cancer is extremely demanding, and can place a heavy burden on the emotional and physical resources of partners, family members and friends.

"Previous research conducted by the project team has indicated that depression and anxiety are widespread among carers, at a more severe level than experienced by cancer patients themselves.

"In addition to the impact this has on the quality of life of carers, this can also affect the quality of care that loved ones are able to provide to cancer patients, so it's important to give these people the support and resources they need to get through these difficult times:'

Ussher says the study will be the first to look at the specific experiences and needs of both male and female cancer carers in Australia.

"A far greater proportion of women than men have contacted a telephone helpline operated by The Cancer Council NSW, and this is an aspect we would like to explore in greater detail" she said.

Both male and female cancer carers from across NSW are encouraged to lake part in the study.

A number of Sydney participants will he invited to take part in one-on-one interviews, where they can elaborate on their experiences.

A range of support services will then he offered to all participants, including group support, online support, one-to-one telephone counselling and workshops, and their effectiveness evaluated.

"We believe that caring for the physical and emotional needs of partners, family members and close friends is an essential part of caring for people with cancer as research has shown that carers' wellbeing may have an (effect) on the patients' wellbeing." Ussher said.

"We hope that by developing a range of innovative intervention programs, we can reduce the distress of carers and help inspire their charges with hope for a brighter future:' (from Nursing Review, May 2006,p. 12)

HEALING THE BODY WITHOUT TOUCH

Preparing to embark on his fourth round of chemotherapy in 17 years, Kelvin Moore heard about pranic healing earlier this year and thought he'd give it a try.

The 58-year-old prospector from Busselton has battled non-Hodgkin's lymphoma for more than a decade and was facing a new challenge in his long illness after doctors diagnosed him six months ago with Hodgkin's disease.

"Going through chemotherapy is a pretty stressful time and I found that pranic healing gave me some empowerment over myself and what I was going through," Mr Moore said

Pranic healing works on the philosophy that the human body is made up of energy centres, or chakras.

When a person becomes sick, stressed or is suffering an emotional trauma, pranic healers believe their energy centres are blocked or out of whack. Pranic healing works to cleanse the chakras and restore positive energy in the body. The word "prana" means vital life force.

The complementary therapy, first developed by Filipino grand master, Choa Kok Sui several decades ago, is gaining popularity in the Western world and is now included at Sir Charles Gairdner Hospital's Brownes Cancer Support Centre in its range of complementary therapy options for cancer patients.

Pranic healing therapist Rae Yorg works with the 11 energy centres in the body to restore balance. She does not need to touch patients, which makes the therapy particularly appealing to some cancer patients who are fed up with being poked and prodded during their treatment and is also beneficial to others battling emotional traumas. such as sexual assault

"Even though the person isn't touched, they often get the sense that they are - quite often people can feel when I am working the energy centres; Mrs. Yorg said.

Pranic healing will not cure cancer but Mrs Yorg said it might help adjust the body's energy levels to help recovery.

"With life-threatening illnesses, energy is not moving properly so the body can't heal itself" she said. "Pranic healing helps the body have a greater chance."

Chemotherapy usually left Mr Moore feeling dreadfully ill and with painful sores in his mouth and lips. After undergoing pranic healing before his last bout of chemotherapy, he didn't develop any sores and left the hospital after five days, instead of 21 days.

"I don't know what it was but it worked for me - I was quite surprised." Mr Moore said. "'It gave me a sense of empowerment that I didn't have before and as a result I've made some changes to my lifestyle and I feel much better for it'"

He said pranic healing helped complement the exceptional care he received from his oncologist and haematologist and he believed the conventional and complementary disciplines gave him the best chance to beat his disease.

The WA Institute of Inner Studies in. Subiaco will run a three-session workshop for cancer patients from May 10. Grand master Choa Kok Sui will visit Perth in June. *(from the Wes Australian, 2/5, p2)*

Newsletter compiled by *Trevor Hunt*