

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

Affiliated with  
Prostate Cancer Foundation of  
Australia



ABN 26 499 349 142

## NEWSLETTER

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### MARCH 2006



Team photo for “Be A Man” launch

## Chairman’s Report March 2006

### Be-a Man Launch

The Be-a-Man Launch on Friday 17<sup>th</sup> February in Rundle Mall was acclaimed a great success. Approximately 30 volunteers from various support groups joined politicians, sports stars, media celebrities, medical specialists, prostate survivors and Prostate Cancer Foundation of Australia representatives (PCFA) to promote prostate cancer awareness. A number of these people were introduced on stage by the MC, Lehmo from the SAFM Breakfast Team, who handled proceedings in an excellent manner.

The pre launch entertainment was lively and set the scene for the Launch.

Over 300 show bags were distributed by volunteers in Be-a-Man T shirts plus approximately 900 Association of SA Support Group pamphlets. Some early morning workers were given fliers at the Adelaide Railway Station and selected places on King William Street.

Guests and volunteers were then invited back to the Hotel Richmond for refreshments and photo shots. In addition the Chair of the PCFA, Patricia Watson spoke to the group.

This was a great opportunity to meet people from Interstate and various groups. The weather for the Launch was excellent. A disappointing note following the day was the complete lack of coverage by the Adelaide Advertiser and the Sunday Mail plus very limited TV coverage.

### **Awareness Evenings**

#### Blackwood

Promotion of the Blackwood Evening on Wednesday 10<sup>th</sup> May 2006 will commence by middle to late March. The venue will be the Blackwood Over 50's Club – 4 Young Street, Blackwood.

As previously mentioned Dr Peter Sutherland will be our key speaker. Graham Lyons from Adelaide University will also speak on “diet and prostate cancer”.

There is a possibility the Prostate Cancer Foundation of Australia will arrange a DVD presentation of the evening for use in various rural/remote areas where medical professionals are not available to speak. I hope to receive confirmation of this shortly.

A Grant from the City of Mitcham has enabled our Group to conduct this Event.

#### Clare

The evening arranged for the 21<sup>st</sup> August is proceeding as planned. The venue will be the annexe to the Clare Town Hall which has a capacity of approximately 150 people.

### **Man Alive – Men's Health and Well-Being Festival**

Further details have been received regarding this event to be held on the Semaphore Foreshore on Sunday 19<sup>th</sup> March from 10a.m. – 4p.m.

The event will be hosted by Channel 7's Graeme Goodings and the aim is to promote men's health and well being in a positive, fun way for men, women and children to enjoy.

At present, 23 agencies have been registered with several more likely to register.

The Semaphore Foreshore is a great place for families to visit and it would be good if support members and friends could attend.

### **Karoonda Farm Fair**

Our Group will definitely be attending the Karoonda Farm Fair on the 7/8<sup>th</sup> April. Trevor has arranged for a booth in the Future Directions Pavilion with other health related organisations.

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

The first meeting of this group for 2006 was held on Thursday 16<sup>th</sup> February, the evening prior to the Be-a-Man Launch. As a result I was pleased to be able to invite to the meeting 3 members of the PCFA who were in Adelaide for the Launch. Those who attended were Andrew Giles (CEO), Jo Fairbairn – National Corporate Partnerships & Health Promotion Manager (Melbourne) & Sue Clifford – Marketing Assistant (Melbourne). In addition members of the Association of SA Support Groups, the Action Group and the Onkaparinga Group also attended.

The total attendance (including guests) was 35, a very pleasing number. Andrew Giles gave a very informative talk outlining information on the PCFA and the Be-a-Man Launch which was greatly appreciated by members.

Members of the Mitcham Group up-dated their prostate cancer experiences and time was allowed for informal discussions over tea/coffee.

The evening was an excellent opportunity for Mitcham members to converse with PCFA representatives and members from other groups.

The next meeting will be on Thursday 23<sup>rd</sup> March when the guest speaker will be Ken Hancock, a member of the Mitcham Group. He will discuss his experiences as a psychologist, how he handled a diagnosis of prostate cancer and his current involvement in prostate cancer issues.

For more information contact Jeff Roberts on 8277 3424 or visit our link on [www.psaadelaide.org](http://www.psaadelaide.org)

### **Wipeout Prostate + Breast Cancer Concert**

I received a phone call on behalf of the Top of The Town Theatre Group who are conducting a series of concerts called “Wipeout Prostate + Breast Cancer”. All of the funds raised will be distributed to the Hansen Centre at the Royal Adelaide Hospital specifically for prostate/breast cancer research.

The first of these concerts will be held at the Brenton Langbein Theatre – Tanunda on the 4<sup>th</sup> March commencing at 8 p.m. The compere will be Channel 7's Graeme Goodings (Tanunda only). Book at Venue-Tix 8561 4299.

Further concerts will be held at the Mount Pleasant SM Hall 11<sup>th</sup> March at 8 p.m. & 12<sup>th</sup> March at 2 p.m.

Mannum Leisure Centre 18<sup>th</sup> March at 8 p.m. Bookings Elaine 8568-2057. All tickets \$20 each.

It would be great if prostate support group members could attend.

Jeff Roberts

## **PROSTATE CANCER AWARENESS GROWING**

IT has been killing 2700 Australian men a year, or seven a day, but a survey shows prostate cancer is only just starting to rate as a serious health issue. The Prostate Cancer Foundation of Australia (PCFA) released the results of its latest survey today, which show the "perceived seriousness" of the male-only disease is rising steadily.

PCFA chief executive Andrew Giles said almost half of the poll's respondents (42 per cent) rated prostate cancer as one of their top three health issues.

This was up on 32 per cent when the same survey was conducted in February 2002.

Mr Giles said the shift had followed a nation-wide advertising campaign, and it was important to change the view that prostate cancer was an "old man's disease" because it affected men as young as 40.

"The PCFA undertakes regular research on prostate cancer awareness in Australia, and we have seen a gradual increase in awareness by men in particular," Mr Giles said. "We are also seeing an increase in the number of men who now visit their GPs and discuss prostate issues."

Mr Giles said it was hoped rising awareness levels would lead to a reduction in the number of deaths of men from the disease.

The nationwide survey, conducted in December last year, also found:

- One third of men had been tested for prostate cancer in the past 12 months, and testing rates had surged in the over-50s.
- More men say they feel "informed" about the disease.
  - Thirty-five per cent of men say they will "definitely" be tested in the next 12 months.

(16feb06)

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## **PROSTATE CANCER PROPHYLACTIC FORESEEN**

Over 10,000 new cases of prostate cancer are diagnosed in Australia every year, but Professor Juergen Reichardt, a molecular biologist at the University of Sydney, can foresee a day when people at risk can be identified and treated before they develop symptoms. Reichardt and his team are studying 19,000 prostate samples collected as part of a US-based prevention trial, involving the use of finasteride, a drug already used in Australia for controlling hair loss and prostate enlargement. Men who received the drug over a seven year period were 25% less likely to develop prostate cancer than those who received a placebo. "These results are encouraging," says Reichardt. (SMH, 12/1/06, Health & Science supplement p6)

In another report on the same study, in the *Daily Telegraph* (24/11, p18) it referred to the trial being led by a University of Texas researcher, Ian Thompson, and to the finding that although it reduced the chances of developing the cancer, those taking finasteride diagnosed with the disease were more likely to have high-grade tumours.

## **THE JUICE THAT'S BETTER THAN RED WINE**

Pomegranates, the fruit of the Bible, are becoming fashionable in modern medicine. Pomegranate juice has higher anti-oxidant activity than red wine and green tea, and is rich in anti-inflammatory activity. A study, conducted at the University of Wisconsin, found that pomegranate juice kills human prostate cancer cells in the laboratory. In live mice, it has a dramatic effect on prostate cancer, slowing the progression of the tumour and decreasing the levels of prostate specific antigen - the marker used to indicate the presence of this cancer. (Australian Financial review, 8/12, p51)

# WOMEN MAKE PROSTATE BREAKTHROUGH

By Shelley Markham 23feb06

AN all-woman team of Australian scientists has achieved a breakthrough for the world's males, by creating the first "man-made" prostate.

The team from Melbourne's Monash Institute of Medical Research (MIMR) comprising scientists Prue Cowin, Professor Gail Risbridger and Dr Renea Taylor are claiming a world first by growing a human prostate in a mouse using embryonic stem cells.

The medical breakthrough came after three years of research, backed by the United States Department of Veterans Affairs and Australian financial company Perpetual, which between them provided \$1 million funding.

Professor Risbridger said the discovery would have a significant impact on research into cancer of the prostate, the walnut-shaped gland that surrounds the urethra at the neck of the male bladder.

"We will have the opportunity to study the transition of healthy prostate tissue to cancer," Prof Risbridger said. "Not only will this enable us to develop new, more effective ways of treating diseases that affect nearly every man, but we hope, eventually, to find a way to prevent these diseases in the first place," she said.

"This is a world first. People working on prostate cancer treatments would use this model worldwide."

Dr Taylor said they grew the prostate tissue in the laboratory before implanting it into a mouse, which acted as a host. She said the cells then developed into a human prostate secreting hormones and PSA, which is a substance in the blood used to diagnose prostate disease.

"We've taken these embryonic stem cells to a point where they are actually functioning like a human prostate," Dr Taylor said. "Now we have this model in the lab which has many, many uses," she said.

"It's easy for us to get access to, it's housed in a mouse and it's essentially human prostate tissue that we can use for many diagnostic tests in the future."

Prostate cancer is the most common cancer in Australian men behind lung cancer, according to the Prostate Cancer Foundation. Every year, around 10,000 Australian men are diagnosed with prostate cancer and more than 2500 die of the disease.

Pathologist, Associate Professor John Pedersen, from Melbourne's Alfred hospital, said the impact of Benign Prostatic Hyperplasia (BPH) is equally significant.

He said BPH affects 90 per cent of men by the time they reach 80 years of age and while it was not usually life threatening it could have a dramatic impact on quality of life.

"The prostate enlarges over time and while this is subtle, men can have problems such as finding it harder to pass urine," Mr Pedersen said. And he did not mind that a group of women have been the first to develop a "man-made", or laboratory-grown, prostate.

"I don't mind who did it, it doesn't matter the sex," he said

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## LONGER PROSTATE TREATMENT BEST

Men with high-risk prostate cancer fare better when they are treated with at least 12 months of hormone-reduction therapy rather than a shorter duration of treatment, regardless of how fast growing or advanced the cancer, new research suggests.

Androgen deprivation therapy involves lowering levels of male hormones, such as testosterone, in the body in an effort to block or slow the growth of prostate cancer. Androgen deprivation therapy is most commonly achieved with medications, but it can also be produced by removing the testes. (*Daily Telegraph*, 1/12, p25)

## VACCINE HOPE FOR PROSTATE CANCER

Tess Livingstone and Jeff Sommerfield, 13 February 2006

A NEW vaccine developed by Brisbane scientists could give hope to the 11,000 Australian men diagnosed with prostate cancer each year.

The breakthrough, which follows the Queensland development of cervical cancer vaccine, comes as Queensland Institute of Medical Research scientists also begin human trials on a malaria vaccine. It has taken the Mater Medical Research Institute more than six years to develop the prostate vaccine, which primes a patient's immune system to identify the cancer cells and destroy them.

The vaccine, has been proven in laboratory trials, and the first human trials are now under way.

MMRI Director Professor Derek Hart, who led the team behind the prostate vaccine, said he was encouraged by laboratory results and hoped to have the results of the phase-one human trials by the end of this year.

During this trial, a dozen patients would be given three vaccine shots at intervals of four weeks to see how well they tolerated the treatment and what effect it had on their illness.

If the phase-one trial succeeded, a larger phase-two trial, funded with a \$1.3 million grant from the U.S. Army, was planned. It would take another three to five years after that before the vaccine would be commercially available.

"Our first hope is that this new vaccine is safe," Professor Hart said. "Our second hope is that it is able to generate an immune response against the cancer and if it has a major impact we will be absolutely delighted."

Prostate cancer affects one in 11 Australian men and about 2700 die from it.

The vaccine used synthetic proteins which mimicked the largest molecules in the cancer. They caused the patient's immune system to identify cancerous cells and instruct other cells to destroy them.

The first patient on the trial, 72-year-old Rockhampton resident Lex Irvine, had his second injection at the Mater Hospital last week. Mr Irvine said he had felt no ill effects and was now in less pain.

Professor Hart discovered dendritic cells - specialised white blood cells responsible for controlling the body's immune response - in humans 25 years ago.

It is these cells that are the key to how the vaccine tackles prostate cancer.

Meanwhile, the Queensland Institute of Medical Research will today unveil details of a vaccine it has developed for malaria.

Animal and laboratory tests indicated that the vaccine could confer immunity to more than one strain of the disease, which kills more than two million people every year. Although it is possible to develop natural immunity, it takes years and requires constant exposure to the malaria parasite.

The parasite is also resistant to most anti-malarial drugs, so a vaccine which protects against all or even a few of the strains would be the biggest breakthrough in human health in years.

The research follows QIMR successful development of micro-organisms that have proven successful in eliminating dengue fever in areas where it has been trialled.

The announcements come hot on the heels of the cervical cancer vaccine and genital warts vaccine discovered by University of Queensland Professor Ian Frazer and his colleagues.

Queensland Chief Scientist Professor Peter Andrews said the rush of vaccines invented in Brisbane were the result of our "can do" scientific culture and high-quality research over 10 to 20 years. (*from The Courier Mail*)

### OBESITY - PROSTATE WARNING

After surgery to remove a cancerous prostate, the malignancy is more likely to recur among obese men than in those of normal weight, a study shows. Dr. Christopher Kane of the University of California at San Francisco and colleagues evaluated data on 2,131 men who had undergone radical prostatectomy. 12% of men developed recurrent disease over an average of 23 months. There was a significant association between body mass index and disease recurrence after factoring in the effect of ethnicity, age and other conditions, they found. *Published in Urology. (SMH, 8/12, p2)*

## Erectile problems an 'early warning sign'

Adam Cresswell, Health editor

MEN with erectile dysfunction have an almost 50per cent increased risk of heart disease.

Three separate studies from the US and Canada found men with erectile dysfunction were also much more likely to have conditions such as diabetes and high blood pressure.

As expected, prevalence of the condition rose sharply with age. One study of 3566 American men found 77.5per cent of men aged 75 and over were affected, but some much younger men - 6.5 per cent of those aged in their 20s - also had the condition.

Australian experts said the findings, published in the US journal Archives of Internal Medicine, underlined the little-understood fact that the causes of erectile dysfunction were very similar to those of heart disease and men with one condition were at high risk of the other.

David Handelsman, professor of andrology at the University of Sydney and director of the ANZAC Research Institute, said many people mistakenly believed that the condition was caused by falling testosterone levels as men aged.

"It's not primarily related to hormones at all - it's a form of the same vascular disease that causes heart attacks and strokes," he said

"It's a sentinel early warning. That's one of the most important messages that is not understood by the public, or to a lesser extent by GPs."

Professor Handelsman said one of the three studies was relatively small, involving a sample of just 221 men, while a second, conducted in Canada, surveyed GPs and was funded by drug giant Pfizer, which makes the leading impotency drug Viagra.

The third study was well-conducted, and the main findings were all similar to a large Australian study published in The Lancet last year, called the Mates study.

Professor Handelsman said the message from all studies was similar: erectile dysfunction increased with age and correlated with smoking and diabetes because it was "really a variant of the same disease that causes heart attacks and strokes".

Australian expert Chris McMahon, director of a private Sydney clinic, said a man with ED was two to three times more likely to develop heart disease. (*The Australian*, 25/1)

### **A CASE WHERE SIZE REALLY DOES MATTER**

With prostate cancer, the size of the gland may be important. According to research published in the Journal of Clinical Oncology, smaller prostate size is associated with higher grade, more advanced prostate cancer which carries a greater risk of spread.

For the research, 1600 prostates that had been surgically removed were closely examined. After making allowances for other confounding factors, the researchers from Duke University concluded that cancers in smaller prostates were at a significantly increased risk of biochemical progression. They said men who had small prostates might need close follow-up regardless of the treatment given for the cancer. (*Australian Financial review*, 1/12, p59)

### **PSYCHO-ONCOLOGY: ON THE BRIGHT SIDE**

It's long been a part of the mythology of cancer: the idea that stress, anger and bitterness can not only cause the disease, but also lower your chances of surviving it. The mind-cancer link has also caught the interest of doctors and scientists. An emerging field of study called psycho-oncology has begun to look at both the psychological impact of a cancer diagnosis and how emotion can affect or even cause cancer. Phyllis Butow, a professor on psychology from the University of Sydney, is studying the potential link between stress and cancer. There are two major questions: first, whether a cancer patient's attitude affects their survival time, and second, whether stress and negative feelings can be a factor in causing the disease. Studies that look at how cancer patients' attitudes affected their survival time have shown promising results. (*SMH*, 1/12, Health & Science section p3)

## **COST OF DRUGS TO RISE**

*Steve Lewis, Chief political reporter*

THE cost of subsidised medicines will rise if the Howard Government bows to US demands to scrap a key safeguard in the free-trade agreement, Labor and health experts have predicted.

The Opposition is also calling on the Government to reopen FTA talks and give Australian sugar farmers access to the lucrative US market, ahead of a formal review in March. Acting Prime Minister Mark Vaile has given the pharmaceutical sector hope that the Government will scrap an "evergreening" amendment in the agreement.

Former Labor leader Mark Latham insisted this be included during negotiations over the agreement in mid-2004, amid concerns the price of subsidised medicines would rise.

The Australian revealed yesterday that the US Government and pharmaceutical sector were lobbying Canberra to remove the evergreening clause, which was designed to stop drug companies from extending patents to fend off cheaper generic brands.

Mr. Vaile labeled the measure "populist politics" and confirmed the Government was willing to remove the measure following intense US lobbying.

But he said the Government would agree only if the pharmaceutical sector could prove the clause had been "commercially detrimental" by dampening investment potential.

"The reality is that we didn't need this Latham amendment in the first place. This was populist politics by Labor nothing more, nothing less," Mr. Vaile said.

The reopened debate over the trade pact caused a furore yesterday, with Labor and health groups warning that the future of the Pharmaceutical Benefits Scheme was under threat

Acting Opposition Leader Jenny Macklin accused the Government of kowtowing to US drug interests and abandoning Australian consumers.

"It will be disgraceful if the Howard Government now uses its numbers in the Senate to do away with a protection that Labor got inserted into the free trade agreement," she said.

Ms Macklin said if the Government wished to re-negotiate the deal, it should urge Washington to give farmers access to the US market, Sugar was controversially left out of the trade pact.

Labor health spokeswoman Julia Gillard predicted the costs of medicines under the PBS would rise.

"It seems that the Howard Government is getting ready to roll over on some important PBS protections that will leave Australians worse off and make their essential medicines even more costly," she said.

The Australian Medical Association backed Labor's claim, but the body representing pharmaceutical firms said it would have no effect on prices.

Kieran Schneemann, chief executive of Medicines Australia, conceded the industry faced a challenge in providing conclusive proof that the evergreening amendment had harmed investment potential. (*The Australian*, 4/1/06)

### **TOOL BOX MEETINGS**

Tool Box meetings are part of the Health In Men (HIM) RAH men's health initiative. Meetings aim to promote a greater awareness of men's health issues, and are of interest to both men and women. Meetings for 2006 are:-

22<sup>nd</sup> March – Memory changes and ageing: what's normal? What can I do to prevent memory loss?

3<sup>rd</sup> May – Cancers affecting men: what are the most common types?

14<sup>th</sup> June – Healthy body : healthy mind.

26<sup>th</sup> July – Sleep, an essential part of good health: the impact of poor sleep on how we feel in the daytime

6<sup>th</sup> September – Fatherhood: being a dad/grandparent/step dad – trying to balance career/work/family & social life

1<sup>st</sup> November – Why do men and women think differently?

All meetings will be held on Wednesdays between 12.00 – 12.45 pm, in the Royal Adelaide Hospital, Robson Lecture Theatre, Eleanor Harauld Building – Lunch included.

Enquiries – phone 8222 5193

**MINUTES OF THE TELECONFERENCE PCFA NATIONAL SAC MEETING HELD ON**  
**THURSDAY 16<sup>TH</sup> FEBRUARY**

Meeting commenced at 3pm.

**Present:** David Sandoe (NSW/ACT – Chair), John Ramsay – PCFA;

By teleconference: Con Casey (NSW/ACT); Bob Wilson (Vic) & Max Shub (PAA Vic); Don Baumber & Keith Williams, (Qld/NT); Trevor Hunt & Gary Bowes (SA). Pam Sandoe (Minutes).

**Apologies:** Andrew Giles (CEO-PCFA); Bill McHugh (Qld/NT); Graham Nichols (NSW/ACT); Karen Rendall (WA). Nil response from Tasmania (John Dowsett/Jennifer Lyall); Nil response from Ean McArthur with subsequent apology and resignation.

**Item 1:** Apology from John Ramsay regarding inconsistency of Minutes from previous meeting of 8<sup>th</sup> December. Copy of revised Minutes (coordinated between Pam Sandoe/John Ramsay) as sent - dated 9<sup>th</sup> January.

Query by Con Casey regarding distribution of Minutes. Secretariat will now send copies to all Support Groups. Please see subsequent National SAC resolution in relation to distribution of Minutes.

In future the Agenda will be sent out two weeks in advance and finalised the Friday prior to meeting.

Ongoing discussion regarding websites – John Ramsay to follow up. Andrew Giles currently involved in ongoing discussions with providers.

**Item 2: Business Arising:**

2.1 PAA Victoria – John Ramsay attended to meeting in Melbourne as SAC National group decided at conclusion of meeting of 8 December to ‘be with the PAA rather than against’.

Quote from Andrew Giles email on PAA/PCFA to forward as attachment for inclusion.

Peter Gluth confirmed as interim Chairman of the Victorian Chapter with Bob Wilson and Ean Macarthur remaining as delegates. However, Bob will step down in place of Peter after discussion at their first teleconference in mid March.

The question arose as to what is PAA? PAA was started because of a perceived lack of support for prostate related issues in Victoria.

It was reiterated that the Victorian groups have been involved with the National SAC Committee for a number of years and attended National Conferences, although there seems to have been communication issues.

Keith Williams disappointed that the inference given from the SAC meeting, of his suitability to work with PAA in Victoria, was not followed through. This arrangement was further discussed by Secretariat, after the meeting, and the decision to send John Ramsay, as part of his portfolio, was instigated.

Max Shub given opportunity to speak on PAA – as per email exchange with Andrew Giles (and as attachment for inclusion).

Max indicated that with his involvement with Trevor Cottle it was 4 – 6 months after his diagnosis/treatment before he heard about PCFA. Hence the need to start an umbrella group to support what the PCFA was not doing.

With such discussion and referral back to participants of meeting and with the concurrence of Co-Chair, Don Baumber & David Sandoe, the initiative to move things along with PAA was agreed.

Keith Williams was asked to elaborate on his Queensland Chapter report of 14 February - (1) introduction (2) existence of Executive – SAC Secretary Con Casey recognition or appointment from unappointed region. David Sandoe confirmed that Don and David as Co-Chairs; Hon. Secretary - Con Casey whilst Andrew Giles (CEO-PCFA- non voter) makes up Executive and decisions as agreed appropriate.



The draft constitution and by-laws are seen to recognise the Secretary but there is no requirement for the position of Treasurer. Keith Williams moved that the above mentioned structure be formalised. Seconded: Don Baumber Motion: Carried.

Bill McHugh and Graham Tourney raised the issue of Minute formatting.

Minutes to be signed off by Andrew Giles, Don Baumber and David Sandoe.

2.2 Ean McArthur's paper (as circulated).

2.3 Jeff Robert's report (as circulated) recognised and dealt with together with comments made by Trevor Hunt in his report: With regard to the ambiguous reference to the two SA groups in relation to PAA in the previous minutes this was in no way inferred as detrimental but as acknowledgement on how the two groups work and operate which could be likened to the PAA/PCFA situation in Victoria.

2.4 Distribution of National SAC Minutes: Don Baumber stated that it was an individual State/Chapter issue. David Sandoe indicated that it was one of open communication and transparency: Con Casey affirmed David's position on the matter. Gary Bowes- distribution a State/Chapter issue: Trevor Hunt recommended direct to groups. Bob Wilson - distribution via the Chapters. Majority via the Chapters. Vote taken – SA, Queensland/NT, NSW/ACT via the Chapters: WA, Tasmania and Victoria direct to groups (a moot point given that neither WA nor Tasmania were represented). Moved: Gary Bowes; Seconded Bob Wilson, Motion: Carried.

**Item 3: State/Territory Reports:** Tabled/distributed (prior to meeting) from Queensland/Northern Territory; Minutes of SAC PCFA NSW Meeting of 27 January; Prostate Cancer Action Group (SA Inc.).

Gary Bowes indicated their program for year is finalised. Pamphlet has been updated.

Looking forward to the "Be a Man" launch 17 February and meeting with Sue Davies, Jeff Roberts & Trevor Hunt. People in Adelaide well sourced. Meeting/dinner with Andrew Giles and Jo Fairbairn at Mitcham that evening.

Discussion on local SA radio. In particular ones heard by Reg Mayes where a doctor refused a blood test for a younger man and another being a farmer of 42. Perhaps this is an amendment to the Draft PSA policy as a 'right'.

Representation organised for the Clipsal 500 together with the Royal Adelaide Hospital offering blood pressure tests, diabetes testing and counselling prostate cancer.

**Item 4: PSA Draft statement:** Thanks to efforts of Bill McHugh, Gary Bowes and Bryan Lowe for the draft which was distributed to all prior to meeting. Decision reached that interested parties who have a particular point of view should lodge item(s) with John Ramsay who will pass information onto the Committee. In the absence of John Ramsay who will be in rural NSW, pass directly to Bill McHugh.

The Awareness, Advocacy and Education Committee meet on Wednesday 22nd. The current policy statement to include reference to the current entitlement for annual access to PSA testing as per Bill McHugh's email.

Don Baumber was concerned that the present statement was off track, used emotive phrases and adjectives. Don advised that the COAG agreement changes the picture considerably with their statement that cancer is a chronic disease and early detection is important. The deal is to be looking at 'monitoring men's health rather than testing'.

This committee needs to digest, understand and go back to the core group with feedback; with Don to include COAG agreement; and the statement to be held with regard by Research groups.

**Item 5: General Business:**

- PCFA Board update from Don Baumber in written form distributed prior to meeting.
- ANOP results – press release - with Don's question being 'how do we utilise this information for medical advocacy work etc.' As it is a 36 page document it is suggested that Jo Fairbairn/ John Ramsay/other staff assess and summarise to one page to use as a consistent message for AAE approval. A one page press release is available for distribution.

- It has been advised that Prof. Villis Marshall is organising a PSA Group in conjunction with Cancer Council SA whose functionality represented the broad activity of other States with Chapters. Preferable to create a PCFA/State Board/Chapter rather than with PSA/CCSA. Discussions under way.
- APCC discussions together with PCFA to come closer together which already includes common date for National SAC Conference and APCC Conference; website linkages; joint newsletter. Gary Bowes advised that Prof. Marshall and Andrew Giles are meeting on 6 March to discuss alliance with CCSA.
- South Australian Statewide Cancer Control plan copied to Andrew Giles which is relevant for comment by PCFA.
- Suggestion to drop September as PCFA Month does not sit comfortably because of the (1) need to comply with international support groups (2) not to combine with MOVEMBER; targeting of different age groups; Jo Fairbairn has some good ideas to boost September; make MOVEMBER more successful; focus with Cancer Council's to spread events over the year.
- Email acknowledgement to PCFA Secretariat – no central server.
- Bob Wilson's reply to Ean McArthur
- Bob Wilson to advise John Ramsay/Andrew Giles regarding DVD on Prostate Cancer "Watchful Waiting". Contrary to CCVic. Policy.
- Review of National Support and Advocacy Manager strategic priorities with Andrew Giles/David Sandoe/Don Baumber.
- SBS Insight Program - advice received from attendees that it was of 'interest'. Clash of views given by Prof. Alan Coates and countered vigorously by Wayne Swan (from Canberra). Goes to air 21 March.
- Report on HIFU presentation, given by Dr. Peter Royce, extremely successful. PCFA is supporting a DVD of presentation which will be supplementary to Leader's Kit.
- Affiliation rules of incorporated bodies to be discussed between John Ramsay and Con Casey.
- John Ramsay reported on his recent visit to Western Australia including Perth and the South West. Staffing imperative to a functioning and effective service in WA; as is an operational Board.
- John Ramsay visiting Bega and Merimbula Friday 17<sup>th</sup> February.
- Non-attendees from this meeting to be followed up.

Meeting closed at 4.40pm. **Next teleconference:** Thursday 20 April

### **Schedule of National SAC Meetings for 2006.**

16 February 20 April 15 June 17 August 19 October 21 December

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## **REPORT FROM THE CEO**

### **Research**

National Audit of Prostate Cancer Research.

- HTA are now working on the Audit. On 6<sup>th</sup> December Dr Sarah Norris (the project leader) attended the meeting of the Research Committee to update them on the Audit.
- A publications and funding search had been undertaken that has identified the key researchers in Australia. (248 researchers have been identified so far)
- The survey to gather the relevant information is under development and will be reviewed by the Research Committee prior to its release.

Collaborative Research Initiative – the Argus Collaboration

- Don Argus, Tony Costello and I attended a luncheon hosted by Southern Cross Equities in Sydney in the last quarter of 2005. The luncheon was attended by key business leaders including the Governor of the Reserve Bank, John Fairfax (Rural Press) and the new CEO of Commonwealth Bank. The focus was on making them aware of prostate cancer and the plans to increase funding for research. Each of those who attended is now being follow up to discuss

opportunities for their support. As well as hosting the luncheon Southern Cross Equities made a donation.

- The last meeting of the Don Argus working party was the best yet attended. The Committee now consists of:
  - Michael Andrew, KPMG, Victorian Chairman
  - Monty Chapman, Director, InterRISK
  - Anthony Costello, Professor of Urology, University of Melbourne
  - David Crawford, Director, Allens Arthur Robinson
  - Jim Freemantle, Director, Mason Freemantle & Associates Pty Ltd
  - Graeme Johnson, Deputy National Chairman, PCFA
  - David Meiklejohn, Chairman, Paperlinx Limited
  - David Morgan, Chief Executive Officer, Westpac Banking Corporation
  - Geoff Slade, Managing Director, Slade Group
  - Glenn Wheatley, Chief Executive Officer, TalentWORKS Pty Ltd

The committee is working their way through Don Argus' initial list of corporate contacts with personal follow ups. Don Argus is going to write again to everyone on his list this time with a newsletter that highlights the support we have received to date and the plans that are under way via the Audit.

Supporters to date

- BHP
- Sth Cross Equities
- Brambles
- Westpac
- KPMG
- Smorgan
- Leightons
- Mallesons
- Personal Gifts
- Mayne Pharma
- NAB
- Pacific Brands – possibility of PCFA swing tag on men's clothing range
- Costa Food – possibility of in store supermarket promotion

## **Awareness**

### **Movember**

- Enormous success – over \$1,000,000 raised and an estimated \$1,500,000 worth of media received.
- Planning for 2006 underway. Ideas include:
  - Include support for testicular cancer
  - Focus more of our PR on Movember and not on Prostate Cancer Awareness Month to maximise potential. Perhaps run an awareness event in April/May
  - Start Movember with a major dinner in Sydney on 1<sup>st</sup> November

### **Be A Man**

- Launch in South Australia planned for 17<sup>th</sup> February

### **GP Education**

- Held very successful GP education evening with Arabic GP's on 23<sup>rd</sup> November. Associate Professor Martin Berry, David Sandoe and myself were the key speakers
- The dinner was hosted by Novartis and was done in partnership with the Lebanese Community Council and the Arabic Friendship Association.

### **ANOP**

We have completed the fourth wave of ANOP research as part of the Be A Man campaign. The results show that the PCFA's campaign is contributing to higher levels of community awareness and knowledge of the disease, and higher levels of testing.

Since the 2002 survey there have been clear improvements in understanding and action against the disease, particularly among those in the 50-59 year old segment. Levels of both perceived knowledge

and actual knowledge of prostate cancer have increased in this age group, and four in ten have now had a test within the past year. This is up eight percent since the 2002 survey.

## **Support and Advocacy**

### **Victoria Chapter**

Following much work and effort the Victorian Support Groups have taken the step of forming themselves into an official Chapter.

### **NSW/ ACT Chapter**

The Chapter continues to grow very well in the southern areas of NSW. We have new groups starting in Bombala, Albury and the Illawarra. The ACT Groups has been re branded as the Canberra/Queanbeyan PCSG to reflect the involvement of the Queanbeyan community.

### **New Initiatives:**

- Men's Health Conference – Melbourne
- PSA statement – the National Executive of the SAC has established a working party to prepare a position statement on PSA testing

## ***THE SIMILARITIES BETWEEN CANCERS***

The nature of patient advocacy means that groups often remain locked within the subject of their specialisation. One organisation that straddles disease silos is a prostate cancer group in U.S.A.

The Prostate Cancer Coalition of North Carolina is among relatively few groups that emphasise the resemblance between their disease specialisation and another – in this instance, prostate cancer and breast cancer. The pair of conditions, the Coalition points out, correspond in risk factors and treatment pathways, and involve parallel implications for emotional health and intimate relationships.

Both cancers seem to impinge upon the sufferer's partner or spouse and family almost as much as the patient. Family members can be badly affected by the diagnosis and treatment of prostate or breast cancer. They, too, encounter the treatments, the trips to hospital, the lack of sleep, the fear and worry for the future.

Given the congruity between prostate and breast cancer, the PCCNC has established an educational campaign that straddles the two diseases. Called the "Partners Programme", and functioning under a banner "Do it together, they do it for each other", the campaign promotes mutual help among partners to ensure breast and prostate health. The group emphasises that its Partners Programme "reminds couples of the importance of taking care of each other, by making partners aware of the warning signs and the importance of early detection for both cancers." (from HSC News Int.)

*Prostate Cancer Coalition of North Carolina – <http://www.pccnc.org> – was founded in 2001, and is a state-wide community of people dedicated to the defeat of prostate cancer*

## **P.C.A.G. PRESENCE AT KAROONDA FARM FAIR 7<sup>th</sup> & 8<sup>th</sup> APRIL 2006**

The Karoonda Farm Fair is an annual 2-day event showcasing local, state and interstate farming and general interest products. Karoonda is in the heart of the Murray Mallee region, and the field day is centrally located and enjoys a broad visitor base from throughout S.A., as well as interstate. This year, the event will have a new look, as all sites have been turned 90°, to run North/South

With over 350 exhibitors each year, the field day attracts crowds of around 10 – 12,000 over the two-day period. For the 2006 event, the organisers have obtained a S.A. Tourism Grant which will help expand promotion of the event to areas that previously have been untapped. Fliers and posters will be distributed extensively through the region, and it is expected that the event will be promoted, through S.A. Tourism, to Murraylands, Barossa Valley, Riverland, Adelaide Hills, and South East information centres. Promotion will also

be conducted through other media such as regional radio (Power FM and 5MU in the Murraylands, 5RM in the Riverland) and print media through The Stock Journal, Murray Valley Standard and Loxton Times. In addition, there will be extensive promotion through all State media – The Advertiser, What's On, Adelaide commercial and ABC radio. **With such a catchment area to draw from, this presents our Group with opportunities for good exposure to country people in an area where we have not yet conducted any awareness campaigns.**

Our site will be situated in the "Future Directions" pavilion, and will be a 3m. undercover site. The site will be located close to other health sites, and local produce sites. The major attraction in this pavilion will be "The Diversity of the Murraylands", which will highlight the many and varied industries and diversification that is happening throughout the Murraylands, along with displays on financial advice, superannuation, communication, education, etc.

**HOURS of FAIR.** Friday – gates open at 6.30am for setting up, and will open to the public from 8.30am until 5.00pm. Saturday – Gates open at 7.00am and continue to 4.00pm. Gates open to the public from 8.30am. Gates will be locked at 6.00pm.

After hours security provided from 5.00pm until 7.00am. All vehicles to be removed from the grounds by 9.00am each day, and there is a special exhibitor's car park.

Full catering will be available throughout the Fair by local organisations, with an extensive variety of foods available. Professional caterers will also be in attendance. Also, there will be a full canteen and two bars available. Breakfast will be available on Friday and Saturday mornings, on site.

## **MEN'S HEALTH NEEDS NEGLECTED**

Prostate cancer survivor, Speaker Bob Such, says both major political parties should allow for more funding for men's health.

D. Such yesterday called on Labor and the Liberals to commit to more funding for men's health services in the lead-up to the March 18 poll.

"Men's issues have been on the backburner for too long and need to be properly funded by State Government." Dr. Such said.

Dr. Such's call came as the state's Men's Information and Support Centre lashed out at the Health Department for stopping its \$12,000 annual funding. (*The Advertiser*, 2/3/06)

### **COMMENT**

*It appears that most politicians are ignorant of the infinitesimal amounts provided for men's health and well-being issues. It is absolutely unacceptable that the M.I.S.C. has had its funding withdrawn, for the sake of a paltry \$12,000 – no doubt that that amount is needed to prop up some health bureaucrat's salary package. We have previously heard about the State having a Men's Health Policy, mostly at election times. Past performance is that the subject is never raised again, until the next election, where it is produced again. Politicians are so sincere about the subject that they don't even worry about blowing the dust off, because it will go straight back in the archives until the next election. Successive S.A. governments have absolutely ignored any men's issues, and now they take away funding from an agency that has been struggling, on a meagre budget, for several years. That such a service is needed is evident, because there appears to be no other agency which is in place to specifically assist men. In contrast, this State has a plethora of agencies specifically for women. This is the face of equality of services and equal opportunities for South Australian men. When one becomes affected by a disease that is specific to males, the shortcomings of the health system become very obvious. Dr. Such has been a member of the S.A. Parliament for many years, but was diagnosed with prostate cancer only a few months ago, which appears to have made him more aware of this disease. His recent experience has apparently made him think about men's health matters. After all, the question should be – how much has Dr. Such done, or has he made any genuine attempts, to persuade the government of the day to allow for more funding for men's health. Dr. Such may, or may not, be a member of parliament after March 18<sup>th</sup>, but he cannot deny that he must have had plenty of opportunities to raise this matter in his years as a member of parliament.*

Conference Reports:

## **ASCO 2006 PROSTATE CANCER SYMPOSIUM – SESSION ON PSA FAILURES: TO TREAT OR NOT TO TREAT**

*By Christopher P. Evans, MD*

A session discussing "Climbing PSA in Hormone Therapy-Naïve Patients" took place during the 2006 Prostate Cancer Symposium sponsored by ASCO/ASTRO/SUO/Prostate Cancer Foundation meeting in SF February 24-26. Dr William See, Medical College of Wisconsin and Dr. Ian Tannock, Princess Margaret Hospital, Canada argued to treat or not to treat PSA failures, respectively.

Dr. See pointed out that 50,000 men will suffer from a biochemical recurrence of prostate cancer (CaP) every year in the United States. Confounding the decision to

treat is that many men will die from causes other than CaP. Dr. See pointed out that expectant management is problematic for patients and physicians who initially embarked on a goal of curative therapy. To deviate from this is often emotionally not possible. Furthermore, an increasing PSA is inversely related to the ability for successfully providing salvage therapy. For example, a rising PSA post-RP that is consistent with a local recurrence can be salvaged with EBRT in many patients, when the PSA at the initiation of salvage therapy is <1.0ng/ml.

Dr. Tannock pointed out that PSA has caused anxiety and panic in patients with recurrent, but asymptomatic CaP. He pointed out the need for determining when recurrent disease might become symptomatic and what the potential benefit for intervention is at that time. He also asked what the likelihood is that the residual disease is localized, so that curative salvage treatment is an option. The widespread use of early androgen deprivation arguably improves survival, but has significant side effects as well. The balance between benefit and risks is still unclear and more caution should be used in advising patients. While Dr. Tannock suggested that not monitoring the PSA post-primary therapy might be a good option, this too would have inherent risks.

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### ***AGE-ADJUSTED PSA VELOCITY MAY BOOST PROSTATE CANCER DETECTION***

*By Megan Rauscher*

NEW YORK (Reuters Health) - The use of age-adjusted PSA velocity threshold values may improve prostate cancer detection among younger men, according to a study presented at the 2006 Prostate Cancer Symposium in San Francisco.

Dr. Judd W. Moul from Duke University Medical Center and colleagues devised and tested age-normalized PSA velocity values against biopsy status in 11,347 men undergoing PSA testing. Dr. Laurence Klotz of the University of Toronto, who moderated a press briefing detailing the findings, noted that "conventional thinking has been that if PSA velocity (the percentage increase in PSA per year) is to be used in undiagnosed patients, than a rise of 0.75 ng/ml/year identifies patients at high risk for prostate cancer, regardless of age."

"Dr. Moul's team," he said, "has contributed significantly to this field by showing that in younger men, a PSA velocity above 0.25 in men in their 40s and 50s is associated with a relatively high rate of prostate cancer diagnosis and reasonable specificity and moderate sensitivity."

For men 60 to 70 years of age, a PSA velocity of 0.50 ng/ml/yr is an appropriate threshold, Dr. Moul and colleagues found, while above age 70, the traditional 0.75 ng/ml/yr threshold holds.

Using age-adjusted thresholds, Dr. Moul's team identified prostate cancer in an additional 37 men ages 40 to 59 and an additional 18 men ages 60 to 69, compared with using the traditional 0.75 ng/ml/yr threshold.

The new PSA velocity cut points in these two age groups had sensitivity values of 51.9% and 39.8%, compared with 26.5% and 30.6% with the traditional value. Specificities "were only slightly diminished." The value of age-normalized PSA velocity "certainly merits further study," Dr. Klotz concluded.

The symposium is co-sponsored by the American Society of Clinical Oncology, the American Society for Therapeutic Radiology and Oncology, the Prostate Cancer Foundation, and the Society of Urologic Oncology. (Copyright © 2006 Reuters Limited. All rights reserved. ©2006 UroToday @. All rights reserved.) Conference Reports:

### **ASCO 2006 PROSTATE CANCER SYMPOSIUM – SESSION ON THE TREATMENT OF UNFAVOURABLE RISK PROSTATE CANCER**

*By Christopher P. Evans, MD*

A session discussing "Treatment of Unfavorable Risk Prostate Cancer" took place during the 2006 Prostate Cancer Symposium sponsored by ASCO/ASTRO/SUO/Prostate Cancer Foundation meeting in SF February 24-26.

Dr. Montie, University of Michigan presented surgery as the best option for unfavorable risk CaP. He described a paradigm for combined RP with adjuvant systemic therapies for optimal outcomes. Thirty high-risk patients treated with RP and ERBT underwent rapid autopsies at the time of death and the majority was not found to have residual pelvic disease. For cT3 tumors, more complete eradication of the primary tumor is likely with a combination of RP and ERBT, but the side effects are significantly higher.

Dr. Mack Roach, UCSF presented ERBT as the best option for unfavorable risk CaP. He discussed a concern for the high failure rates in men treated with RP as monotherapy. For example, in a recently published series from the Mayo Clinic, men with Gleason score 7 tumors pathologically (both 3+4 or 4+3) had 10-year recurrence rates of over 45%. Dr. Roach discussed adjuvant and salvage RT following RP and discussed the role for combining RT in these settings with androgen-deprivation therapy.

Dr. Vogelzang, Nevada Cancer Institute presented a talk titled "Systemic Therapy: Standard versus Experimental: When and What?" He argued for early androgen-deprivation therapy for improving survival outcomes in high-risk patients. This is either used in combination with EBRT or as adjuvant to RP in node-positive patients. Toxicity and cost still remain issues with this approach. Trials to assess adjuvant chemotherapy will possibly change practice patterns in upcoming years. For example, based upon the improved survival in hormone refractory patients using docetaxol chemotherapy, an adjuvant trial of docetaxol is just beginning to accrue patients.

Dr. See presented a podium abstract on adding bicalutamide 150mg to radiotherapy to significantly improve overall survival in men with locally advanced CaP.  
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## FISH OIL WON'T FIGHT CANCER

*By E.J. Mundell/HealthDay Reporter/*

TUESDAY, Jan. 24 (HealthDay News) -- They may be great for the heart, but the omega-3 fatty acids found in fish and fish oil supplements do nothing to prevent cancer, a major analysis finds.

A new review of more than 38 studies on the subject finds no evidence that diets rich in fish fight any kind of malignancy.

Omega-3 fatty acids "definitely have health benefits, but they are not a panacea. Preventing cancer is not one of the things omega-3 fatty acids do," said lead researcher Dr. Catherine MacLean, a natural scientist at Rand Health and a rheumatologist at the Greater Los Angeles VA Healthcare System.

The study, supported by the U.S. Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health, appears in the Jan. 25 issue of the *Journal of the American Medical Association*.

An earlier meta-analysis, also funded by AHRQ, found that diets rich in omega-3 fatty acids did have a beneficial effect on cardiovascular health. But evidence of any protection against cancer has been more elusive.

"There was a plausible mechanism," MacLean said. "Omega-3s are integral to some of the inflammatory pathways that are also common to cancer, so the idea was that if you had more omega-3s maybe that would dampen this inflammatory process." But proof for the theory was scanty.

"I think there were a lot of high hopes, but very little evidence," said AHRQ director Dr. Carolyn Clancy. While some research -- mostly animal studies -- suggested omega-3s might have an anti-cancer effect, other studies found no such link.

"So the office at the NIH that deals with dietary supplements asked AHRQ to do a very rigorous review of the studies that had been done," Clancy explained.

In the study, MacLean's group analyzed data from studies conducted over the past 40 years. The vast majority showed no effect of even high-dose omega-3 fatty acids on the incidence of a wide range of cancers, including breast, colon, lung and prostate malignancies, the researchers found.

Colleen Doyle, director of nutrition and physical activity at the American Cancer Society (ACS), said the finding was "not surprising," since the evidence had always been slim that the nutrient might fight cancer.

But she added that the results would not change current ACS dietary guidelines. "We will still recommend that people include fish in their diets. It's a source of

healthy fat, it's associated with a reduced risk for heart disease, and we'd rather see people eat fish with healthier fats than eat red meat with unhealthy fats," she said.

Doyle said healthy diets can discourage cancer by keeping obesity at bay. "Being overweight, especially, increases circulating hormones such as estrogen and insulin that we know are associated with cancer cells and tumor growth," she explained. MacLean agreed, adding that fish-rich diets are proven to fight heart disease.

"The results of this study need to be taken in the context of the body of literature on omega-3 fatty acids," she said. "We know that for people with cardiovascular disease, omega-3s reduce the risk of having another heart attack and they reduce the risk of arrhythmias in people who have had heart attacks. They also reduce mortality in people with cardiovascular disease."

"Eating fish, as opposed to a hamburger with cheese and bacon, would be a great idea, in general," Clancy added. "And it is not going to hurt you."

*SOURCES: Catherine MacLean, M.D., Ph.D., assistant professor, medicine, natural scientist, Rand Health, and rheumatologist, Greater Los Angeles VA Healthcare System, Santa Monica, Calif.; Carolyn Clancy, M.D., director, U.S. Agency for Healthcare Research and Quality, Rockville, Md.; Colleen Doyle, M.S., R.D., director, nutrition and physical activity, American Cancer Society; Jan. 25, 2006, /Journal of the American Medical Association/ (Copyright © 2006 ScoutNews, LLC <<http://www.healthday.com/>>.)*

## **ANTIOXIDANT SUPPLEMENTS DON'T PROTECT AGAINST PROSTATE CANCER**

*By E.J. Mundell/HealthDay Reporter/*

TUESDAY, Feb. 14 (/HealthDay News/) -- A study of nearly 30,000 men finds that long-term use of popular antioxidant supplements does not protect most nonsmoking men from developing prostate cancer.

However, men who smoke do appear to gain some protective benefit from vitamin E supplements, the study found.

"Vitamin E supplementation was related to reduced risk for prostate risk in people who were smokers -- but not everyone in general," said lead researcher Richard B. Hayes, senior investigator in the division of cancer epidemiology and genetics at the U.S. National Cancer Institute.

But could antioxidants, which fight disease by lowering levels of dangerous free radical molecules in cells, help reduce the risk? "There has been definite interest in their use, based on a few earlier studies that have been done," Hayes said. "I wouldn't say there's been a consensus on the issue, though."

Reporting in the Feb. 15 issue of the /Journal of the National Cancer Institute/, Hayes' team calculated the risk of prostate cancer for 29,361 men aged 55 to 74, all of whom were participants in the Prostate, Lung, Colorectal and Ovarian (PLCO) Screening Trial.

Part of the data included the participants' daily intake of popular antioxidant supplements such as beta carotene, vitamin E and vitamin C.

This observational trial followed the men for an average of slightly more than four years. However, Hayes stressed that "many of these people had been taking these supplements for many [more] years" prior to the study. Over the total eight-year span of the study, 1,338 of the men developed prostate cancer.

According to the researchers, long-term use of antioxidant supplements had no impact on the risk for prostate malignancy for most nonsmokers. A small subgroup of men with very low levels of dietary beta carotene did appear to derive some protective benefit from beta carotene supplements, the researchers noted.

In keeping with the results of previous trials, smokers gained some protection against prostate cancer from long-term use of vitamin E, the researchers reported.



The exact reasons for that benefit remain puzzling. "Smoking itself isn't strongly related to prostate cancer," Hayes said, "but our study and a number of others have shown that vitamin E supplementation tends to be much more effective in smokers."

Andrew Shao is vice president for scientific and regulatory affairs at the Washington-based Council for Responsible Nutrition, which represents the supplements industry. He noted that "smokers tend to be lower in their antioxidant status -- their blood levels are significantly lower than non-smokers." Vitamin E supplement may help redress that deficiency, he said.

Hayes agreed. "That seems like a reasonable possibility," he said.

Shao said the study was well-designed, but because it is observational-- comparing random, self-reported use of antioxidants against disease incidence -- it is necessarily flawed.

"There are a number of confounders," Shao said, "and people rarely report accurately what they eat or what they use in supplements." So it's possible, he said, that more study might yield positive results for nonsmokers, as well.

As for smokers, no one is advocating that they use vitamin E as an excuse to keep puffing away. "The best thing people can do is to stop smoking," Shao said. "It's sad, though, because some people do use this kind of justification -- pop a supplement to counteract all the bad effects of smoking. It won't work."

*SOURCES: Richard B. Hayes, Ph.D., senior investigator, division of cancer epidemiology and genetics, U.S. National Cancer Institute, Bethesda, Md; Andrew Shao, Ph.D., vice president, scientific and regulatory affairs, Council for Responsible Nutrition, Washington, D.C.; Feb. 15, 2006, /Journal of the National Cancer Institute/(Copyright © 2006 ScoutNews, LLC <<http://www.healthday.com/>>. All rights reserved.)*

## **PROSTATE CANCER HARDER TO DETECT IN OVERWEIGHT MEN**

*by Tim Whitmire | Associated Press | 1.09.2006*

CHARLOTTE, N.C. - Obese men face an increased risk of dying from prostate cancer and doctors should be especially thorough when checking these patients for the disease, a new study suggests. Because the size of the prostate gland is larger in obese men, prostate cancer can be 20 percent to 25 percent harder for doctors to detect, according to Dr. Stephen Freedland, a surgeon at Duke University Medical Center in Durham and lead author of the study. The findings are being published in the February issue of the Journal of Urology.

Because biopsies sample less of the total tissue in a larger prostate it's harder to spot hidden cancer, Freedland said.

The study surveyed medical records of some 1,400 men diagnosed with cancer whose prostates were surgically removed from 1998 to 2004 at Veteran's Administration hospitals in California and Georgia and at the San Diego Naval Hospital.

Previous studies have shown that obese men diagnosed with prostate cancer were 20 percent to 35 percent more likely to die from it than men of normal weight. Obesity is based on a height and weight formula; a 6-foot man would be obese if he weighed 222 pounds or more.

Prostates removed from the patients in the study were weighed. The 245 men in the sample who were moderately obese had an average prostate weight of 1.4 ounce. Normal-sized prostate glands weigh half to three-fourths as much.

Dr. Durado Brooks, the American Cancer Society's prostate cancer specialist, said the study helps deepen understanding of the link between obesity and prostate cancer. "It's one more small piece of the puzzle," he said. "Studies like this help to slowly build a clearer picture."

Other work has given contradictory indications about whether obese men face an increased or decreased risk of prostate cancer, Brooks said. And it's unclear whether the increased likelihood that an obese man will die of prostate cancer is due to problems with early detection or a more aggressive form of the cancer, he said.

Freedland's study recommends doctors do thorough rectal exams of obese men and conduct lab tests that can tip off the presence of cancer. The study showed that prostate enlargement actually leveled off among morbidly obese men due to decreased testosterone levels..

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## **VITAMIN D DEFICIENCY CAN INCREASE CANCER RISK**

NEW YORK (Reuters Health) - Correcting vitamin D deficiency could significantly lower the risk of several types of cancer, investigators report. "The cost of a daily dose of vitamin D3 (1000 IU) is less than 5 cents, which could be balanced against the high human and economic costs of treating cancer attributable to insufficiency of vitamin D," they point out.

Vitamin D can reduce the risk of many types of cancer by blocking the growth of new blood vessels that allow cancer to thrive, a process known as angiogenesis.

It can also stimulate cell adherence and "enhance intercellular communication through gap junctions, thereby strengthening the inhibition of cancer cell growth that results from tight physical contact with adjacent cells within a tissue," Dr. Cedric F. Garland and colleagues note in their article, published in the current issue of the American Journal of Public Health.

Garland, from the University of California, San Diego in La Jolla, and his colleagues performed a search of published studies, identifying 63 observational studies on vitamin D and its association with cancers of the colon, breast, prostate and ovary.

Twenty of 30 studies of colon cancer or precancerous colon polyps found a statistically significant benefit of vitamin D. Similar results were observed for 9 of 13 studies concerning breast cancer risk, 13 of 16 studies concerning prostate cancer risk, and 5 of 7 studies concerning ovarian cancer.

The authors recommend supplementing the diet with 800 to 1000 IU vitamin D per day, and believe that dosages up to 1000 IU per day would not produce toxicity.

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Compiled by

**Trevor Hunt**