

PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia



ABN 26 499 349 142

NEWSLETTER

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JUNE 2006

Chairman's Report June 2006

Vale Gerry McCreanor

This is our first Newsletter since the death of Gerry McCreanor on May 5th and it is fitting that we should add to the many acknowledgements on his passing. Gerry was the founding President of the Adelaide Support Group and the person mainly responsible for the development of support groups in South Australia.

Gerry spent countless hours giving support and information to men diagnosed with prostate cancer and their families. He was a caring, compassionate man and a great communicator.

I was one who received assistance from him soon after my diagnosis in early 1999. On learning of the existence of a support group I phoned the number and spoke to Gerry. Although I do not remember the exact conversation I do recall it gave me a lift and a more positive approach to my problem. Gerry had that affect on so many with the manner he spoke and the way he conducted the Adelaide Support Group meetings. His valuable representation on many committees should not be overlooked. He will be greatly missed.

Our deepest sympathy to Cynthia and family.

Award Submission

We are in the process of submitting an application to the NAB Volunteer Awards which is due to be lodged by the 28th June.

Awareness Evenings

Blackwood

The Evening conducted on the 10th May at the Blackwood Over 50's Club was a resounding success with 128 in attendance.

Although this was not our largest attendance, I felt it was one of our most successful presentations with a good atmosphere and many questions from the audience.

Dr Peter Sutherland gave an excellent presentation as did Dr Graham Lyons (Diet and Prostate cancer), Dean and Ian in sharing their prostate cancer experiences.

Other Action Group members who attended were kept very busy. Trevor and Bill set up chairs, showed people to seats and assisted to ensure the kitchen duties were completed by the close of the presentation.

A big thank you to Theban, Coralie, Vesna and Pam who served 128 people with refreshments in just over 15 minutes.

In acknowledging a small gift given to him Peter Sutherland made some very complimentary remarks about our Group mentioning, in part, we are the only such Group in Australia conducting a series of awareness presentations and deserved great support.

I would like to mention some attendance figures.

Peter Sutherland has now spoken for our Group on 3 occasions with a total attendance of over 400 at these meetings.

Our last 4 presentations have produced a total audience of 560.

I would like to again acknowledge the support of the City of Mitcham over the past 15 months with Grants and supportive articles in community publications making it possible to conduct 2 events that attracted 300 people.

Many thanks to the CEO (Phillip Huestis) and Staff of the Blackwood Hospital for their distribution of flyers and taking registrations for the Evening.

Thank you to Miles Badcock for printing an article in the May edition of the Blackwood Times.

Our Group should be very pleased with the presentation.

Clare

The Awareness Evening to be held on the 21st August is looming closer. Promotion of the event will commence with flyers to be prepared towards the end of June.

Mount Barker

No further developments at this stage with an evening likely to be held in October 2006.

Mitcham Prostate Cancer Support Group

The May Meeting (Terry Harbour's first as Chairman) proved to be a very successful evening with 35 attending to hear Graeme Goodings (Channel 7 personality) share his cancer experience. Graeme was diagnosed with bowel cancer and his talk emphasized that whatever type of cancer you are faced with many of the emotions and problems are similar and a positive approach is essential. Graeme gave an excellent presentation which was very well received with numerous questions.

The next meeting will be held on Thursday 22nd June when a DVD produced by the PCFA will be shown. It includes well known urologists Dr Phillip Stricker and Dr Tony Costello speaking on prostate cancer issues. I have seen the DVD and can thoroughly recommend it.

For further information visit the link on www.psaadelaide.org

Prostate Cancer Fund Raiser – Hosted by East Terrace Continental Café (ETC).

The fund raiser held at the ETC Café – East Terrace City was part of The Cancer Council SA's Greatest Morning tea. The Action Group was asked to assist and promote prostate cancer. Displays of banners, posters, photos and pamphlets were placed in the Café.

Nick Xenophon MLC unveiled a plaque and members of the Adelaide United Soccer Club attended.

Part of the Café's proceeds for the day went towards research and there was a large barrel set up for donations.

The outcome was very successful with over \$3,500 being raised.

8 Action Group/Support Group members attended.

Fund Raiser for Men's Cancers

The Cancer Council SA has arranged a fund raiser for men's cancers named "Loose Change Day". There will be promotions in Messenger Newspapers, TV and radio.

In the Messenger for the 21st June there will be an envelope where people can place all their accumulated loose change plus extra cash, we hope, and take it to any branch of Bank SA or alternatively lodge on line.

I attended a meeting where this promotion was originally outlined and I must admit I was disappointed at what I considered some negative remarks that led into the start of the promotion.

Jeff Roberts

A NATURAL WEAPON IN THE STRUGGLE AGAINST CANCER

Just as your body would fight to reject transplanted tissue, so scientists believe it can be trained to fight and reject its own cancerous tissue. This is the basis of a groundbreaking treatment for prostate cancer on trial in Brisbane. The idea is that your own immune system can be taught to identify prostate as an invader and then launch an attack against it, wherever it is in the body. To start this process, doctors remove certain cells from your blood, load them up with weapons, and then send them back in to fight the cancer. The weapons are programmed to recognise targets on the prostate cancer cells and go straight for them. If the science is correct and this works, it could eventually lead to a new way of the blood naturally defending itself against prostate cancer, rather than resorting to surgery, radiation, chemotherapy or hormone therapy. This natural treatment, known as therapeutic vaccination, is different to the preventative vaccinations routinely given to infants against measles and mumps. The prostate vaccine is designed to treat prostate cancer that is already present. (*Aust. Financial Review, 27/4, p59*)

RESEARCHERS FIND GENETIC LINK TO PROSTATE CANCER RISK

Gene variant might contribute to higher rates of disease in African American men

Researchers in Iceland have identified a genetic linkage to prostate cancer ? one that might help to explain why African American men are at increased risk for developing the disease. The findings of their study were reported in an online edition of /Nature Genetics/.

One of the simplest ways to look for genetic changes that might present an increased risk of disease is to compare the chromosomes of people with prostate cancer to the chromosomes of people without the disease. Although the presence of a chromosomal

change does not necessarily mean that that change causes the disease, its presence can be an indication of increased risk of developing the disease.

The researchers first identified two gene variants in Icelandic men with prostate cancer. Because these variants were seen with less frequency in Icelandic men without prostate cancer, the researchers suspected that the gene variants were linked to an increased risk of prostate cancer.

Further study demonstrated that similar findings were seen in groups of men of European descent in Sweden and the United States, indicating that these genetic variants are likely associated with prostate cancer in men with European ancestry. In these men, those with both chromosomal changes had the highest risk of developing the disease, while those with only one chromosomal change had a slightly lower risk.

Importantly, when looking at a group of African American men in the United States, the researchers found that the gene variants were nearly twice as common, which they suggest might explain why African American men are 60% more likely to develop prostate cancer as compared to Caucasian men.

As a final point, the researchers noted that the chromosomal changes were found more frequently in men with prostate cancer who had Gleason scores higher than 7 (an indicator of more aggressive disease), suggesting that the changes are associated specifically with more aggressive forms of the disease.

At this time, there is no way to test for these gene variants and no way to determine conclusively whether a man with the gene variants will definitively develop prostate cancer. Nevertheless, results from studies like this one add considerably to the knowledge base about the development of prostate cancer and clearly demonstrate the need for further study in this area.

Source: Amundadottir LT, et al. A common variant associated with prostate cancer in European and African populations. /Nature Genetics/. Published online 7 May 2006.
<http://www.prostatecancerfoundation.org/>

FUND RAISER FOR CANCER RESEARCH

A Venetian Masquerade Black Tie Dinner next month will raise funds to help “unmask the cause and discover the cure” for breast and prostate cancer. The glamorous event supports ground-breaking research being conducted at Queen Elizabeth Hospital, by the likes of Dr. Sally Stephenson, who has already achieved patented results on breast cancer genes. Her latest work has identified a protein found on the outside of cancer cells believed to help them grow and multiply. Dr. Stephenson has also discovered a specific antibody which can target this protein and may be the basis of a future treatment. The fundraiser, featuring a five-star feast and live entertainment, is at the Hyatt Regency on July 2nd. Call 8244 1100 for details. (from *The Sunday Mail*, 11/6, p111)

Wisdom.

If quitters never win, and winners never quit, then who is the fool who said, “Quit while you’re in front?”

Health is merely the slowest possible rate at which to die.

All of us should take a lesson from the weather. It pays no attention to criticism.

PROSTATE CANCER SCREENING MAY NOT BE NEEDED IN OLDER MEN

Study suggests men above age 75 are more likely to die from other causes/

By Steven Reinberg HealthDay Reporter

Elderly men may not benefit from aggressive treatment for prostate cancer, a new study suggests.

Even though prostate cancer can eventually be fatal, it often progresses so slowly that many men -- particularly those over 75 -- are more likely to die from some other disease. And aggressive treatments such as radical prostatectomy or radiation, while eradicating the cancer, can have negative effects on quality of life, including urinary incontinence and impotence.

As a result, aggressive therapy's side effects may not be worthwhile for elderly patients, the researchers said.

"This raises the question: Should we be aggressively looking for prostate cancer in these older men? The answer, I think, is no," said lead researcher Dr. Richard M. Hoffman, an associate professor of medicine at the University of New Mexico Cancer Research and Treatment Center.

There's no evidence there is going to be a significant survival benefit from treatment, Hoffman added. "But we are going to cause complications that are going to affect quality of life," he said.

Conservative treatments -- such as hormone therapy or so-called "watchful waiting" -- may preserve quality of life, but might not be appropriate for aggressive cancer that progresses quickly. Current guidelines suggest that men aged 75 or older may not benefit from screening. But many older men continue to be screened.

For this population-based study, Hoffman and his colleagues followed 465 men aged 75 to 84 who had been diagnosed with localized prostate cancer in 1994 or 1995. One hundred seventy-five men underwent aggressive treatment such as surgery or radiation therapy, while 290 received hormone therapy or no treatment.

The researchers then looked at health-related quality of life and survival two and seven years after the diagnosis. "Men who received aggressive treatment for prostate cancer were much more likely to have problems with urinary incontinence and sexual dysfunction, compared with men who received watchful waiting or hormone treatment," Hoffman said.

Fewer of the men who got aggressive treatment died from the disease, Hoffman said, "but that wasn't statistically significant. Most of the men died from other causes."

The findings appear in the May issue of *The American Journal of Medicine*.

Hoffman said screening and treatment for prostate cancer may be worthwhile for healthy older men who have a life expectancy of 10 to 15 years. "But it's not proven," he said. "People need to understand that if they start down the pathway of looking for prostate cancer, it can lead to aggressive treatment that can cause complications that will negatively affect their quality of life."

Dr. Anthony D'Amico, chief of radiation oncology at Brigham and Women's Hospital, in Boston, said deciding who these study results apply to isn't so simple. "It depends on what kind of man over 75 with what kind of prostate cancer," he said.

Men over 75 who have non-aggressive prostate cancer will often die from something other than prostate cancer, D'Amico said. "But if you have aggressive prostate cancer, I don't think these results apply."

Older men in bad health probably don't need to be treated for prostate cancer if it's non-aggressive, D'Amico said.

Dr. Durado Brooks, director of prostate and colorectal cancers at the American Cancer Society, thinks this study underscores the problem of what to do for older men with prostate cancer. "It raises the question about the value of screening related to the value of treatment," he said.

Another expert thinks healthy older men with aggressive prostate cancer who have a life expectancy of 10 to 15 years should be given the option of aggressive treatment.

"If these patients are willing to accept the potential side effects, the risk of dying from prostate cancer can be reduced," said Dr. Stephen Freedland, an assistant professor of urology and pathology at Duke University.

"For men 75 to 80, there are benefits and risks to treatment," Freedland said. "That's something you need to address with the patient." But treating someone over 80, Freedland agreed, is probably not productive.

SOURCES: Richard M. Hoffman, M.D., M.P.H., associate professor, medicine, University of New Mexico, Albuquerque; Durado Brooks, M.D., director, prostate and colorectal cancers, American Cancer Society, Atlanta; Stephen Freedland, M.D., assistant professor, urology and pathology, Duke University, Durham, N.C.; Anthony D'Amico, M.D., Ph.D, chief, radiation oncology, Brigham and Women's Hospital, Boston; May2006 /The American Journal of Medicine/ Copyright © 2006 ScoutNews LLC <<http://www.healthday.com/>>. All rights reserved. <<http://www.prostatecancerfoundation.org/>>

IMPROVED VERSION OF VITAMIN E KILLS CANCER CELLS

The antioxidant vitamin E is widely used as a nutritional supplement for its health-giving properties. Evidence suggests it may have potent anti-cancer properties, so a team of researchers from Ohio State University investigated how this may occur. They looked at a derivative of vitamin E called Vitamin E succinate, or alpha tocopheryl succinate. It is known to kill cancer cells by triggering the natural process of cell death (apoptosis). The team found that part of the reason it works is by blocking a protein called Bcl-xL, which is found in higher than normal levels in cancer cells, where it prevents the cell from dying. Computer modelling showed that vitamin E succinate disables Bcl-xL by lodging within its structure, causing the cell to die as normal. This action is independent of vitamin E's antioxidant effect, the team showed.

The researchers saw that the vitamin E molecule would fit better inside the protein, and therefore be more effective, if it was slightly adapted and made shorter. Again using computer modelling, they investigated a range of possible changes which could be made to the molecule to anchor it and stabilize it in position. They produced two improved versions and tested them in the laboratory, where they found that the improved molecules were able to kill cancer cells five to ten times more efficiently than the original. Replication among prostate cancer cells was also suppressed, and the new molecules left healthy cells almost completely unaffected. These findings could lead to a potent chemopreventive agent that has both strong anti-cancer and antioxidant properties, report the team. They hope that in future it could be used to help reduce the risk of prostate, colon and other cancers. (Shiau, C.W. et al. Tocopheryl Succinate induces Apoptosis in Prostate Cancer Cells in Part Through Inhibition of Bcl-xL/Bcl-2. Function. The Journal of Biological Chemistry, Vol. 281, April 28 2006, pp. 11819-25, From International Health News, June 2006, p3)

FREE COUNSELLING SERVICE SET UP

A counselling service for cancer sufferers and their families and friends has been set up by the Cancer Council of South Australia. The free service provides a chance for people to discuss the emotional impact cancer has on them and learn ways to cope and manage associated stress.

The move follows a recent survey, Perceptions of Cancer Care, which found 40% of hospital patients and 60% of carers are not offered an opportunity to talk with a counsellor, psychologist or social worker. A social worker and two counsellors are available through the Cancer Council on 13 11 20. (*Sunday Mail*, 28/5, p22)

CLINICAL PRACTICE GUIDELINES FOR THE MANAGEMENT OF ADVANCED PROSTATE CANCER

Dr. Louisa Jones has been appointed as Project Officer. Clinical questions, framing searches and systemic reviews have commenced. Regular sub-committee meetings are being held to progress the question and search base. It is hoped that the project will be accelerated following the next meeting, to be held in Sydney on Monday 19th June.

Acupuncture brings relief to cancer patients

(The Pulse) Compiled by Dr Christine White 22apr06

ACUPUNCTURE remains a controversial pain relief therapy, but a review in the latest issue of The Cochrane Library concludes that it can provide some relief from nausea and vomiting in cancer patients receiving chemotherapy.

The authors examined existing studies in which chemotherapy patients were randomly assigned to receive either genuine or fake acupuncture alongside their normal anti-nausea drugs. They found that electroacupuncture - running an electrical current through the inserted needles - reduced the incidence of vomiting on the first day of chemotherapy, compared to anti-nausea drugs plus fake acupuncture. Acupuncture without electrical stimulation was not effective in reducing nausea and vomiting. Acupressure - pressing with fingertips on acupuncture points - relieved first-day nausea, but did not reduce vomiting. The review concluded that treatment is best given before symptoms start, and that the benefits of electroacupuncture last an average of eight hours.

Cochrane Database Syst Rev 2006;doi:10.1002/14651858.CDO02285.p (The Australian)

CARERS OF CANCER VICTIMS SUFFER TOO

It is obviously horrific to be diagnosed with cancer, but new research suggests that carers – the husbands, wives and children of cancer patients – often suffer just as much as the patient.

“Carers are unsung heroes,” said Jane Usher, of the University of Western Sydney, who is leading a new study on the topic. “They are often vastly more stressed, depressed and anxious than the patients themselves, but often can't say so. They refuse to complain because they think: 'Well, I'm not the one with a life-threatening illness'. They put the person with the cancer first. Nobody really listens to them or asks them how they feel.”

Professor Usher is about to publish research which shows that 21% of cancer carers have “severe anxiety” compared with 10% of the patients. A similar number are depressed. Professor Usher’s team this week received a three-year grant to do more research on cancer carers and find ways to help them. The project, funded by an Australian Research Council grant, will be carried out in conjunction with the Medical Psychology Research Unit at Sydney University, Westmead Hospital, the NSW Cancer Council and Carers NSW. “There is no Australian research in this area and I’m sure, once more carers come forward, we will be able to find out how we can help them,” Professor Usher said.

Beverley Noble cared for her partner, Alfred Glendinning, for two years after he was diagnosed with a range of cancers, including prostate, bowel, lung and, finally a brain tumour.

“I felt it was a privilege to care for him but it was very difficult.” Mrs. Noble said. “Fred was one of life’s larrikins”. Although 85 when he died, “he saw himself as a young man. He would not accept that he was going to die. There was no talk of death or dying.

“I had a great fear of the unknown,” she said. “I didn’t know what was going to happen to the person I loved. I told him, I am here for the long haul, for as long as it takes. There was a lot of physical work involved, helping him in and out of bed. It was an honour to do it, but it was stressful.”

Professor Usher said 85,000 people were last year diagnosed with cancer, so it “has a massive flow-on effect.” She said male and female cancer carers were invited to take part in the study, which involved answering a questionnaire and, possibly, taking part in a one-on-one interview. (*The Australian, 11/1, p2*)

SELENIUM

Given that too little and too much selenium can cause DNA damage in the prostate, Bostwick Labs now offer a SeleniumHealth™ test. The test provides men with an estimate of prostate cancer risk from the level of selenium in their toe nail clippings. If there is a one to one relationship between selenium accumulation in the toe nails and in the prostate, then knowing their level would allow men to increase or decrease their intake of selenium to optimize their risk prostate cancer. Unfortunately, the results of the SELECT study of selenium intake and prostate cancer risk will not be known until 2013. In the meantime, the evidence suggests that moderate supplementation can be effective in reducing risk. (*from Queensland Prostate Cancer News, June 2006*)

A BETTER WAY TO GUAGE PROSTATE CANCER RISK?

Researchers say a multi-factor 'calculator' works better than PSA test

By Alan Mozes HealthDay Reporter

A team of American researchers have developed a "risk calculator" that they say is a better tool for predicting a man's odds of developing prostate cancer than prostate-specific antigen (PSA) blood testing alone.

The calculator -- posted online for use by both patients and physicians-- adds age, race, family history of prostate cancer, prior biopsy findings, and digital rectal exam (DRE) results into the mix alongside PSA levels, to assess a man's risk before having a new biopsy.

"PSA is a very important predictor of cancer, but is only one part of the picture of a man's risk of cancer," explained study author Dr. Ian M. Thompson, professor and chairman of the department of urology at the University of Texas Health Science Center in San Antonio.

His team describe the new screen in the April issue of the Journal of the National Cancer Institute.

According to the American Cancer Society (ACS), prostate cancer is the second leading cancer killer for men. An estimated one in six men will receive a prostate cancer diagnosis in their lifetime, and more than 30,000 Americans currently die of the disease each year.

For healthy men over the age of 50, the ACS now recommends an annual PSA blood test, as well as a digital rectal exam (DRE). The organization advises that men at higher risk -- such as blacks and patients with a history of prostate cancer in their family -- begin such testing at age 45.

While 50 percent of older men now undergo routine screenings, Thompson said his prior work suggests PSA results are more useful when PSA taken in context with other factors. Too often, he said, PSA levels are interpreted as black-and-white indicators of either "normal" or "elevated" risk status. The truth is that rising PSA levels reflect a more graduated increase in cancer risk.

Looking for a more accurate method, Thompson and his colleagues collected data from more than 5,500 healthy men over the age of 55 who had participated in a large-scale prostate cancer prevention trial.

For a period of seven years, all the men underwent annual PSA and DRE testing, and well as having at least one prostate biopsy conducted over the study period. By the study's end, nearly 22 percent of the men went on to develop prostate cancer, and 5 percent developed high-grade disease.

At the seven-year mark, the researchers fed a combination of accumulated data -- biopsy findings, patient age, race, family history of prostate cancer, previous biopsy history, along with PSA levels and DRE results-- into their "statistical risk models."

Thompson's team found that a family history of prostate cancer, or an abnormal result from the PSA or DRE test, were all strongly associated with an increased risk for prostate cancer. Race and age also figured in the equation, with blacks and older men at relatively high risk for prostate cancer.

Having had a prior negative biopsy result was found to be associated with a decreased risk for the disease.

By compiling such patient variables together, the Texas group say they were able to develop a prostate risk calculator that provides better predictive accuracy than an analysis of PSA levels alone.

"This study provides a way to integrate other important risk factors to allow men and their doctors to better understand their risk and make a more intelligent decision whether to proceed with further testing," said Thompson.

But in an accompanying editorial, Dr. H. Ballentine Carter, of the Johns Hopkins School of Medicine, cautioned that the calculator's current design fails to distinguish between slow-growing, cancers and more life-threatening varieties. This, he said, could lead to a rash of unnecessary biopsies.

Robert Smith, director of cancer screening at the American Cancer Society, said the new model has its pros and cons.

"It does not distinguish between significant and not-significant disease, so the calculator provides some help but not enough help," he said. "But it also allows an individual to take their PSA level and actually interpret it in the context of some other information based on the experience of a large number of men, to understand what is the likelihood that they have prostate cancer. So, I think it could actually be useful."

A second study, also published in the April of the same journal, suggests that new prostate cancer treatments currently undergoing clinical trials could be better and more quickly assessed by tracking ongoing changes in a patients' PSA levels, rather than by waiting to tally long-term patient survival.

The team of Columbia University researchers working at New York-Presbyterian Hospital/Columbia in New York City based their conclusions on an analysis of the progress of 551 men undergoing a new treatment for prostate cancer.

They found that a 30 percent drop in PSA levels in the first three months of treatment correlated with a 50 percent drop in their risk of death -- a "surrogate" marker that could be used in placed of the usual endpoint, survival. Use of this marker might mean a treatment's effectiveness could be evaluated much earlier.

The researchers noted that the U.S. Food and Drug Administration currently bases its "endpoint" assessment of a given treatment's success solely on long-term patient survival.

The prostate cancer risk calculator

<<http://www.compass.fhcrc.org/edrnnci/bin/calculator/main.asp>> is available online for use by both patients and physicians. Please note that the risk estimate from the calculator does not reflect an endorsement of either PSA or DRE for screening for prostate cancer.

SOURCES: Ian M. Thompson, M.D., professor and chairman, department of urology, University of Texas Health Science Center, San Antonio; Robert Smith, Ph.D., director, cancer screening, American Cancer Society, Atlanta; April 18, 2006, /Journal of the National Cancer Institute/ Copyright © 2006 ScoutNews LLC <<http://www.healthday.com/>>. All rights reserved. <<http://www.prostatecancerfoundation.org/>>

Prostate Cancer Foundation

<<http://www.prostatecancerfoundation.org/site/pp.asp?c=itIWK2OSG&b=46403>>

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AWARD TO JILL MARGO

Well-known journalist, Jill Margo, who writes the men's health column in The Australian Financial Review has been awarded the honour of a Member of the Order of Australia. Jill has kept us up to date on the latest health issues for men, with a particular interest on prostate cancer. Congratulations, Jill, a well-deserved recognition.

RADIATION THERAPY HELPS YOUNGER MEN WITH PROSTATE CANCER

It benefits them just as much as older men, early study shows

By Randy Dotinga, HealthDay Reporter

A radiation treatment commonly used in prostate cancer patients older than 55 works just as well in younger men with the same level of disease, a preliminary study finds.

The findings aren't yet definitive, and it's not clear if they'll lead to any changes in how prostate cancer is treated generally. But the study results do poke a hole in a common assumption that younger men need more aggressive treatment than older patients, said lead author Dr. Andre Konski, clinical research director of the Radiation Oncology Department at the Fox Chase Cancer Center in Philadelphia.

"Patients need to factor all risks and benefits, but external radiation should be given as a viable option for patients to consider," Konski said.

According to the American Cancer Society (ACS), prostate cancer is the second leading cancer killer for men. An estimated one in six men will receive a prostate cancer diagnosis in their lifetime, and more than 30,000 Americans currently die of the disease each year.

Prostate cancer tends to be more aggressive in younger patients, and doctors often respond with more drastic treatments, such as removal of the prostate.

In the new study, Konski and colleagues looked at how 84 men who underwent external beam radiation treatment for prostate cancer fared five years after their diagnosis.

They compared the outcomes of patients under 55 with those aged 60-69 and those 70 and older. All the men were in similar stages of the disease.

The study findings are expected to appear in the June 15 issue of the journal /Cancer/ and were published online by the journal on Monday.

Konski's team found no statistically significant difference between how men in the three groups were doing at the five-year mark. Ninety-four percent of those in the youngest group were still alive, compared to 95 percent of those 60-69 and 87 percent of those 70 and older.

Also, between 96 percent and 98 percent of the living patients showed no signs of prostate cancer spread.

Konski cautioned that the results don't say anything about younger patients with more aggressive forms of prostate cancer. "They'll have potentially different outcomes," he said.

And he added that the study also doesn't mean that radiation is better than other treatments. However, the research does suggest that "when you have a younger man who has an earlier-stage disease, he would do as well as an older man does," Konski said.

Another expert said the study is still too short to draw definite conclusions. Dr. Durado Brooks, director of prostate cancer for American Cancer Society, noted that it can take a long time for prostate cancer to recur, "and while a five-year follow-up study is encouraging, it's by no means definitive."

As for choices about cancer treatment, "this is just one little piece of the puzzle," Brooks said. "We don't have enough definitive information to say this is the treatment you should choose."

SOURCES: Andre Konski, M.D., clinical research director, Radiation Oncology Department, Fox Chase Cancer Center, Philadelphia; Durado Brooks, M.D., director of prostate cancer, American Cancer Society, Atlanta; June 15, 2006, /Cancer/ Copyright © 2006 ScoutNews LLC <<http://www.healthday.com/>>. All rights reserved. <<http://www.prostatecancerfoundation.org/>>

PSA REMAINS BEST INDICATOR OF PROSTATE CANCER PROGRESSION

A Johns Hopkins study of more than 2,000 men confirms that PSA remains the best measure of the likelihood of cancer recurrence after surgery.

The study also demonstrated that men with high PSA levels prior to radical prostatectomy were significantly more likely to have advanced clinical stages of cancer, evidence of higher grade cancers in surgically removed tissue, and spread of cancer cells beyond the prostate. In addition, increasing PSA was significantly associated with increased risk of cancer recurrence after surgery, even in men with lower PSA levels prior to surgery.

The study looked at 2,312 men who had radical prostatectomies by Patrick C. Walsh at Johns Hopkins between 1992 and 2004. "From our study and others, it is clear that a single PSA value is an extremely useful measure of a patient's risk of progression after surgery," said Dr. Walsh. "However, looking at how quickly the PSA increases over time is likely to be even more informative than a single value." (*Hopkins News for You*, Sept. 05 www.jhint1.net Taken from *Queensland Prostate Cancer News* June 2006)

Testes may be new source of stem cells

Scientists have isolated sperm-producing stem cells from adult mice that have similar properties to embryonic stem cells.

If the same type of cells in humans show similar qualities the German researchers believe the cells could be used in stem cell research. This would remove the ethical dilemma associated with stem cells derived from human embryos.

"These isolated spermatogonial stem cells respond to culture conditions and acquire embryonic stem cell properties," say Professor Gerd Hasenfuss and his colleagues from the Georg-August-University of Gottingen online in the journal *Nature*.

Stem cells are master cells that have the potential to develop into any cell type in the body. If this research applies to humans, scientists might have another source of stem cells.

And some scientists believe they could act as a type of repair system to provide new therapies for illnesses ranging from diabetes to Parkinson's.

But their use is controversial because some scientists say the most promising stem cells for treating human disease are derived from very early human embryos left over from fertility treatments.

In the report Hasenfuss and his team describe how they isolated the sperm-producing stem cells from mice testes.

The cells, which they call multipotent adult germline stem cells, under certain conditions, act like embryonic stem cells.

When the researchers injected the cells into early embryos they found the cells contributed to the development of different organs.

Intriguing, but more work needed

Professor Chris Higgins, the director of the UK's Medical Research Council Clinical Sciences Centre, says the possibility of using the cells as an alternative to embryonic stem cells for therapy is intriguing.

"However, much more research is required before the similarities and differences between these testes cells and embryonic stem cells are understood, and before their potential for use in therapy can be properly assessed," he says.

Dr Stephen Minger, a stem cell biologist at Kings College London, describes the findings as "pretty amazing" but says more research is needed. "We would need to replicate this in humans, just because it works in a mouse doesn't necessarily mean it will also work in people," he says.

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LOOSE CHANGE DAY – FOR MALES, THAT IS.

At a recent information session conducted by Cancer Council S.A.. it was announced that a "new South Australian initiative" is Loose Change Day, which will be held in June and is specifically focused on raising money for men's cancer research and support programs. Channel 7 and FIVEaa will be promoting the event. The Messenger Newspaper is assisting with this fundraiser by providing bags with the newspaper that are simply filled any loose change and taken into your local BankSA branch.

Now, I know that this Group does get assistance from Cancer Council SA, and that is very much appreciated. It has been excellent to have them promoting awareness of the disease in conjunction with this Group. But I was astounded to read of this "initiative" in a summary released by the Cancer Council. Even after reconsidering my original thoughts, this report has all the hallmarks of "Golly, we have forgotten the men. We had better make a token effort to make it look as though we are doing something". It has the indication that men aren't worth much, anyway – "send us your dollars, but men are only worth small change." I am not aware that Cancer Council SA has ever, to this point, made any special effort to raise funds for male-specific cancer research. Certainly, we have seen plenty of efforts to raise funds for breast cancer research. This group has never made an issue of that, nor has it ever drawn attention to the vast imbalance that exists, between the gender-specific cancers. But, there are some males with breast cancer.

However, my first impressions of this new "initiative" were compounded, when I was told, by a reliable source, that the introduction to this topic was prefaced, at the information session, along the lines "We want to do something for men's cancers. But, we don't want to spend much time on it, and we don't want to spend much money on it". So, that is all a man is worth – loose change, and a minimum of time and effort.

For some time, I have known of several men who have suspected that there is not much interest in male-gender cancers at Cancer Council SA. From this announcement, it would appear that there are grounds for such an opinion. As regards prostate cancer, Cancer Council SA has been sheltering behind the Coates doctrine about PSA testing, and that has meant that a low-key, passive approach to prostate cancer has been maintained. It has always been my opinion that Cancer Council SA has personnel there to talk to men, mostly after diagnosis, which is very much akin to applying a Bandaid to the problem- it is most unlikely to cure the disease.

This latest announcement will do nothing to allay those suspicions that I have mentioned. If the report of what was said is accurate, then I find it quite repugnant, demeaning and discriminatory, that men can so easily be dismissed in this manner. Had that comment been made by a male about female cancers, I am sure that all hell would have broken out. The insinuation is that men are second-class citizens and not worthy of much consideration. But, thanks for thinking of us

LIONS TO CONTINUE SUPPORT FOR PROSTATE CANCER

I recently attended the 54th National Convention of Lions Clubs in Australia, held on the Gold Coast.

The 3rd Notice of Motion on the agenda was "That this Multiple District Convention approves the continuation of the Project entitled 'Prostate Cancer Awareness Project' for a further term of 3 years, expiring on the 30th June 2009" I was very pleased to see that the motion was passed unanimously (as best as I can remember, I don't think there was any discussion on the motion).

To date, Lions Clubs have contributed \$160,000 towards the establishment and maintenance of the Lions/APCC website.

In reporting to the Convention, the responsible manager, Ms. Carlene King, introduced the subject with her contribution to prostate cancer humour. Her on-screen cartoon had the punchline "I have entered the snapdragon part of my life – part of me has snapped, and the rest of me is draggin." She also quoted from Carol Pinnock's website report dated February 2006. "We are pleased to report that visits to and recognition of the site has grown over the last 12 months. Activity has grown by 14% and we currently receive about 300,000 hits and 32,000 page-views per month. Australia is the most common source of visitors to the site (3,500 visitor sessions per month) after US (8,700 visitor sessions per month). Ask Andy answers an average of 26 questions per month, 87% from men and 89% from Australians." The website is now 6 years old.

Also at the Convention, a Mr. Nigel Harris (Manager, Fund Raising) from the Mater Hospital Prostate Cancer Foundation gave a presentation on the research being carried out at that institution. He said "Men are not comfortable discussing prostate cancer – other cancers, yes, but not prostate cancer. It threatens the male, because it is dealing with something that is essentially male". He explained the methodology being used in their research, where they are using the natural immune system to fight cancer with dendritic cells, where they take the white blood cells, code them and replace them in the body. He described it as a significant new response to prostate cancer, and likely to lead to better outcomes for future generations.

DAVID and PAM SANDOE RECOGNISED IN QUEENS BIRTHDAY HONOURS LIST

David Sandoe, co-chair of the SAC, Director of the PCFA, Deputy Chair of Cancer Voices NSW and member of several other health-related bodies, including the Sydney Adventist Hospital prostate cancer support group has been awarded an OAM. His citation reads "For service to community health through support for men diagnosed with prostate cancer and their families, and to the insurance industry."

Pam's citation reads "For service to community health through support for men diagnosed with prostate cancer and their families through the Prostate Cancer Foundation of Australia."

Together, they have traveled extensively to visit many support groups, to talk on many aspects of prostate cancer and to create awareness of the disease. David heads up an insurance-related company, and has huge support from Pam as an honorary personal assistant in his extensive voluntary work. Together, they make a quite formidable team. Congratulations to the dynamic duo.

Thalidomide cleared for use as a cancer drug

A US drug company won approval today to use thalidomide to treat patients newly diagnosed with the blood cancer multiple myeloma.

Celgene Corporation's drug Thalomid, known generically as thalidomide, was already being used to treat multiple myeloma but officially was cleared only for use in treating leprosy. Distribution is tightly controlled to prevent pregnant women from taking the drug and risking birth defects, but doctors are free to prescribe it.

About 12,000 Americans were expected to die from multiple myeloma this year, Celgene said. The cancer strikes plasma cells, a type of white blood cell found in many tissues of the body. Average survival after diagnosis is about three to four years.

The Food and Drug Administration approved Thalomid based on studies in combination with the steroid dexamethasone. Thalidomide was pulled off the worldwide market in 1962 after it was linked to severe birth defects.

(Weekend Australian, 26/5/06)

W Bruce Hall Fellowship

Through the W Bruce Hall Fellowship awarded by The Cancer Council South Australia, Dr Andrew Sakko has been given the opportunity to look at ways to further control the growth of prostate cancer.

Andrew works in collaboration with Professor Wayne Tilley and his research group in the Dame Roma Mitchell Laboratories - internationally recognised leaders currently researching the stages of advanced prostate cancer.

The growth of the normal prostate is dependent on the male sex hormone testosterone, which is made by the testes. For men with cancer confined to their prostate, surgery and radiation therapy offer good chance of a cure.



Dr Andrew Sakko

However, approximately 20-30 per cent of men who receive these treatments will eventually relapse and the cancer will grow in a more aggressive form that can occur anywhere in the body. For these men, only currently effective treatment is drug therapy. This is mostly directed at reducing testosterone levels, but it generally ceases to be effective within two to five years, after which there is no effective treatment.

Researchers are therefore investigating other treatment options. One line of research is directed at androgen receptors (AR). Under the direction of Professor Wayne Tilley, researchers at the Dame Roma Mitchell Institute have recently found that in prostate cancer, the AR continues to work even after the testosterone supply has been shut off by conventional drug therapy. Researchers need to understand why this occurs and how to stop the AR effects, if they are to develop better treatments.

In collaboration with a laboratory from the Fred Hutchinson Cancer Research Centre in Seattle in the USA, the team has recently found that 100 per cent of mice with a particular genetic change in their AR gene will eventually develop the most advanced form of prostate cancer.

As part of the Fellowship, Andrew will study the mice in order to define the pathway to advanced cancer. A possible outcome is to devise more effective and long-lasting ways of blocking the action of testosterone, the androgen receptor and the recurrence of prostate cancer following surgery.

Andrew hopes this research will identify and initiate testing of new strategies to control prostate cancer growth, helping many men with aggressive prostate cancer.

"Current therapies can be ineffective and affect the quality of life of many men. My desire is to see a more effective treatment developed that will have fewer debilitating side effects".

The Fellowship was initiated after the passing of Walter Bruce Hall, a former CSIRO statistics and research expert, who held a passion for cancer research. (*From Progress Against Cancer, Winter 2006, Issue 9, published by Cancer Council SA*)

DIET COULD EXPLAIN HEALTH BEBFFITS FROM WINE

Wine is thought to protect people from heart disease and certain cancers, but could it be that what accompanies the wine is equally important? A new study shows that wine drinkers tend to eat healthier food than those who buy beer, possibly accounting for their lower rates of illness. Researchers from the National Institute of Public Health in Denmark analysed 3.5m supermarket transactions. Wine buyers bought more fruit and vegetables, olives, poultry, cooking oil, and low-fat items, whereas beer buyers bought more ready cooked dishes, sugar, butter, high-fat meats and soft drinks. These findings are in line with previous results from the US and France which found that people who drink wine tend to eat more fruit, vegetables, and fish and use more cooking oil and less saturated fat. The researchers conclude that the link between type of alcoholic drink and health could be due other factors such as diet. (Johansen, D et al. Food buying habits of people who buy wine or beer cross sectional study. BMJ, published online 20/1/06. <http://bmj.bmjournals.com/cqi/rapidpdf/bmj.38694.568981.80v1>)

MINUTES OF THE NATIONAL SAC TELECONFERENCE HELD ON THURSDAY 20 APRIL 2006

Acting Chair: Bill McHugh

Executive Officer (Minutes): John Ramsay

Attendees: Bill McHugh, John Ramsay, Con Casey, Peter Gluth, Max Shub, Karen Rendell, Don Baumber, Keith Williams, Trevor Hunt

Apologies: Andrew Giles, David Sandoe, Pam Sandoe, Gary Bowes, Graham Nicholls, John Dowsett

Commenced: 1504hrs

Item 1: Acceptance of the minutes of the previous National SAC meeting.

Keith Williams moved that the minutes of the previous National SAC meeting held on 16 February 2006 be accepted. Don Baumber seconded the motion.

Item (2): Business Arising

(i) Affiliation of incorporated support groups.

Clarification of statutory rules associated with the affiliation of incorporated support groups have yet to be provided by PCFA's solicitors.

PCFA affiliation rules will be revised.

All currently affiliated groups will be invited to re-affiliate under the revised documentation.

(ii) Victorian Chapter SAC Representatives

- Peter Gluth (Prostate Melbourne) and Max Shubb (Prostate Heidleberg) replace

Bob Wilson & Ean Macarthur as the Victorian Chapter representatives.

(iii) PCF A Board representative

Interim Victorian Chapter chairman Peter Gluth has accepted an invitation to sit on PCFA's Victoria Branch board as the Chapter's rep.

(iv) SAC/PCF A PSA position statement.

The final draft of the statement prepared by Bill McHugh, Gary Bowes and Bryan Lowe has been submitted to the PCF A, for their consideration.

Submissions from support group members were received by Bill McHugh and John Ramsay during the drafting stages. PCFA are currently receiving amending submissions of the final draft, for consideration. The final draft statement is embargoed until reviewed by the PCFA Board

(v) Issue of Non Attendees:

NS&A Manager John Ramsay has checked.

John Dowsett has been unwell; Jennifer Lyall absent due to work commitments. NS&A Manager John Ramsay foreshadowed visit to Tasmania. .

(vi) SBS Insight program relating to prostate cancer features Wayne Swan & Prof Alan Coates. Keith Williams can make a video available

Item 3: State Chapter Reports (*reports were distributed prior to the teleconference*)

(i) Don Baumber spoke to the Q'ld report

(ii) Trevor Hunt spoke to the Prostate Cancer Action Group report

(iii) Max Shub spoke briefly on local and state issues for Victoria (*to. prepare and circulate report*) (iv) (iv) Karen. Rendell spoke briefly on local and state issues for W A (*to prepare and circulate report*)

Item 4: Brief Updates

(i) HIFU Presentation DVD

Max Shub advised Dr. Peter Royce's HIFU presentation is available on DVD

DVD available from Jo Fairbairn at PCFA's Melbourne office ph: 03 94268442

(ii) Bill Mc Hugh advised that PCa v/tapes and DVD's are available through the Q'ld Chapter and its affiliates.

(iii) PCFA Insurance cover

Queensland Chapter has queried the extent of application of the PCFA's policies

PCFA and the Queensland Chapter Council's advisors are discussing the issue.

(iv) Don Baumber raised concerns at the non-representative composition of the consumer advisory body to Cancer Australia.

(v) Don Baumber amplified concerns about changes to the Commonwealth grants process, and lack of genuine consumer representation.

(vi) Guidelines on Advanced PCa : NSW Cancer Council / Aust.Cancer Network / NH&MRC ; a report is due shortly.

(vii) Consumers Health Forum of Australia: PCF A is a member organization; Don Baumber and John Ramsay are also members.

(viii) Men's Consumer Health Forum, Melbourne - 12 August 2006

Jo Fairbairn from PCFA's Melbourne office is organizing the forum. Further information is available from Jo Fairbairn on jfairbairn@prostate.org.au tel:03 94196222.

The forum will coincide with Prof. Tony Costello's PCa Masterclasses conference featuring Dr. Patrick Walsh (nerve sparing technique pioneer)

(ix) Movember 2007 : PCFA still in negotiations with Movember Group; foreshadowed lineup with Beyond Blue

Item 5 : Other Matter

(i) Volunteers: PCFA currently developing policy on use of volunteers and recruitment/screening process.

(ii) 2006 National S&A Conference.

- The conference will be held in Sydney in October to coincide with the Australian Prostate Collaboration's annual

conference to be held at the Garvan Institute.

- Requests were made for inclusion in the program of Q&A sessions with (a) a PCFA Board rep. and (b) medical experts (eg Urologist / Oncologist / Uropathologist).

(iii) NS&A Manager

(iv) Group Leaders Kit - additional information

Con pointed out that clarifications of certain issues and many decisions made since the inception of SAC are contained in minutes of meetings which, for practical purposes, are not readily available for new affiliates.

Such items include but not limited to PSA screening/testing v awareness priorities,

PCFA's position on screening (now being reviewed), support groups relationship with PCFA, the purpose of SAC, SAC governance rules, etc etc.

Con to provided samples of suggested Q&A for inclusion in the Group Leaders Kit, as a base for further discussion, and circulate to SAC members. Teleconference closed: 1615hrs.

Prostate 'may not need surgery'

From correspondents in London 26may06

MOST men diagnosed with low-grade prostate cancer may not need radical treatments such as surgery or radiotherapy, which can have serious side effects, British researchers said today.

A modelling study by scientists at the Institute of Cancer Research in England has shown that men whose cancer is detected early with a screening test are unlikely to die from the illness.

So treatments such as surgery to remove the prostate gland or radiotherapy which can cause incontinence and impotence will probably not improve their survival.

"Most men with prostate cancer detected by PSA screening will live out their natural span without the disease causing them any ill effects," said Dr Chris Parker whose findings are reported in the *British Journal of Cancer*. "The decision whether to have radical treatment can be tremendously difficult for the patients," he said.

The modelling study predicted that the chance a man aged 55-59 with a low grade cancer dying of the disease within 15 years, even without treatment, is about one in a 100.

But the research suggests that men with high-grade advanced cancer would benefit from treatments such as surgery or radiotherapy.

The PSA test measures levels of a protein called prostate-specific antigen, which is produced by the prostate gland, in the blood. It has enabled doctors to detect the cancer much earlier than they previously could.

Dr Parker and his team are testing a new prostate cancer management technique called Active Surveillance which aims to target treatment only to men who need it. "Patients are closely monitored and the choice between radical treatment and continued observation is based on evidence of disease progressions," he said.

Prostate is one of the most common cancers in men. Each year 543,000 new cases are reported worldwide.

The disease kills 200,000 mostly older men in developed countries, according to the International Agency for Research on Cancer. (*The Australian*, 26/5/06)

EATING FISH MAY HELP PREVENT PROSTATE CANCER

Men face a much more dangerous form of prostate cancer if tumor cells from the prostate gland metastasise 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 tumour 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 tumours 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 migration towards human bone marrow stroma by Omega-6 and its inhibition by Omega-3 PUFAs. British Journal of Cancer, Vol. 94, March 2006, pp842-53*)

New website helps men's health

Monday, 29 May: The Andrology Australia website www.andrologyaustralia.org has been revamped and updated so that quality information is more easily accessible and men can make better decisions about their health.

New sections in the website include links to support groups, frequently asked questions, an A to Z of health topics, and the ability to order resources online.

Dr Carol Holden, chief executive of Andrology Australia, said that the new look of the site will enable visitors to find information more easily on male reproductive health disorders. "As men can be reluctant to speak to a doctor about their reproductive health, use of the Internet allows them to find information on more sensitive issues in an anonymous manner," said Dr Holden.

This website will serve as a one-stop resource for people wanting information on male reproductive health," she said. "Other areas of men's health will also gradually be included on the site with links to organisations with expertise in those areas," she said.

With high traffic flow of more than 600,000 hits and 23,000 visitors a month, more than 4500 items are downloaded from the site every month.

A health professional section has also been incorporated into the site, and includes new features such as online training and education, and clinical guidelines as they become available.

The website provides the most comprehensive information on male reproductive health disorders in Australia. The revamp of the site aimed to improve site design, navigation and accessibility, and to include new information and new features in response to a survey conducted in 2004.

Andrology Australia, administered by Monash Institute of Medical Research, is an Australian Government initiative and aims to enhance community and health professional knowledge in targeted areas of male reproductive health.

HOPE FOR CHOLESTEROL BENEFIT FROM COOKED TOMATOES

The humble tomato is currently under examination in the prevention of cardiovascular disease. Researchers at Liverpool John Moores University are investigating the health-giving properties of cooked tomatoes, which contain a substance called lycopene. The team believes lycopene may help reduce high cholesterol, a major risk factor for coronary heart disease.

Cholesterol is transported in human blood by carriers called lipoproteins, of which low-density lipoprotein (LDL) and high-density lipoprotein (HDL) are the most important. Too much LDL cholesterol in the blood can slowly build up on the walls of the arteries to the heart and brain. Together with other substances it can form a hard deposit that can clog these arteries – known as atherosclerosis. Lycopene and other carotenoids are incorporated into lipoproteins in the bloodstream. Most are associated with LDLs, where they may act as antioxidants delaying the onset of atherosclerosis. The team believes that lycopene could play a vital role in preventing atherosclerosis by stopping the lipoproteins from becoming oxidized. The oxidation of low-density lipoproteins can lead to "fatty streaks" being deposited in the arteries. However, for the lycopene to become available to the human body, tomatoes must be cooked, preferably in some form of oil. The researchers will investigate which are the most effective cooking methods in terms of maximizing lycopene availability. They already recommend that one portion of fruit and vegetables consumed each day should be cooked tomatoes.

The research is supported by a recent 420,000 Euro award from the European Union. It forms part of a major initiative involving experts from fifteen institutions in six different European countries. The ways in which smoking affects the body's ability to harness the benefits of lycopene will also be examined. (El-Agamey, A, et al. *Carotenoid radical chemistry and antioxidant/pro-oxidant properties. Archives of Biochemistry and Biophysics, Vol. 430, October 1, 2004, pp37-48. From International Health News, June 2006, p2*)

A DAILY DRINK REDUCES HEART DISEASE, BUT ONLY FOR MEN

A new study is adding to the evidence about the potential health benefits, or otherwise, of a daily alcoholic drink. Previous findings showing that moderate drinkers have lower rates of heart disease than abstainers, have been criticised for not taking into account the effect of ex-alcoholics and the long-term sick among the abstainers. Furthermore, most research in the area has focused exclusively on men.

The new research comes from the Danish National Institute for Public Health where experts analysed data on 28,448 healthy women and 25,052 healthy men aged 50 to 65 years. They are participating in an ongoing national study into diet and health, and regularly provide details of their food and drink consumption and state of health. Each week, the women drank an average of 5.5 alcoholic drinks, and the men 11.3. Over an average follow-up of 5.7 years 749 of the women and 1,283 of the men developed coronary heart disease. Among the women, analysis showed that the risk of coronary heart disease was similar for those drinking on one day a week (36 per cent lower than less frequent drinkers) and seven days a week (35% lower). However, men who drank on one day a week had a 7% lower risk than less frequent drinkers, but men who drank every day had a 41% lower risk.

The researchers say these results indicate that the amount of alcohol consumed is more important than drinking frequency among women, but drinking frequency is more important among men. They add that this study raises important questions about drinking patterns and heart health among men and women. However, in an accompanying editorial an expert from University College London, UK points out that the results should be interpreted cautiously. She writes that it would clearly be unwise for physicians to advise non-drinkers to start drinking, when many other factors could reduce heart disease risk, without the side-effects of alcohol. She warns that this type of research may encourage the general public to justify unhealthy levels of alcohol consumption, but concludes that the findings raise interesting possibilities about gender-specific alcohol consumption. (Tolstrup, J et al. *Prospective study of alcohol drinking patterns and coronary heart disease in women and men. BMJ, Vol.332, May 27 2006, pp1244-47. Britton, A. How much and how often should we drink? BMJ Vol. 332 May 27 2006, pp1224-25*)

Newsletter compiled by Trevor Hunt

