PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia

ABN 26 499 349 142

NEWSLETTER

Find us at www.pcagsa.org.au

MAY 2006

Chairman's Report May 2006

Awareness Evenings

Blackwood

Promotion of the evening at Blackwood on the 10th May is in full swing.
Approximately 500 flyers have been distributed and we received excellent coverage in the Mitcham Community News which was distributed in mid April.
Other advertising is detailed as follows:
Messenger Press – advertisements are appearing in 2 weeks of the Hills & Valley Messenger and one in the Eastern Courier. Hopefully an editorial will be published.
The Blackwood Times – an editorial will appear in the edition to be distributed during the first week of May.
Community Radio – community announcements have been lodged with 5 Stations. One interview will be held on 101.5FM on Thursday 4th May.
Registrations for the evening can be made with the Blackwood Hospital on 8278 0400.
This is a free evening and all are welcome to attend.
Details are listed on our website on pcagsa.org.au

Clare

Promotion of the evening to be held on the 21st August 2006 will commence during late June/early July.

Masonic Art Exhibition

The Masonic Foundation Inc. is holding another art exhibition in the Great Hall of the Masonic Centre - 254 North Terrace Adelaide. You may recall a similar event was held last year. The dates are the 16th & 17th September and from the 21st - 24th September 2006. Proceeds will go to prostate cancer research and the Cancer Care Centre – Unley.
The Masonic Foundation have offered a free stand for use by the PCFA, the Association of SA Support Groups and the Action Group for us to hand out pamphlets. Over the next couple of months we will be seeking members to assist at this booth.

Mitcham Prostate Cancer Support Group

The attendance at the meeting held on the 27th April was 23 with 7 apologies. John Mayes, Vice President and Librarian of the Adelaide Support group spoke on some ways that men can assist themselves with diet and lifestyle using himself as an example. John produced an excellent and detailed hand out which was distributed to members. Everyone would have been very impressed with the highly disciplined health regime that John follows which has brought excellent results.
The next meeting will be on the 25th May. At this stage it is uncertain if there will be a speaker or some other activities. Members will be advised by approximately mid May.
For further information contact Jeff Roberts on 8277 3424 or visit the link on www.psaadelaide.org

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

The Proprietors of the ETC Café – 6 East Terrace Adelaide have agreed to host an annual fund raiser on Thursday 11th May as part of The Cancer Council SA's event "Australia's Biggest Morning Tea". The

proceeds raised by this café will be earmarked for prostate cancer research. The ETC will donate part of their takings for the day and from any collection boxes placed at the location.
The organisers have asked the Action Group for any photos, banners, posters etc that will assist in promoting the day plus any other assistance it can provide.
The café is open from 7a.m. – 4p.m. and it would be great if various support group members could attend to lend assistance in any way plus have a meal or tea/coffee. However it is suggested people book for meals /drinks. Breakfast is available from 7a.m.
Nick Xenophon MLC will be attending to unveil a "plaque" around 10 – 10.30a.m.
The media have been asked to promote the day and some medical professionals are likely to attend.
Let's hope this will be a very successful day.

Jeff Roberts

PROSTATE TREATMENT ON THE WAY

Prostate cancer patients in South Australia now have access to the full range of treatments with the installation of high dose rate (HDR) brachytherapy equipment at the Royal Adelaide Hospital.

The state-of-the-art technology is the latest medically approved treatment and injects radioactive material into the tumour. The Adelaide facility means prostate cancer patients no longer need to travel interstate.

The RAH is the second Australian hospital to provide this treatment, although the software has been available in the U.S. and Germany for three years.

The announcement was made at the 15th Australasian Brachytherapy Group Annual Scientific Meeting in Adelaide this week. The conference is being hosted by the Department of Radiation Oncology at the RAH's Cancer Centre and continues today and tomorrow.

"Brachytherapy is the delivery of radiation treatment using radioactive sources into the tumour." Said Professor Peter Hoskin, the director of the Middlesex Cancer Centre, who is attending the conference.

The computer software system will be supervised by U.S. radiation oncologist, Dr. Alvaro Martinez. About 10,000 cases of prostate cancer are diagnosed each year in Australia, with 2500 casualties annually. ***(from The Advertiser, 7/4, p 59)***

Editor's note - It would be just as well for The Advertiser to update their information on prostate cancer. This newspaper continues to under-estimate the impact of prostate cancer in the Australian community, and always appears to under-quote the numbers of cases diagnosed, and deaths from this disease. Although the impact of prostate cancer in the community is almost identical with that of breast cancer, this newspaper cannot accept and acknowledge that fact.

BIONOMICS MOVES UP IN THE WAR ON CANCER

Bionomics will make the transition to being a drug-development company after selecting a cancer-drug candidate for clinical trials.

It announced yesterday its nomination of BNC105 from a group of drugs it had discovered that help shut down blood supply to tumours.

The Adelaide company will now increase its manufacturing capabilities for the drug and do the toxicology and safety testing required before it can do clinical trials in Australia and the U.S.

It said other companies also were pursuing the "vascular-disruption agent approach", but preclinical studies showed BNC105 might have the strongest selectivity on tumour blood vessels. Chief executive, Deborah Rathjen said the drug "has the potential to improve outcomes for patients with cancer". *(from The Advertiser, 22/4, p75)*

THE MASONIC FOUNDATION INC.

262 Grange Road, Flinders Park, South Australia 5025 - Ph: (08) 8443 9909

The charitable arm of Freemasonry in South Australia and the Northern Territory

proudly presents

THE 2006 FREEMASONS ART EXHIBITION

(Patron: Lady Joan Neal, AM, DStJ)

to be held in
The Great Hall of the Masonic Centre,
254 North Terrace, Adelaide

on 16, 17 and 21, 22, 23, 24 September 2006

Total Prize Money $5,000

First Prize $2500 Second Prize $1200 Third Prize $800

Plus *an additional special prize of $500 for an exhibit which best expresses the philosophy of Freemasonry in art. Enquiries and expansion of the specific details of this special prize can be made to the Exhibition Secretary on phone 8332 7414.*

ALL PROCEEDS TO

Men's Health Projects

Prostate Cancer Research and the Cancer Care Centre Inc

Prize Winners announced at the Official Opening on Friday, 15th September, 2006

Entries close	Lodgement of Art Works	Collection of Art Works
11 August 2006	10 am -7 pm 12 Sept. 2006	5 -7 pm 24 Sept. 2006

Entry Forms are available at: http://www.masonic-foundation.asn.au
or: http://www.freemasonrysaust.org.au

As mentioned in the Chairman's report on page 1 of this edition, The Masonic Foundation will again present an Art Exhibition, this year. The purpose of this exhibition is to promote art in the community, and to raise funds for Men's Health projects, with the emphasis on prostate cancer research, and for the work of the Cancer Care Centre Inc. **The exhibition will also be a lead into an Australia and New Zealand wide Men's Health Month planned for October 2006**.

Last year, a range of prostate cancer support group pamphlets was displayed at the exhibition, and all were taken by the public. This year, the Masonic Foundation has allowed space for a booth, where prostate cancer support groups may display relevant material about the disease, including Be A Man pamphlets, and has invited those groups to man the booth during the duration of the exhibition. The Cancer Care Centre has also been invited to participate.

The Masonic Foundation has common objectives and ideals (with this Group) to promote Men's Health issues to the general public. This exhibition provides prostate cancer support groups with an excellent opportunity to promote themselves to the community, and we express our sincere gratitude to the Masonic Foundation for allowing us to take part in this event. Hopefully, it will lead to an equally beneficial outcome for all of us.

PURSUING HEALTHIER BACON THROUGH BIOTECH

A microscopic worm may be the key to heart-friendly bacon.

Geneticists have mixed DNA from the roundworm C. elegans and pigs to produce swine with significant amounts of omega-3 fatty acids - the kind believed to stave off heart disease.

Researchers hope they can improve the technique in pork and do the same in chickens and cows. In the process, they also want to better understand human disease.

"We all can use more omega-3 in our diet," said Dr. Jing Kang, the Harvard Medical School researcher who modified the omega-3-making worm gene so it turned on in the pigs.

Kang is one of 17 authors of the paper appearing Sunday in an online edition of the journal Nature Biotechnology.

The cloned, genetically engineered pigs are the latest advance in the agricultural biotechnology field, which is struggling to move beyond esoteric products such as bug-repelling corn and soy resistant to weed killers.

Hoping to create healthier, cheaper and tastier products that consumers crave, Monsanto Co. of St. Louis and its biotech farming competitors like DuPont are developing omega-3-producing crops that yield healthier cooking oils. Kang said 30 academic laboratories are now working with his omega-3 gene, presumably pursuing similar projects.

"Consumers have responded pretty positively when asked their opinion of food modified to improve food quality and food safety, just as long as the taste isn't altered negatively," said Christine Bruhn, director of the Center for Consumer Research at the University of California, Davis.

Earlier experiments have succeeded in manipulating animals' fat content but most never made it out of the lab because of taste problems.

While boosting Omega-3s doesn't decrease the fat content in pigs, the fatty acids are also important to brain development and may reduce the risk of Alzheimer's disease and depression. The American Heart Association recommends at least two weekly servings of fish, particularly fatty fish like trout and salmon, which are naturally high in omega-3s.

People already eat genetically engineered soy beans in all manner of processed food, but biotech companies run into what bioethicists call the "yuck factor" when they begin tinkering with animals.

The Food and Drug Administration has never approved food derived from genetically engineered animals. Unlike crops, the FDA treats such animals as medicine and requires extensive testing before approval.

"We understand that this research is in the very early stages," FDA spokeswoman Rae Jones said. "This technology will not likely reach meat counters for many years."

The FDA is still considering Waltham, Mass.-based Aqua Bounty Technologies' application to market a salmon genetically engineered to grow faster, the only such request pending with the agency. Aqua Bounty began its federal application process about nine years ago and there is no indication when the FDA will rule.

In the meantime, the researchers of the latest project said they will use their genetically engineered pigs to study human disease, especially heart conditions.

REFERRALS TO CANCER SUPPORT GROUPS

The Cancer Council N.S.W. has recently published a Research Bulletin on the subject of Support Groups, which highlights the fact that only one quarter of referrals to cancer support groups come from health professionals. Participants in the study were asked how they learned about their cancer support group. Most commonly, people find out about groups through a friend or newspaper.

A two-year Cancer Council NSW funded study into the nature and effectiveness of support groups for people with cancer in NSW was completed this year. The study was conducted by researchers from the University of Western Sydney, the University of Sydney and Westmead Hospital. A state-wide audit showed that support groups are an integral part of the cancer experience for many people with cancer, and their carers, throughout all areas of NSW. 167 groups participated in the study.

What happens in a typical support group?

Formats vary, but, typically, support groups provide an opportunity to share feelings with others who are "in the same boat" in a supportive atmosphere. Groups also offer a place where members can exchange information, learn coping strategies from others and develop a sense of cohesion with peers.

Whether the group leader has training, or not, or has had cancer or not, are not associated at all with satisfaction with the group leader. The study showed that people who attend support groups for heterogenous cancers have greater improvements in anxiety and satisfaction with the group, than those attending groups for site-specific cancers.

The top 5 reasons participants give for joining a support group are

- Knowing they are not alone
- Hearing about current medical research
- Becoming more informed about the drugs used in cancer treatment and their side-effects
- Learning about and comparing how other people deal with cancer
- Relaxing with others who understand their experience because they are going through the same thing.

The support group acts like a surrogate family. People describe the group as a supportive and caring environment where individuals feel accepted for themselves, where they feel safe to express their true feelings without protecting others, and where there is empathy and understanding in response. Group members feel they are not alone.

> "**Now you can talk to somebody about it and you meet up with people who are worse off than yourself. The isolation's gone".**

A sense of community

The group anchors people. A sense of community develops through sharing feelings and experiences in the group and serves to unite people as they get to know intimate details of each other's lives. Connections between people are established and continue to function as social support between meetings.

Why do people stay?

Empathy – everyone at a cancer support group has some experience of cancer. This creates powerful empathy within the group.

Being cared for – group participants are unequivocal in their experience of feeling cared for in the group.

> " ***I wanted a place where I could really talk about how I felt and I didn't have to worry about hurting someone or protecting them. That's really important".***

Safety – one of the most frequent comments is that the support group is a safe environment where individuals can express feelings.

Humour – one of the most striking features of groups is the level of warmth and humour between participants – it provides a positive context in which participants can relax and feel at ease.

How do support groups facilitate this positive experience?
There are 3 key mechanisms;-

1. **Leadership** – group leaders vary in their training and experience with cancer, but consistently, it is their enthusiasm, caring and availability, which underlies the unconditional support received from the group.
2. **Modelling** – positive role models are a powerful force, and modelling has been recognised as an important method for learning in a variety of contexts. Sharing experiences with others facing a common stressor is recognised as helping to normalise the cancer experience and reduce feelings of being atypical.
3. **Information sharing** – support groups provide a place where information is shared about treatment, side effects and complementary therapies. People who are yet to make a treatment choice often discuss the decisions of others with a similar diagnosis. Many participants commented that one of the benefits of attending a support group is learning how to communicate with their health professionals.

The study also identified four main factors which explain why some people do not attend cancer support groups – (1) they do not want to revisit cancer experiences (2)their personality or coping style means they have difficulty "opening up" and are fearful of exposure (3)they are avoiding contact with cancer (4) wanting "people like me" and lack of awareness about groups.

"At first I thought cancer is really terminal but now I see examples, and then getting all this encouragement and support I'm no longer afraid".

This is a 4-page report, but was not published on TCCNSW website when this article was being prepared. If any member is interested in viewing the full report, Trevor Hunt has a copy, and can assist any member to obtain it from the internet. It is probably the best report that I have read about the effect of support groups, and is presented in a manner that can be easily understood, in contrast to some other reports I have read, where a more academic approach has been made. I suggest that academic reports on this subject are not in keeping with what the general public wants to read at the time of diagnosis. Members of this Group are well aware of the benefits of being in a support group, and should be alert to providing this type of information to any person who is diagnosed with prostate cancer, and his family. This NSW report provides more evidence to assist any member spreading the word to help anyone who needs help and support, and is not aware of the support that is available to them.

MEDICINAL TOMATOES

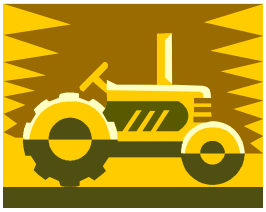
Cancer-fighting tomatoes went on sale yesterday in British Tesco supermarkets.

The specially-bred tomatoes are extra rich in a pigment which is believed to cut the risk of prostate cancer.

Lycopene, the compound which makes them red, may also ward off cancer of the lung, pancreas, bladder, skin and cervix. The tomatoes were created naturally by crossing varieties known to be high in the pigment. *(The Advertiser, 12/4, p45)*

CANCER AUSTRALIA BILL

The House of Representatives passed the Cancer Australia Bill on 29th March. Members who are interested in reading the discussion on the Bill can do so by going to http://www.aph.gov.au/hansard/reps/dailys/dr290306.pdf . There are several pages, and you may go to Hansard page 29 for the beginning of discussion (page 47 in the pdf document) and then to Hansard page 77, for the resumption of debate (page 96 in the pdf document). Some interesting debates – including Liberal back-bencher Alan Cadman criticising in detail TCCA's position on prostate cancer screening, and describing it as "wishy-washy", and calling for something "definitive", and the Minister for Health warning not to tilt the organisation to towards breast cancer centric.



F R E D G O E S T O T H E C O U N T R Y

Accompanied by Trevor and Coralie Hunt, Fred B. A. Man went to the Karoonda Farm Fair on Friday 7th April. Leaving home at 5.30am. was a bit of a culture shock, but we had Fred at Karoonda by 7.40am, in time to set up the PCAG stall by 9.00am., for the two-day event. We had been allocated a very good site, in the Future Directions pavilion, which housed other attractions that drew a significant amount of through-traffic.

Our aim was to talk with people to raise awareness of prostate cancer, and to distribute relevant literature to those requiring additional information. We can honestly say that we achieved those aims, well and truly. A surprising number of men came past, telling us that they had "been there, done that". Even allowing for those who still do not distinguish between a prostatectomy and a TURP operation, it would appear that there are many survivors of prostate cancer in the country.

There were many instances of men who identified our stall before quite reaching it, and then finding something of immense interest on the opposite side of the alleyway. It is a shame that so many men still cannot face the thought of any illness that may affect them "down there". Their furtive attempts to avoid us were just so obvious – and it is not as though we were there to sell them anything, or (heaven forbid) conduct any tests for the disease! On the other hand, those men who accompanied their wives often had their attention drawn to our stall. A determined wife is never likely to let her husband avoid our stall, and many went home with a pack of information about prostate cancer.

There were some amazing stories, though. Some men have doctors who still say "you need not worry about that", while we encountered men whose father had died of prostate cancer, yet still had not been tested, themselves. Several only wanted to talk about the disease, and we wondered how much they may have endured because they had not been able to talk anyone, locally. One lady desperately needed to talk to a counsellor about a different cancer problem, and her concerns were just so obvious. We hope that she was able to get help, on her imminent trip to the city, as we could only urge her to seek the right kind of help. Perhaps our presence at this event helped other people, too.

Fred was left to sleep (he may even have helped security) at the Fair ground on Friday night, before welcoming the Saturday shift of Jeff and Theban. They also encountered similar stories to those we had.
Also assisting our Group at this event were Barry and Margaret Oakley (it was old home week for these former residents of the Karoonda district) on both Friday and Saturday, and Bill Toop, on Saturday. Our appreciation to all who assisted us – to be able to leave the stall for a break was quite welcome.

We have not seen any attendance figures for the event, but some locals said that it was very good. This Fair is well patronised by the Mallee population, and has significant support from traders – there were many stalls and sites, of varied interests, from farm machinery to sewing and art, and just about everything in between. It is a credit to the small community of Karoonda.

In all, we recorded 65 genuine enquiries about prostate cancer, and innumerable other contacts with many people. That was adequate response to convince us that the effort had been very worthwhile, and further evidence that we should be doing more of this work in the rural areas, manpower permitting. Fred did his part by attracting attention, and had the kids entranced. He said that he enjoyed the perfect weather and the friendly country atmosphere.

FURTHER READING
Health Inequalities in Australia Report –
http://www.aihw.gov.au/publications/phe/liamhbrfhsu/liamhbrfhsa.pdf

TGA Report – Regulating Complementary Medicines –Trevor Hunt has pdf document if you are interested

The Cancer Council ..... And the Australian Prostate Cancer Collaboration announce the

NATIONAL PROSTATE CANCER CALL AND CLICK-IN

7th September 2006

6:00 PM - 9:00 PM

Call 13 11 20

or click on

http://www.prostatehealth.org.au

LIONS AUSTRALIAN PROSTATE CANCER WEBSITE

To ask a question or find information on prostate cancer

If you or a relative are affected or have questions about prostate cancer you can call 13 11 20 for the cost of a local call, from anywhere in Australia. You may remain anonymous and discuss any concerns you have regarding early detection, risk factors, treatment and management. Experts will be available to answer questions or concerns about prostate cancer. You can either phone in or email them from the website via "Ask Andy".

THE CANCER CALL IN HAS BEEN PROUDLY SUPPORTED BY

Australian Prostate Cancer Collaboration and Lions Australia

Prostate herb is a 'waste of money' Clara Ptrani

A HERB extract commonly used to treat a prostate condition is no more effective than a placebo, a study *has* found.

Saw palmetto is taken to improve urinary symptoms in men with an enlarged prostate gland. But a US study of 225 men over the age of 49 found it did not improve the condition. An enlarged prostate - also known as benign prostate hyperplasia - affects about one million Australian men over the age of 50.

Study participants, who all had enlarged prostates, were randomly chosen to take either the herbal extract or a dummy pill twice a day. They were assessed regularly to see if there was any change in their condition, or in urinary function.

The researchers also looked at particular groups of patients, comparing those with more and less severe symptoms and those with larger and smaller prostates. They found no difference in any of the subgroups between the herbal extract and the dummy version.

Stephen Bent, a researcher at the San Francisco VA Medical Centre who led the research, said the change in symptoms between the two groups was almost identical. "There was no statistically significant difference at any time point during the study," he said. "The results of this study clearly do not support a strong clinical benefit of saw palmetto."

Dr Bent said the findings contradicted earlier research which had involved fewer participants and were shorter in duration.

Phillip Katelaris, a urologist and director of the Prostate Cancer Foundation of Australia, said men who used saw palmetto were wasting their money.

"It's time that people start to accept that all these products do is make expensive urine and nothing else," he said. "This study doesn't surprise me at all because other studies have shown that it's no better than a placebo. "But men believe in it, I think because they like the idea of being in control and self-medicating. *(The Australian, 19/4)*

Most Australians living longer

AUSTRALIANS are living longer than ever before, with life expectancy jumping by 25 years over the past century, a new report shows. More Australians are surviving cancer and fewer are dying of heart disease, according to the Australian Institute of Health and Welfare (AIHW) report.

But more are dying from mental health conditions and nervous system diseases.

And the report paints a bleak picture for female smokers.

The AIHW says the number of women dying of lung cancer has risen dramatically since the 1950s - from around three deaths per 100,000 to 22 per 100,000 in 2000.

For men, there has been a fall in deaths from lung cancer since the 1980s, which the AIHW said could be attributed to a drop in smoking.

Overall, the cancer death rate has been falling in recent years, although lung cancer remains the leading cancer killer in Australia followed by colorectal cancer.

On the upside, more Australians are surviving stomach cancer and cervical cancer, with a major drop in the death rate for those cancers.

Fewer Australians are dying from cardiovascular disease, which can also be linked to a drop in smoking rates, the AIHW said. Overall, Australia's death rate has fallen by more than two-thirds since 1900.

The AIHW says a major success story from the past century has been a huge drop in the infant mortality rate - the number of deaths before the age of one year.

Life expectancy in Australia is on the rise, with women continuing to outlive men. For women, average life expectancy at birth has jumped by 25 years to almost 83 years of age.

For men, a baby boy born in 2000 can expect to live to an average age of 77.4 years, up from 54 years a century ago.

But despite major advances in many areas of health, the death rate from nervous system diseases and mental health problems is on the rise.

From 1980, death rates from nervous system diseases almost doubled, and a similar pattern was recorded with mental health conditions. There has also been a jump in death rates from blood poisoning or septicaemia among older Australians since the late 1970s. However, deaths from infectious diseases, respiratory diseases and injury and poisoning have fallen over the past 100 years. *(The Australian, 5/4)*

Progress in prostate cancer tests

From correspondents in Washington

TWO companies have developed genetic tests that eventually could help doctors better predict which prostate cancer patients need aggressive treatment, US researchers reported today.

One test, developed by San Diego-based Illumina Inc, was designed to help physicians tell which patients considered at medium risk will have their cancer recur after the prostate is removed. Those patients typically have a score of six or seven on the 10 point Gleason scale that is among the standard tests for prostate cancer.

Researchers used the Illumina test to analyse prostate cancer tissue samples for 16 genes and studied how patients fared. They said they could use the information to give patients a score indicating whether they were likely to experience a recurrence of cancer within the next five years.

If confirmed in future studies, "this information could be used to make the next leap as to what (treatment) a patient should or should not have", said Dr- Tracy Downs, a urologic oncologist at the University of California at San Diego.

Another test developed by Berlin-based Epigenomics AG detected a gene called PITX2 and its "methylation", a chemical alteration that controls how active a gene is. The PITX2 gene is thought to play a role in regulating hormones, which can fuel cancer growth.

Men whose tissue samples tested positive on the Epigenomics test were three times more likely to experience cancer recurrence after having their prostate removed, researchers said.

"Those are the people that are really possibly good candidates for early (post-surgical) therapy," said Susan Cottrell, a senior scientist at Epigenomics's Seattle-based US unit.

The company plans to seek Food and Drug Administration approval of the test if its effectiveness is confirmed in a larger study, Ms Cottrell said.

The test could be available for use in patients "in another couple years", she said.

Findings on both tests were released at a meeting of the American Association for Cancer Research.

Neither test was designed to replace the Gleason score or the PSA test that doctors typically use to determine the severity of prostate cancer, the researchers said. *(The Australian, 6/4)*

DEVELOPMENT OF CLINICAL PRACTICE GUIDELINES

If you are interested in learning more about how clinical practice guidelines are prepared, Trevor Hunt has a pdf document that explains it very well, If you are interested, contact Trevor. It is an interesting process.

Ginger, chillies treat tough cancers From correspondents in Washington

GINGER can kill ovarian cancer cells while the compound that makes chillies hot can shrink pancreatic tumours, US researchers said.

Their studies add to a growing body of evidence that at least some popular spices might slow or prevent the growth of cancer.

The study on ginger was done using cells in a lab dish, which is a long way from finding that it works in actual cancer patients, but it is the first step to testing the idea.

Dr Rebecca Liu, an assistant professor of obstetrics and gynaecology at the University of Michigan Comprehensive Cancer Centre, and colleagues tested ginger powder dissolved in solution by putting it on ovarian cancer cell cultures.

It killed the ovarian cancer cells in two different ways - through a self-destruction process called apoptosis and through autophagy in which cells digest themselves, the researchers told a meeting of the American Association for Cancer Research.

"Most ovarian cancer patients develop recurrent disease that eventually becomes resistant to standard chemotherapy, which is associated with resistance to apoptosis," Dr Liu said in a statement.

"If ginger can cause autophagic cell death in addition to apoptosis, it may circumvent resistance to conventional chemotherapy."

Ginger has been shown to help control inflammation, which can contribute to the development of ovarian cancer cells.

"In multiple ovarian cancer cell lines, we found that ginger-induced cell death at a similar or better rate than the platinum-based chemotherapy drugs typically used to treat ovarian cancer," said Dr Jennifer Rhode, who helped work on the study.

A second study found that capsaicin, which makes chilli peppers hot, fed to mice caused apoptosis death in pancreatic cancer cells, said Sanjay Srivastava of the University of Pittsburgh School of Medicine.

"Capsaicin triggered the cancerous cells to die off and significantly reduced the size of the tumours," he said.

The spicy compound killed pancreatic tumour cells but did not affect normal, healthy pancreas cells, researchers told the AACR meeting.

Last year, the same team reported similar results with pancreatic cells in lab dishes. Pancreatic cancer is highly deadly, killing 31,000 of the 32,000 it will be diagnosed in this year. (US figures)

Last month, researchers in Los Angeles reported that capsaicin killed prostate tumour cells. Other studies have shown that tumeric, a yellow spice used widely in Indian cooking, may help stop the spread of lung cancer and breast cancer in mice. Experts point out that many compounds shown to stop cancer in mice are not nearly as effective in human patients. *(The Australian, 5/4)*

Cholesterol, prostate cancer link

MEN with high cholesterol levels, particularly if they are under 50; may have an increased risk of developing prostate cancer, Italian scientists said.

The scientists discovered an association between prostate cancer and raised cholesterol in a study *of* more than 2750 men, published online by the journal Annals of Cancer. .

"We have found a possible relation between high cholesterol and prostate cancer. It was self-reported by patients," Dr Francesca Bravi *of* the Instituto di Ricerche Farmacologiche Mario Negri in Milan, said in an interview.

Dr. Bravi and her team said men with prostate cancer in the study were around 50% more likely to have had high cholesterol levels than men without the disease.

Prostate is one of the most common cancers in men. Each year 543,000 new cases are reported worldwide and the disease kills 200,000 mostly older men in developed countries.

High cholesterol levels had been thought before to be linked to the disease but most of the evidence was in animal studies.

The scientists said the association was stronger for men whose high cholesterol levels had been diagnosed before they were 50 and for men over 65, where there was an *80 per*cent greater likelihood *of* high cholesterol levels.

They also found that prostate cancer patients in the study were 26 per cent more likely to have suffered *from* gallstones, which are often related to high cholesterol levels.

.Dr Christina Bosetti, a co-author *of* the study, said hormones called androgens that play a role in prostate tissue and cancer are synthesised from cholesterol.

Gallstones are also often composed *of* cholesterol. "So the direct relationship we found between gallstones and prostate cancer, while it was not statistically significant, suggests a similar biological mechanism may explain the link," Dr Bosetti said.

The scientists said that cholesterol-lowering drugs known as statins may help to lower a man's prostate cancer risk. Statins have also been shown to help prevent diabetics and people at high risk *of* heart. Disease *from* suffering a heart attack *or* stroke.

But Dr. Bravi said further studies are needed to determine whether statins could reduce the risk of prostate cancer because current research is limited and inconclusive. *(The Australian, 12/4)*

OMEGA 3 FATTY ACIDS FIGHT PROSTATE CANCER

Eating oily fish or taking omega-3 fatty acids supplements may help prevent the spread of aggressive prostate cancer to other parts of the body while high intake of omega-6 fatty acids, may do the opposite, according to a new UK cancer study.

The study, published online in the March 27 issue of British Journal of Cancer, found that the type of fatty acids determines how they influence the risk of metastatic prostate cancer. The UK researchers found Omega-3 fatty acids inhibit proliferation of prostate cancer cells whereas Omega-6 poly-unsaturated fatty acid, known as Arachidonic acid, enhances the proliferation of malignant prostate epithelial cells.

Epidemiological studies have already established not only an association between high intake of dietary fats and an elevated risk of developing metastatic prostate cancer, but also found that the types of fat intake affects the risk of the disease.

The researchers do not know how aracidonic acid influences the migration of cancer cells. They found the Omega-6 fatty acid at a high level such as 5M stimulates malignant epithelial cellular invasion, which may drive the cancer to bone marrow, according to the study. In contrast, omega-3 fatty acids or omega-3 poly-unsaturated fatty acids eicosapentaenoic acid and docosahexaenoic acid at a ratio of one part of omega-3 fats to two parts of omega-6 fats inhibit the process.

"This invasion was blocked by omega-3 fats - the ones found in oily fish. It is possible to have a healthy balance of these two types of fat- we only need about half as much omega-3 as omega-6 - that will still stop cancer cells from spreading," Mick Brown, Ph.D., lead author of the study from the Paterson Institute in Manchester, UK, was quoted as saying.

Noel Clarke, principal investigator of the study, from the Christie Hospital, said, as mydna.com quoted, "We think tumors may exploit the omega-6 fats as a high energy source - giving them the energy they need to maintain a high growth rate - and to create important signaling molecules. Omega-3 fats are known to

interfere with the various functions of omega-6 fats, something confirmed by our findings. This effectively removes the cancer's 'free lunch', a fact that may have clinical importance"

Clarke suggests eating a diet with the right ratio of omega-3 and omega-6 fatty acids may help keep prostate cancer within the prostate gland where it can be easily and safely treated with surgeries and conventional therapies. Cancer Research UK recommends that people eat a health diet, high in fiber, fruit and vegetables and low in red and processed meat, to reduce risk of cancer.

"Diet is a factor in many types of cancer, but its potential role is not yet fully clear in prostate cancer. This research shows an effect in the laboratory. However, we would need large population studies to provide the needed evidence to say a change in diet could reduce prostate cancer cells from spreading," John Toy, M.D., Ph.D., medical director of Cancer Research UK, was quoted as saying.

The study, funded by the Association for International Cancer Research(AICR) and the Medical Research Council (MRC), was performed on prostate cancer cell cultures. The results may or may not be applicable to prostate cancer in humans. Further studies are needed to confirm the effects of omega-3 fatty acids and omega-6 fatty acids on the progression of prostate cancer.

Omega-3 and omega 6 fatty acids are two main groups of polyunsaturated fatty acids commonly found in foods. Both types have a positive role in keeping humans' health. Omeg-3 fatty acids are abundantly present in oily fish including salmon, mackerel, lake trout, herring, sardines and albacore tuna, consumption of which has been linked with a lower risk of certain cancers. Omega-6 fatty acids were richly found in vegetable oils such as corn oil, which was found to raise risk of cancers such as lung cancer and breast cancer.

In the United States, people consume much higher omega-6 fatty acids than omega-3 fatty acids, approximately at a ratio of one omega-3 fats to 16 parts of omega-6 fats, a fact that prompts some to believe that the low ratio may be a cause for the high incidence of cancer in the country.

Source: M D Brown et al., 2006, Promotion of prostatic metastatic migration towards human bone marrow stoma by Omega 6 and its inhibition by Omega 3 PUFAs, British Journal of Cancer (2006) 94, 842-853. /Copyright 2006 Foodconsumer.org/
(From National Prostate Cancer Coalition NPCC)

SPECIALISTS OFFER BIASED TREATMENT ADVICE FOR PROSTATE CANCER

by Jeff Minerd | MedPage Today | 03.27.2006

SEATTLE - Men trying to decide how to have their localized prostate cancer treated may get incomplete or biased advice from both physicians and patient-education materials, a review of the literature suggested.

For example, urologists nearly universally indicate that surgery is the optimal treatment strategy, and radiation oncologists similarly indicate that radiation therapy is optimal, said Scott D. Ramsey, M.D., Ph.D., of the Fred Hutchinson Cancer Research Center here, and colleagues.

"Given the bias in treatment preference by specialty, it is likely there is discordance in which treatment options are provided to patients and the strength of individual recommendations associated with each option," Dr. Ramsey and colleagues wrote in a study published online today by the journal Cancer.

Choosing the most appropriate treatment for localized prostate cancer is an especially complicated task because there is no clear consensus about the optimal treatment strategy, they added.

Dr. Ramsey and colleagues reviewed 69 original peer-reviewed articles focused on the prostate cancer decision-making process published from1990 to 2004. The articles included survey studies, focus group studies, and studies aimed at designing and exploring decision aids.

The treatment strategies covered by the studies included watchful waiting, radical prostatectomy, external beam radiation therapy, and brachytherapy. Dr.

Ramsey and colleagues sought to understand what factors most influenced patients' treatment decisions and what obstacles they faced along the way.

One study reviewed found that most patient education materials contain biases toward active treatment, minimize the role of watchful waiting, and underestimate the likelihood and impact of side effects, the review authors noted.

"We agree with the authors of this study, who concluded that a new generation of materials is needed," they said.

Key highlights of the review included the following:

* Although the reasons cited for a chosen treatment varied widely by individuals, cancer eradication is nearly every patient's primary concern, the authors said.
* The potential risks of surgery, including impotence and incontinence, are the second largest concerns, with more men being worried about incontinence than impotence. One study found that 49% of men were concerned about incontinence and 38% were concerned about impotence.
* Patients are becoming increasingly more active in the decision-making process. In one study, only 32% of men said they wanted their physician to make the final decision, compared with 58% of men asked five years earlier.
* In focus group studies, men commonly reported not being presented with the option of watchful waiting by their physicians, "and many believed that watchful waiting was the equivalent of doing nothing," the review authors said.

"Until evidence becomes available regarding the efficacy of available treatment options, decision-making will remain a process of carefully balancing uncertain outcomes," the review authors said.

"Considerable progress is needed in helping patients fully understand how to balance the complex issues surrounding making a decision regarding prostate cancer treatment," they concluded.

**Primary source: */Cancer/ *Source reference: * Steven Zeliadt et al. "Why do men choose one treatment over another? A review of patient decision making for localized prostate cancer." /Cancer/. Advanced online publication March 27, 2006. /Copyright 2006 MedPage Today/ (From NPCC)*

PAINKILLER UPDATE – WHAT YOU NEED TO KNOW

by Michael Smith, MDF | WebMD | 08.19.2005

A Texas jury has awarded $253.4 million dollars to the widow of a 59-year-old man who took the popular painkiller Vioxx, finding the drug's manufacturer Merck & Co. negligent in his death.

The news puts the safety of Vioxx and other similar painkillers back in the spotlight.

Are you confused about anti-inflammatory drugs? Here's the down-and-dirty version of what you need to know.

Vioxx

In February, an expert panel recommended that Vioxx be brought back on the market after it was removed in September 2004 because of its link to heart attacks and strokes. However, the FDA says much more safety information is needed before Vioxx would be allowed back on the market.
Experts say once patients stopped taking Vioxx, any increase in heart attacks and strokes likely went away.

Bextra

Bextra was pulled from the market because the FDA says that risks from Bextra outweigh the benefits.

The FDA says Bextra offers no advantages over other available anti-inflammatory drugs. Risks from Bextra include an increase in heart attacks and strokes as well as the potential for life-threatening skin reactions.

Patients should contact their doctor about choosing another treatment.

Celebrex
Unlike Bextra, the FDA says the benefits of Celebrex outweigh the risks. Celebrex is associated with an increase in heart attacks and strokes, particularly at doses higher than 200 milligrams a day. Celebrex will carry a black box warning about the risks of heart attack, stroke, and stomach ulcer bleeding. Patients should use the lowest effective dose for the shortest time possible. More research is being done to study any potential long-term effects of Celebrex.

Other Prescription Anti-Inflammatory Drugs

The FDA says all anti-inflammatory drugs carry a risk of heart attacks and strokes as well as the risk for potentially life-threatening stomach ulcer bleeding. These drugs should not be used in patients who have recently undergone heart bypass surgery. The FDA has provided a complete list of drugs affected by this update.

Over-the-Counter Anti-Inflammatory Drugs
Short-term, low-dose use (the recommended over-the-counter dose) of over-the-counter painkillers does not appear to increase risk of heart attacks and strokes.

More specific information about the potential for heart attack, stroke, and stomach ulcer bleeding will be included with these products. The exact risk of these drugs isn't known because there is very little research in this area.

These drugs include products with ibuprofen, naproxen, or ketoprofen. The FDA has provided a list of brand names for these over-the-counter medications.

Stronger reminders about limiting the dose and duration of treatment will be included. Previous recommendations have been to use these over-the-counter drugs for no more than 10 days without seeing your doctor.

Like prescription anti-inflammatory drugs, over-the-counter drugs also carry the risk of skin reactions.

Aspirin is not included in this new warning as it's known to decrease the risk of heart disease.

Acetaminophen (Tylenol) is also not included in this warning as it is not an anti-inflammatory drug. It should still be taken as directed because too much acetaminophen can lead to liver problems.

Who is at highest risk when taking these drugs?
Patients who have had recent heart bypass surgery

People with heart disease -- blockages in their heart arteries --
including people who have had chest pain or a heart attack

People who have had a stroke or who currently have episodes known as TIA(transient ischemic attacks), sometimes called ministrokes

People with a history of stomach ulcers

WebMD Medical News, Reviewed By Brunilda Nazario, MD SOURCE: FDA.

KEEPING PATIENTS FROM FALLING THROUGH THE MEDICAL-IMAGING CRACKS

by Kara Gavin | University of Michigan Health System | 03.23.2006

Every day in hospitals around the country, thousands of patients undergo CT, MRI, X-ray and other kinds of scans, producing detailed images of their bodies. Specially trained doctors "read" those images to look for problems, and then send a report of what they've found to each patient's own doctor.

But every once in a while, a new study finds, a patient falls through the cracks -- the victim of an incomplete handoff between doctors. If that patient's scan happens to show signs of cancer or another serious problem, the results could be disastrous. Fortunately, the study also shows, it may be possible to prevent such occurrences.

In a paper in the April issue of the American Journal of Roentgenology, a prominent journal for medical-imaging specialists, or radiologists, researchers from the University of Michigan Health System and the VA Ann Arbor Healthcare System report the results from their first year using an innovative automatic system at the Ann Arbor VA hospital.

In all, they show, the system kept eight patients with serious signs of trouble on their scans from falling through the cracks, including five who turned out to have cancer. And while the handoff between radiologists and other physicians took place correctly for the vast majority of 395 patients whose scans revealed potential cancers, the authors say their findings show the value of an inexpensive "safety net" system to catch those few patients who might otherwise be missed.

"We know anecdotally that these problems happen around the country, and in fact they are the source of abundant malpractice litigation," says author Charles Marn, M.D., chief of radiology at the Ann Arbor VA and an associate professor of radiology at the U-M Medical School. "We developed this system after a situation that occurred at our own institution, and this one-year experience already shows that it has helped. We hope that other hospitals can use these findings to develop their own responses to this issue, especially as they implement computerized radiology systems."

Marn and his colleagues, including lead author and U-M radiology lecturer Vaishali Choksi, M.B.B.S., D.M.R.D., D.N.B., developed a system of codes that radiologists could assign to each medical image as electronic "tags." The study focused on scans that received a "Code 8" tag, meaning that the radiologist spotted an unexpected sign of cancer that required immediate follow-up by the patient's own physician.

Such scans were reported to the patient's physician via a written report and a direct phone notification about the unexpected finding that might indicate cancer. But as a backup, each week a staff member pulled up the computerized records tagged with Code 8s and checked if each had received follow-up care. If they hadn't, she contacted the patient's physician, as well as the hospital's cancer-care group.

Of the 37,736 medical images made at the VA in the one-year study period, 395 received Code 8s, and 360 of those patients' computerized records showed that they had appropriate follow-up within two weeks. For the 35 patients whose records showed no sign of follow-up, the staff member's contact with the doctors revealed that there had been follow-up for 25 of the patients, but it hadn't been noted in the computerized records yet. One other patient died soon after the Code 8 scan, and another elected not to have follow-up care.

But for eight patients, the doctor who had ordered the scan had not reacted to the Code 8 report from the radiologist, for whatever reason. Once follow-up care was initiated, five of those patients turned out to have malignant cancer, making up 2 percent of all cancers detected in the study year and 0.02 percent of all scans performed during the year.

Why would doctors fail to react to a radiologist's report about a potential cancer? There are many reasons, Marn says. For instance, an unexpected finding of cancer on a scan that had been ordered for an entirely different reason --

for example, to guide a surgeon performing a hip operation -- might not get immediate attention from the surgeon.

Or, the medical resident who ordered the scan originally might have finished his or her rotation in the hospital by the time the scan results came back, and the resident's replacement might not immediately process the report. Or, they say, the report might just simply get lost in the "crush of clinical information" that bombards physicians each day.

That's why the automated coding and reporting system developed at the Ann Arbor VA could be so useful in any hospital, Marn explains. The rapid increase in medical imaging in recent years, combined with the increased use of computerized medical records systems and digital medical-image systems called PACS, means the time is right to use digital technology to keep patients from falling through the cracks.

Missed follow-up on cancer scans is just one example of a patient-safety issue that stems from inadequate communication, incomplete handoffs between professionals and systemic "holes" that patients can slip through, Marn adds.

The researchers also collected data on patients with "Code 4" tags on their medical images, meaning that the radiologist had spotted something on the scan that wasn't cancer but might indicate another problem. They are now analyzing data from those patients.

Importantly, Marn says, the new paper also shows that no patients whose medical-imaging scans were ordered by emergency or urgent-care doctors fell through the cracks. However, the study was not able to determine if there were any differences in follow-up care between residents and attending physicians, or residents at different stages of their training.

The new paper was addressed before publication in a special article in the October 2005 issue of AJR by Leonard Berlin, M.D., of Rush Medical College in Chicago.

In addition to Marn and Choksi, the paper's authors are Ruth Carlos, M.D., a radiologist at the U-M and VA hospitals, and Yvonne Bell, CTR, the cancer registrar for the Ann Arbor VA hospital.

*Reference: AJR: 186, April 2006. An earlier paper that described the incident that sparked the development of the automated system, and the system itself, was published in the Journal of the American College of Radiology in September 2005, Vol. 2, No. 9, pp. 768-775. /Copyright 2006 University of Michigan Health System/*Copyright © 2005 National Prostate Cancer Coalition (NPCC). All Rights Reserved.**

MEN SOUGHT FOR PROSTATE TRIAL OF "WATCHFUL WAITING"

The subject of prostate cancer is a hot topic with senior citizens, since about two-thirds of all prostate cancers are found in men age 65 or older. It is also the number one cancer killer of men. What to do about prostate cancer, however, is controversial, according to the National Cancer Institute. Just last month research was released saying older men with early stage prostate cancer survive longer if they are treated, versus not being treated in the "watchful waiting" approach advocated by many physicians. Today, the noted M.D. Anderson Cancer Center is not giving up on "watchful waiting" and is looking for volunteers for further clinical trials.

When Houston restaurateur Tony Masraff was diagnosed with early-stage prostate cancer, his life was packed with dancing, running marathons, playing tennis, gardening, leading a successful business and spending time with his family.

But it wasn't until his doctor at The University of Texas M. D. Anderson Cancer Center advised "watchful waiting" as an option to invasive surgery and radiation that he realized he could continue his active life- free of treatment side effects, but with the cancer.

Masraff is one of about 200 men diagnosed with low-risk prostate cancer at M. D. Anderson on active surveillance for their disease, having changes monitored through regular Prostate Specific Antigen (PSA) tests, biopsies and check-ups.

He also is one of hundreds of thousands of men nationwide who have had their prostate cancer detected by regular PSA tests at such an early stage that managing low-risk disease through surveillance outweighs the risks and possible side effects of treatments.

Now, a new study at M. D. Anderson will follow low-risk patients eligible for watchful waiting to determine if they can avoid or postpone therapy and related side effects, and still live as long as patients who immediately receive invasive therapy. The study will provide key information for the future development of clinical guidelines for watchful waiting.

"With the advent of the PSA test, we see prostate cancer detected much earlier but there is no evidence that early detection means longer survival. Because of the sensitivity of the test, clinically insignificant tumors sometimes are over-diagnosed and patients may, as a consequence, be over-treated with radiation and surgery," said Jeri Kim, M.D., principal investigator of the study and assistant professor in the Department of Genitourinary Medical Oncology at M. D. Anderson.

The study will enroll 650 prostate cancer patients who have been clinically defined either as low risk, or patients with localized prostate cancer who have refused early intervention, or patients with localized cancer who are precluded from therapy due to other serious health conditions. Patients who have had previous treatment for their prostate cancer are not eligible to participate.

Patients will have a biopsy at the beginning of the study to confirm the diagnosis of localized prostate cancer followed by PSA tests and digital rectal exams every six months. The need for additional biopsies will be determined at the end of the first year of surveillance, and participants on the study will be given a transrectal ultrasonography annually to detect any possible changes.

Patients also will be asked to complete a survey on their general health conditions as well as six other short surveys which will be used to monitor diet and behavior as part of related research.

Prostate cancer is one of only a few cancers that can be latent in the body for some time and not require immediate treatment," said Dr. Kim. "Many researchers have documented over the years that men die with their disease rather than from it, and while we need to intervene early, we also need to intervene appropriately with respect to the stage of disease, the man's age, his health in general and quality of life."

The most notable trend in prostate cancer treatment from 1986 to 1999, according to NCI, was the decreasing proportion of cases that received watchful waiting, surgical or chemical castration, or hormonal deprivation therapy as primary treatment. More aggressive treatments, including newer radiation techniques, were found to be on the rise. However, black men were found to receive substantially less aggressive treatment than white men.

Tony Masraff, now 68 years old, preaches "watchful waiting" to men diagnosed with early prostate cancer and has yet to regret not having a more invasive therapy to rid him of the cancer. He is diligent, however, in keeping his appointments and follow-up tests.

"I decided my quality of life was worth more than having a tumor taken out or radiated," said Masraff. "I don't worry about my prostate cancer. I really don't have time to worry about it."

*For more information on the watchful waiting study for men with early-stage prostate cancer, call (713) 563-1602. For information on prostate cancer, go to http://www.mdanderson.org/./Copyright 2006 SeniorJournal.com/*Copyright © 2005 National Prostate Cancer Coalition (NPCC). All Rights Reserved.*

Compiled by
Trevor Hunt