

PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia



ABN 26 499 349 142

NEWSLETTER

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VISIT US at www.pcagsa.org.au

SEPTEMBER 2006

SEPTEMBER IS PROSTATE CANCER MONTH

Chairman's Report September 2006

September is International Prostate Cancer Awareness Month and the PCFA have announced a new initiative for September called

“Racing Around Australia 2006”

I have quoted in part an email received from PCFA – Melbourne Office as follows:

“The Melbourne Office led by Jo Fairbairn has undertaken to raise awareness among rural members of our community through the month of September by asking horse racing clubs to name a race the “Prostate Cancer Handicap”. There is no money involved as this is purely an awareness campaign. Remarkably we have had a fantastic response with 25 confirmed events through September and a couple either side which is awesome”

Most country clubs in South Australia and the South Australian Jockey Club have been contacted – refer to an attachment to the email forwarded by the PCFA to Support Groups. Through a friend of mine I was able to give Sue Clifford a contact at the South Australian Jockey Club and as a result a race was named after prostate cancer at the metropolitan meeting at Cheltenham on Wednesday 6th September.

Awareness Evenings

The Action Group is not conducting any awareness presentations during September but is involved in two such events on the 11th October and 15th November as detailed below.

Clare

The Clare Evening on the 21st August proved to be a great success despite considerable opposition. After our promotion was well under way we learnt the State Cabinet was to hold a public forum in the Clare Town Hall, alongside our venue. To add to this, the local Rotary Club had organised a barbecue prior to the public forum and we saw this as another obstacle to a good attendance.

After a further hassle obtaining sufficient chairs, our meeting got underway on time with an ultimate attendance of 90, a very pleasing number.

Following a suggestion of one of our members (Bill Toop) I had previously written to the Premier inviting him and Cabinet members to attend our meeting and we received a half hour visit from the Minister for Health The Hon John Hill MP. He spoke briefly to the audience and commented on the excellent attendance. Our Group received tremendous assistance from Lower North Health, Community Health and in particular John Monten, a men's health worker. He was thrilled with the attendance.

Dr Kim Pese gave a very comprehensive presentation as did Dr Graham Lyons and both were very well received. Trevor, Bill and Coralie spoke from our Group and rounded off what I considered a well balanced presentation.

Comments after the evening and responses to evaluation forms showed a high degree of audience satisfaction.

Stirling

The Stirling presentation will now take place on Wednesday 11th October (not 12/10) at the Stirling RSL Clubrooms – Apex Park Stirling. Dr James Aspinnall will speak as will Dr Graham Lyons.

The presentation is being sponsored by the Freemasons of Stirling, Blackwood and Mount Barker and we are very grateful for their support.

Mount Barker

This presentation will take place on Wednesday 15th November at the Mount Barker Bowling Club. Dr Switajewski who is the visiting urologist to the area will be the key speaker. Again the Freemasons are sponsoring the event. Flyers will be distributed from approximately the end of September.

Strathalbyn – March 2007?

No further developments.

Mitcham Prostate Cancer Support Group

17 attended the August meeting including 3 new people, a slightly disappointing number.

The guest speaker was Lynne Ireland, a volunteer from The Cancer Council SA who gave the group details of the various services provided by that organisation.

The next meeting will be on Thursday 28th September when Ken Cooney, a member of our group, will speak on his participation in a program by Ian Gawler including a meditation session.

Cancer Voices SA Steering Committee

At a meeting held on the 16th August two working groups were formed

- (a) Terms of reference and structure.
- (b) Questionnaire to be sent to various groups

These will report on recommendations at the next meeting on the 27th September.

Prostate SA

A meeting of Prostate SA was held on the 17th August when The Chairman Mr Ray Blight gave details of Board Members appointed and announced the inaugural Board Meeting would be held at the close of August.

The initial activities will concentrate on fund raising for prostate cancer research.

Liz Abell leaves The Cancer Council SA

Prostate cancer groups were sorry to learn of the resignation of Liz Abell (Manager Community Involvement and Support Programs). Liz has been a great supporter of our various groups and we wish her well for the future.

The Freemasons Art Exhibition

As previously reported the event will be held in the Great Hall of the Masonic Centre – 254 North Terrace, Adelaide.

The dates are 16th & 17th September and from the 21st - 24th September. The Freemasons have offered a free stand for use by the PCFA, The Association of Support Groups and the Action Group to hand out pamphlets and talk to the public about prostate cancer issues.

All proceeds go to prostate cancer research and the Cancer Care Centre. Let's hope many of our members support the Art Exhibition.

PCFA Men's Health Promotion Conference

The Conference was held at Victoria University – Flinders Street, Melbourne on Saturday 12th August 2006. The main sponsor was the Australian Pensioners Insurance Agency. The event was rated a great success, 206 registrations and 190 attended

The range of speakers was excellent and a great variety of information was provided. Further Conferences are planned for Queensland, Darwin, WA, SA, Tasmania, ACT & NSW commencing February 2007.

Those who organised the function led by Jo Fairbairn are to be congratulated.

Bike Ride delayed

Geoff Loveday has advised due to ill health in the family, he and his son will be delaying their bike ride from Adelaide to Coolangatta until next year. You may recall this ride was to raise funds for prostate cancer research.

Jeff Roberts

CONFUSING STATEMENTS.....

(1) ABBOTT SLAMMED OVER CANCER ADVICE

A GOVERNMENT minister who survived a battle with prostate cancer has attacked Health Minister Tony Abbott for saying men without symptoms did not need to get tested for the disease.

"The sad fact is that prostate cancer is an insidious disease, which in its early stages often does not have symptoms," Roads Minister Jim Lloyd said.

Earlier today, Mr Abbott said men without the symptoms of prostate cancer need not worry about being tested.

"If you haven't got the symptoms, you probably don't need to get tested," he said on Channel 9.

But Mr Lloyd disagreed.

"My good friend and ministerial colleague is simply wrong when he stated on national television that if you haven't got the symptoms of prostate cancer you didn't need to get tested," he said.

"I know in my own case I was 48-years-old and had no symptoms when I was diagnosed with prostate cancer.

"I can't stress enough to men across Australia, particularly those over 50 years of age, to visit your doctor and check for prostate cancer."

Mr Lloyd said he would be giving Mr Abbott "a good ear-bashing".

"I will be participating with Tony Abbott in the Fathers Day Five Fun Run for the Prostate Cancer Foundation of Australia at Homebush (in Sydney) this Sunday and it will give me an added incentive to keep up with Tony so I can give him a good ear-bashing about his comments."

A spokeswoman for Mr Abbott said the minister was following the Prostate Cancer Foundation of Australia's position on testing.

She said Mr Abbott and the Government's position was that it was extremely important that men with prostate cancer symptoms saw their doctor.

(From The Australian, 1/9/06)

(In this instance, both the Minister and his spokeswoman should read the PCFA Policy Statement very thoroughly, next time. That Policy Statement clearly says that "men at 50 with no family history of prostate cancer, and men at 40 with a family history, should seek voluntary annual assessments in the form of PSA blood test and DRE. It can be life threatening to wait for symptoms before seeking assessment". Clearly, the Minister did not read this policy statement, nor did the spokeswoman. Furthermore, had either of them read further, they would have noted that the background comments to the policy state that "Many men are dying from prostate cancer because they did not seek a timely PSA test." This was an irresponsible statement by the Minister, and could mislead many men.)

(2) UNFIT MEN WEIGH ON OUR HEALTH BUDGET

A State blueprint for men's health will be developed amid growing evidence more men are neglecting their health and dying prematurely from "deadly diseases".

The Government says too many men are ignoring medical concerns and placing a "huge burden" on the health system. Health Minister John Hill told *"The Advertiser"* a Men's Health Plan and Strategy is being developed to set goals and targets for achieving a healthier community and reducing the risk of disease.

He said the plan, being developed by the Department of Health's Men's Health Taskforce was in response to new evidence showing men are neglecting medical concerns and contracting chronic diseases such as heart disease, bowel and prostate cancer and diabetes.

He urged men to have regular medical check-ups and "think of their families, their children and their partners".

Data from the ABS for 2002 shows that per 100,000 Australians, 237.8 males died from cancerous tumours, compared to 146.7 women. The State's chief medical officer, Professor Baggoley, said there was "striking evidence that men are suffering chronic and deadly diseases and general ill-health because of their neglect and placing a huge burden on the health system".

"It's well known that men typically wait too long to access health services." he said. (*The Advertiser*, 6/9, p7)

COMMENT

With so much recent discussion about obesity in the Australian population, men's health is again under the spotlight, No doubt that obesity is a major concern, and it is not intended to underestimate its serious consequences to men, women and children. But, men are again "copping it in the neck", and they are now being accused of becoming a "huge burden" on the health system. This writer believes that governments and health authorities have received plenty of warnings about this, over several years. In addition, we have been hearing about a "men's health plan" for more than a decade, but nothing has been presented to the public. One wonders how long it will take to present this new proposal.

For decades, men have been accused of neglecting their health, and have been easy targets for various governments, health workers, etc. for this attitude. Most of these people have completely ignored the vast inequity that has existed between the amount of money spent on women's health programmes, and that spent on men's health matters. There have been too many cheap shots at men. Especially when one considers that most men would have been the breadwinners in the family, and probably many not in a situation where they could take time off work to go to a doctor (a situation that has been changing in more modern times).

We really must ask - Are men really being encouraged to go to a doctor for regular check-ups? For instance, Professor Baggoley quotes his "striking evidence", although there does not appear to be any researched evidence quoted to back up his sweeping generalisation, or is only hearsay evidence? If you are a man, is there any incentive to enter a doctor's waiting room to be mostly confronted by an extensive range of posters and pamphlets aimed at women's health, accompanied by relevant pamphlets, and a stack of stale women's magazines, How long is it since you, a male, found a magazine that was of more appropriate interest to you? (And that does not mean "those" magazines.) I doubt that many of our critics have even thought of that - see the accompanying sketch as an indication of how interesting some doctors' waiting room can appear to men. Have you noticed any literature relevant to men's health matters?

It really is time that some of these people took an in-depth look at reasons why men avoid going to the doctor. It has been easy, over the years, to deride and abuse men for not going to the doctor. As well as looking at the presentation of waiting rooms (which could be made more male-friendly, in many cases) there are several other matters that need consideration.

This is why I have brought the above two items together. On the one hand, we have a person, no less than the Federal Minister for Health, quoting from a policy that he has misrepresented, and telling men that they do not need to get tested for one particular disease, if they do not have symptoms, when the disease can be well and truly established without any symptoms, and the best outcome for a cure depends on the early detection of that disease. The pity of that is that there are other medical and professional groups that are also aware of that fact, but they do not encourage men to be tested.

On the other hand, we have the State's Chief Medical Officer accusing men of neglect of their health, and placing a "huge burden" on the health system. Even the State government says that men are ignoring medical concerns, and dying prematurely. Well, they just cannot have it both ways - the message to all authorities dealing with health (presumably, that also includes men) should be to get their messages to men properly coordinated and consistent.

This writer believes that men have been trying to get this message through, for many years, but nobody has been listening. Prostate cancer is a chronic illness, yet governments will not do anything practical to help men become aware of this significant, silent killer of men - then accuse men of becoming a burden on the health system. The men get all the blame "... men are neglecting medical concerns and contracting chronic diseases such as heart disease, bowel and prostate cancer and diabetes." In the case of prostate cancer, then, it appears that men are not being allowed to win - one side says "do not get tested" while the other side says that men are an encumbrance to the health system. Isn't it great to be a male?

Generally, men have been deliberately kept "in the dark" over prostate cancer for a considerable period of time, and, only in recent times have they begun to ask more pertinent questions. PSA testing was kept quiet, lest some men discover that they had prostate cancer, and have treatment that MAY NOT have been necessary, or suffer unpleasant side effects for the remainder of their lives. There is a significant number of men from this era who were either ignorant of the PSA test, or had doctors refuse to conduct a PSA test, who later discovered that they had the disease. It was too late for many of those men to obtain curative treatment, due to metastases. They have had to live with the disease, often with conditions similar to those "awful side effects" that were used as an excuse for not encouraging testing. These men are now conveniently forgotten, and we don't hear about the side effects that they have to endure for life, because they were encouraged to wait for symptoms to appear.

Has anyone ever considered that there has to be total consistency here? Has anyone ever considered that getting men to have a prostate check may also lead to a thorough overall health check? Has anyone considered that early detection of prostate cancer may save the health system a significant amount of money? Has anyone ever considered that the treatment of advanced prostate cancer can be a very expensive drain on the health budget? Has anyone yet conducted a cost benefit analysis on the advantage of early detection and very possible cure, against the cost of continuing care for a man with advanced prostate cancer? Or do they just hope that those men will die quickly, and not be a burden?



MEN'S HEALTH - WHO CARES?

(A promotion by the University of Western Sydney – Men's Health Information and Resource Centre website <http://wwwmenshealth.uws.edu.au>)

Minutes of the National SAC Teleconference: August 17, 2006: 1500 – 1610

Present: Andrew Giles (PCFA), John Ramsay (PCFA), David Sandoe (NSW/ACT), Pam Sandoe (NSW/ACT), Graham Nicholls (NSW/ACT), Con Casey (NSW/ACT), Trevor Hunt (SA), Garry Bowes (SA), Max Shub (VIC), Wolfgang Schoch (VIC), Keith Williams (NT), Don Baumber (QLD), Karen Rendell (WA) *late link-up*

Apologies: Bill McHugh (QLD/NT), John Dowsett (TAS), Jennifer Lyall (TAS), Judy Lee (TAS) Ian Carpenter (WA), Kate Orr (WA)

Item 1: Confirmation of Minutes: Moved: Max Shub, Seconded: Gary Bowes

Item 2: Business Arising:

~ Gary Bowes: queried the current status of the PSA policy statement and its annual review; and what was to be the involvement of the support groups.

~ David Sandoe: confirmed that the Board of the PCFA had approved the statement for distribution; a further special thanks to Gary Bowes, Bill McHugh and Bryan Lowe for their efforts.

~ Andrew Giles: stated that the document had in fact just been emailed to all PCFA boards, committees, groups and stakeholders

Item 3: State Chapter Reports: were received electronically as per the National SAC member list:

- W.A. – Karen Rendell
- ~ NSW – SAC Minutes – David & Pam Sandoe
- ~ VIC – Max Shub
- ~ SA – Garry Bowes / Trevor Hunt
- ~ ACT – Graham Nicholls
- ~ TAS - Jennifer Lyall
- ~ QLD - Don Baumber (Nil report submitted from Q'ld Chapter Council)

Item 4: Brief Updates: (i) the issue of the SA Board was raised; Reg Mayes is to attend a community briefing on the Board; and it was noted that there is to be a PCFA briefing on 31.08.06. Brendan from the SACC is involved in the facilitation/consultation.

Garry Bowes further indicated that the PSA Board meeting this evening at Flinders Lodge had extended invitations to the general public. Andrew Giles advised that on the 27 July the PCFA National Board discussed how PCFA could work with the PSA Board.

(ii) The ongoing preparation of a Q&A supplement for the Leaders Kit was raised by Con Casey. He, Bill McHugh and John Ramsay are collaborating. (iii) Graham Nicholls advised that he and John Ramsay are working on the fine tuning of the Bega/Merimbula, Ulladulla and Albury/Wodonga support groups. Canberra City Lions is conducting a Fun Run around Lake Burley Griffin on Father's Day as a continuation of their awareness program. PCFA show bags are being distributed. The National Australia Bank has indicated an interest in being more involved. (iv) Don Baumber noted that in relation to September and International Prostate Cancer Month there are actions in Q'ld around the Pharmacy Guild of Australia, Brisbane Truck Show, Shopping centre static displays and promotions (cf. Lionel Foote); and that the Q'ld State Election will also provide opportunities for leverage. A Fun Run is being held in Brisbane. (v) Max Shub advised that CBUS (through Peter Gebert) and the Diamond Valley PCSG will be initiating three information evenings on men's' health, prostate cancer and superannuation. On 4 September a number of Victorian state politicians will be sponsoring Ca P awareness in their electorates. The TWU had recently held a safety seminar incorporating prostate cancer awareness; this in turn has had a flow on effect to other workplace presentation opportunities. (vi) David Sandoe provided a brief overview on the Inaugural Men's Health Conference held last Saturday in Melbourne. (DVD will be available on all speakers presentations) (vii) By the end of August (early September) all activities/functions for Prostate Cancer Awareness Month will be listed on the web site www.prostate.org.au Please advise agiles@prostate.org.au of your events for listing.

Item 5: Other Matters:

(i) David Sandoe addressed the issues raised via email by Bill McHugh ~ outstanding legal / constitutional matters surrounding the insurances, David advised as did Andrew Giles that this had now been addressed in the new constitution. ~ David Sandoe affirmed that the PSA statement had been endorsed by the Board and had been distributed without further amendment. ~ the matter of a urological oncology Q&A at the forthcoming National SAC Annual conference was rejected.

(ii) Andrew Giles spoke to his CEO's report (a copy of which will form an annexure to these minutes), he noted that Deborah Royale has been appointed as WA State Coordinator for PCFA.; Andrew also foreshadowed joint activities in SA with the E.J. and Whitten Foundation. He advised that Deloittes and

CEBUS are sponsoring this years Annual National SAC Conference, & that Barry Young from the NZ Prostate Cancer Foundation would be attending.

iii) John Ramsay spoke to his National Support and Advocacy Manager's Report (*attached*) He outlined the content and speakers for 2006 annual conference. It was noted that there is some interest in securing Graeme Johnson (to speak on notice) in relation to legal matters; and Professor Ian Olver of Cancer Council Australia (*Andrew Giles to follow up feasibility/availability*).

(iv) Nominations for the new Chapter delegates in NSW/ACT and Qld/NT to attend next National SAC conference (3/10/06) as observers.

(v) Andrew Giles advised that there is to be no merger of APCC and PCFA websites. The PCFA website will be handled internally by the National office, with the liaison of Con Casey as required until the conclusion of his tenure.

(vi) Keith Williams advised the teleconference that the most recent meeting of the Public Awareness and Advocacy went well.

(vii) Max Shub sought clarification as to what the National SAC is actually doing ? David Sandoe and Andrew Giles advised that there had been a 'workup' document prepared on structures and committees following the 2005 National SAC conference. John Ramsay to follow up further with Max Shub.

(viii) Con Casey queried the need for new affiliation documents and the re-affiliation of existing groups. Andrew Giles advised that group compliance needed to be verified; especially in view of insurance, medical advice and privacy. All groups would be required to complete new documentation.

Meeting Closed : 1610 hrs John Ramsay 22.08.06

FREEMASONS ART EXHIBITION

16th, 17th and 21st – 24th September
10.00am to 4.00pm.

In the Great Hall of the Masonic Centre, 254 North Terrace, Adelaide

Paintings by prominent artists, including Andris Jansons and Richard Maurovich

Huge range of quality Aboriginal works includes Willy Tjungurrayi, Charlie Tjapangati and Tjungurrayi Ward.

The Aboriginal section has been expanded to include ceramics and wooden carvings painted in Aboriginal designs.

Dazzling Ceramics and Porcelain

Art suitable for all tastes. More than 450 entries, with sales value of over \$350,000

Proceeds from the exhibition will support Freemason's **No More Secrets** project for research into Men's Health, with emphasis on prostate cancer

Entry fee is \$5.00 and 25% of sales taken as commission towards total proceeds.

There will be a Prostate Cancer information booth, staffed by support group members, along with a few volunteers from the Cancer Care Centre Inc.

CANCER CARERS BATTLE DEPRESSION

Many carers of cancer patients suffer from depression and anxiety, and many others are borderline, a study has found. Preliminary findings in a 3-year study conducted by the UWS and co-funded by CCNSW, suggest about 50% of carers suffer from abnormal levels of anxiety, and nearly half experience high levels of depression. Carers told researchers they needed help dealing with fatigue, fears and sadness, and there was a lack of easy access to health professionals to discuss cancer issues, and lack of time for themselves.

CEO Update

2005-2006 financial year

Yet again another successful year for the PCFA with income reaching almost \$3.2 million. We had an enormous flurry of strong donations in the lead up to June 30, especially due to the direct mail appeal that raised the question of are we doing enough for women whose partners are dealing with a diagnosis of prostate cancer.

Office Spaces

The move of the national office from Lane Cove to St Leonard's has been completed. Our new address is 301, 51- 53 Chandos Street, St Leonards. Our mailing address and free call number remain the same. The Melbourne office is on the move again after the end of the current six month lease. We have secured some space in a serviced office block in Melbourne. The WA Office has been offered space within the Hollywood Clinic near St Charles Grand Hospital but we have not moved in yet.

Staff

Wendy Farrow has been appointed part time to coordinate and run activities in NSW and Debra Royle has been appointed full time to run activities in WA.

Fundraisings Submissions

To raise both funds and awareness we have applied to have the PCFA as the Charity of Choice at the following key events:

- Australian Tennis Open
- Melbourne Cup Pin and Win
- Australian Anglers Association National Conference
- Australian Motorcycle Grand Prix 2006 (made it to second round and came second to Lifeline in Gippsland)
- Australian Formula 1 Grand Prix Melbourne 2007
- Sanctuary Cove International Boat Show. Submission initiated by Don Baumber and written in partnership with Lionel Foote, Bill McHugh, Roger Large, and Jo Fairbairn. First meeting held at Sanctuary Cove second meeting held in Melbourne during the Melbourne Boat Show. PCFA has been selected as Charity of Choice for the Sanctuary Cove International Boat Show 2007.

Partnerships and Sponsorships

PCFA is negotiating partnerships in a range of key areas such as:

- Da Vinci cosmetics who wish to undertake a cause related marketing project for PCFA. The campaign includes the inclusion of PCFA logo, website and phone number on all products in the Da Vinci range. It will be activated by September 2006 in time for Fathers Day
- Henry Bucks have designed a quality silk tie for PCFA which they will sell with all profits going to PCFA.
- Pacific Brands project is ongoing with PCFA logo and call to action on all bonds products. As well as awareness Bonds have donated \$15,000 to PCFA.
- National Trust is partnering with PCFA with an awareness fun day at Ripponlea in Melbourne where there will be activities for fathers and children. SEN (Sports Radio) will broadcast from Ripponlea and Victorian PCFA Board Member Mike Fitzpatrick will be interviewed
- PCFA has submitted a proposal to Allen Arthur Robinson to support the PCFA Prostate Cancer Nursing Scholarships which has been successful.

Recent Events:

- Heritage Finance Golf Day at National Course in Victoria was a good event raising almost \$35,000 for PCFA
- Men Behaving Positively Forum in Frankston went well with 1000 people attending (300 stood and more than 150 went home as they could not fit in). PCFA presented 2700 blue helium balloons representing the number of men who die annually of prostate cancer. BOC in Sydney partnered with us to supply all the helium.
- Commonwealth Bank Prostate Health Rural Victorian Road Show in June 2006 was a huge success with more than 400 rural Victorians attending. The CBA Regional

Bank Managers who hosted the evenings were delighted with the success. Full participant appraisal report included is attached.

- PCFA presented on its work at a range of CBA Staff awareness functions across Australia. I spoke in Melbourne, Jo did Perth and David Sandoe and Jo did Sydney.

New Initiatives

Importantly APIA has come on board to fund two important new initiatives.

- The Inaugural PCFA Men's Health Promotion Conference Saturday 12 August 2006 Victoria University Melbourne which was an outstanding success. Highlights from the Conference will be in the next issue of prostate News.
- PCFA National Ambassador Speaker's Program

Upcoming Activities:

Father's Day Five

PCFA is working with Sporting Spectrum (the team behind the Mother's Day Classic) on an annual father' day event. In 2006 we will start with a modest event at Sydney Olympic Park. Sporting Spectrum undertakes all the logistic etc – and PCFA benefits from the awareness, media exposure and \$5 from event entry. We aim to have 5,000 people take part in the event – with target income of \$25,000. In 2007 we aim to extend the event to all other states.

PCFA Racing Around Australia.

The aim is to have every rural Australian horse race meeting call one of their races the Prostate Cancer Foundation Handicap to create awareness and education. Victorian Country Racing supportive, interstate Country Racing organizations to be contacted

Launch of Mazda Fellowship

PCFA is working with Minister Abbott's Office on a date to launch the Mazda Fellowship in Brisbane.

SHHHH Luncheon

Following on from the success of the luncheon last year co-arranged with Professor Pam Russell plans are underway for a follow up luncheon 29th September at Cockle Bay Sydney.

APCC Conference

As the National SAC meeting is being held to again coincide with the APCC Scientific Meeting at the Garvan on 4 and 5 October we have decided to combine our Conference Dinner with theirs. It will be held on the 4th October at Cockle Bay.

Whizza Raffle

A group of vintage car enthusiastic are restoring a 1927 Whizza Whippet Car. The PCFA will raffle off the car for \$20 a ticket over the next six months. Details are on the website – www.prostate.org.au

ARE PATIENTS OVERTREATED?

Prostate cancer patients are being over-treated with surgery or radiation when a wait-and-see approach would be a better option, according to a new study in the Journal of the National Cancer Institute. Researchers looked at 64,112 American men diagnosed with early stage prostate cancer, and divided them into high-risk or low-risk categories based on the characteristics of their tumours. Among the 24,835 men with low-risk cancers, 55% were treated aggressively with surgery or radiation when "active surveillance" – frequent monitoring of the tumour without immediate treatment – may have been preferable. The authors claim that for some men with early stage prostate cancer, surgery or radiation may have serious negative side effects without any increase in survival rate. (*Weekend Australian*, 19/5 – *J Natl Cancer Inst*, 2006; 1134-1141 Miller DC, et al)

PCFA POLICY STATEMENT
PSA TESTING FOR EARLY DETECTION OF PROSTATE CANCER
(Approved 27th July 2006)

This Prostate Cancer Foundation of Australia (PCFA) policy on testing for prostate cancer is based on the unique experiences and observations provided by many thousands of Australians directly affected by prostate cancer and being diagnosed at the rate of over 12,000 per annum. PCFA coordinates a network of 83 support groups nationally. It is advised by foremost experts from the medical and scientific community and expert representatives of those sectors have participated in the formulation of this PCFA Policy.

POLICY

Early detection is the key to enabling better agreed outcomes and potential cure of prostate cancer. Accordingly, PCFA recommends that men at 50 with no family history of prostate cancer, and men at 40 with a family history, should seek voluntary annual assessments in the form of a Prostate Specific Antigen (PSA) blood test together with a Digital Rectal Examination (DRE). It can be life threatening to wait for symptoms before seeking assessment.

BACKGROUND

PCFA is the peak body representing sufferers and survivors of prostate cancer and their families. Prostate cancer is the most commonly diagnosed male cancer affecting men from their forties onwards and with a similar incidence to breast cancer in women. Every week, about 250 Australian men are diagnosed and about 50 will die of prostate cancer.

PCFA believes in the promotion of men's health issues and supports the Council of Australian Governments (COAG) agreement of 10th February 2006 on a health action plan entitled "Better Health for All Australians" which :

- shifts the focus in health care to prevention and early detection of chronic disease, including cancer.
- introduces a "Well Person's Health Check" available through Medicare to detect and prevent chronic disease, for people around 45 years old. Annual PSA blood testing is currently available to all men under the Medicare Benefits Scheme (MBS) and can be one of several unrelated tests (such as cholesterol) conducted on the same blood sample.
- encourages active patient self management and the targeted training of GPs and health professionals.
- promotes healthy lifestyle choices

PCFA believes that men have a right to full knowledge of their own bodies, and to reach their own decisions about preventative health safeguards, based on reasonable access to the facts and expert unbiased advice.

PCFA is actively promoting awareness of prostate cancer and the widespread availability of low cost and simple PSA blood and DRE testing that can provide critical information relating to this mass killer. Many thousands of Australian men unknowingly have curable prostate cancer, but do not seek the initial precautionary PSA test until it is too late.

There is increasing evidence that the falling death rate from prostate cancer can, at least in part, be attributed to the efforts of testing and early treatment. For example in Australia the prostate cancer mortality rate has fallen 1.3% annually between 1990 and 2000. In the USA and Canada, where PSA testing is more prevalent, the fall is about 25% while in Tyrol Austria, where screening is extensive, the fall is greater than 40%. The published research concludes that prostate cancer testing and early aggressive treatment of appropriately selected cases is likely to save lives. [*PSA Testing for the General Practitioner: Dr Phillip Stricker/ Prof Kerry Phelps*]. This conclusion is also supported by the American Cancer Society based on National Cancer Institute (US) data over the last 15 years.

Like all first stage cancer tests, a PSA test does not provide a conclusive diagnosis, and this can only be determined by a further biopsy in selected cases.

Prostate cancer has the relative advantage over other cancers of being slow growing and being confined within the prostate gland for a long period, in most cases. This timescale allows men diagnosed with early stage prostate cancer to consider appropriate treatment options based on their individual medical circumstances and personal preferences.

In keeping with the latest medical research internationally, PCFA notes that medical and research authorities around the world have proposed that annual PSA testing is a more accurate diagnostic marker when conducted alongside other PSA measures including:

- PSA baseline test around the age of 35, when a man is unlikely to have prostate cancer, in order to benchmark their personal PSA tests later in life.
- PSA “Velocity”, “Doubling Time” and “Free/Total Ratios” which can be derived from simple PSA measures in order to monitor the extent and likely progress of the disease.

In addition to its public awareness initiatives PCFA is participating in an education process for GPs and the medical community to assist them in advising their patients on the desirability of voluntary annual PSA/DRE testing. Those professionals are also challenged to dispel common myths and fears that surround the disease.

PCFA believes it is critical to dissociate symptoms, such as urinary problems, with prostate cancer. Urinary problems most commonly have non-cancerous origins. Urinary symptoms which are caused by prostate cancer generally indicate the existence of advanced disease that is treatable but not curable.

Treatment options for prostate cancer that has been diagnosed early are continuing to improve dramatically. These treatments increasingly provide a cure or greatly extended quality life with limited side effects. Men at risk of prostate cancer should take confidence from this reality.

Many men are dying from prostate cancer because they did not seek a timely PSA test. PCFA is mindful of legal questions being raised in the community regarding possible medical liability in respect of men not being made sufficiently aware of the possible life saving benefits of PSA testing.

HOPES FOR A MORE PRECISE PROSTATE CANCER DIAGNOSIS

A new method for diagnosing prostate cancer will be road-tested in Australia later this year. This new method which uses semen rather than blood, will be evaluated on men attending Sydney’s Westmead Hospital.

If this pilot and subsequent trials show it is effective, the new method could be used in conjunction with the standard tests commonly used to diagnose prostate cancer. A preliminary study suggests the new semen test has the potential to be 80% reliable. It tests for HCA or human carcinogenic antigen, which is present on the surface of many cancers in the body. When HCA is found in the blood, it could be shed by any of these cancers, including lung, bowel, ovary or prostate cancer.

But when HCA is found in the semen, it is almost certainly coming directly from a cancer in the prostate. Andrew Brooks, head of the department of urology at Westmead and chairman of the Urology Oncology Programme of NSW will be coordinating the pilot study. The initial pilot will involve 45 volunteers who are suspected of having prostate cancer and who attend Westmead for a biopsy. (*AFR*, 24/8, p4)

MUSHROOM TREATMENT FOR CANCER

An exotic mushroom dubbed “the elixir of long life” could be the latest weapon in the fight against cancer, scientists say. They have found that extracts of the medicinal fungi *phellinus linteus* can help in the treatment of prostate cancer.

Previous studies have also suggested that the mushroom extracts, found on wild mulberry trees, can be effective in treating liver, stomach and lung cancer as well as other serious conditions. The latest study, published in the *British Journal of Cancer*, was done at the Boston University School of Medicine in the U.S. (*Courier Mail*, 3/8, p22)

Australian cricket legend shouts an appeal for men's health

Monday, 11 September 2006: Cricket legend Merv Hughes is lending his face, his body, and his support, to a campaign to encourage men to start talking about their health.

Working with Andrology Australia, Merv said he is excited at the prospect of being able to talk about 'peecker problems and more' in public.

"Men make more jokes about that part of the bOdy than any other, but the minute something goes wrong, that's it, we shut up and don't talk about it!" exclaimed Merv.

"Men's health isn't just about impotence and prostate cancer. Andrology is much more than that. And a lot of men don't know that lifestyle can also affect reproductive health," he said.

"I lost 20 kilos on Celebrity Overhaul and my wife says I'm a changed man - so I know the importance of looking after your health."

As part of the campaign, Merv Hughes features in a television community service announcement that calls for men to speak to a doctor about their health.

A health check list and a poster will also be distributed to doctor's surgeries, community health centres, libraries and other organisations with an interest in men's health.

Prof. Rob McLachlan, Director of Andrology Australia, said he is looking forward to having Merv Hughes on the team as Ambassador.

"Merv Hughes will challenge the stigma of talking about men's health by discussing it in the public arena," said Prof. McLachlan.

"If Merv can talk about men's private parts, then hopefully men will be encouraged to talk to their partners' and doctors' about these important health matters and any worries they might have," he said.

Andrology Australia is committed to raising the awareness of male reproductive health problems in the health professional and general communities.

TEA GETS THE NOD FOR HEALTH BENEFITS

Drinking four cups of tea a day could be more beneficial than drinking water, a report in the European Journal of Clinical Nutrition said. Tea rehydrated drinkers as well as water and offered protection against heart disease and cancer, it said.

The key ingredient was a type of antioxidant called flavonoid which helped prevent cell damage. In three cups of tea, the antioxidant's capacity was equivalent to eight apples. (West Australian, 26/8, p3)

DECLINING TESTOSTERONE INCREASES MORTALITY RISK

Men don't go through menopause, but they do produce less testosterone as they age. New research in the Archives of Internal Medicine shows that men who have low testosterone after age 40 have an 88% higher risk of death over a 4 year period than those with normal levels of the hormone. Researchers studied 858 men over the age of 40, checking their testosterone levels at least twice between 1994 and 1999. The men were followed up for an average of 4.3 years. Low testosterone levels were found in 19% of the men, and 28% had "equivocal" levels, meaning that their test results were evenly divided between low and normal. The remaining 53% produced normal amounts of testosterone. During the course of the study, 20.1% of the men with normal testosterone levels died, compared with 24.6% of the men with equivocal levels and 34.9% of those with low levels. (Weekend Australian, 19/5 Arch Intern Med 2006; 166; 1660-1665 Shores MM, et al)

HUNTING FOR HAPPINESS – HOW TO BE HAPPY

You've got the job, the partner, the kids, and the dog - but is it enough to make you happy? What are the ingredients for happiness and can we be happier?

It's love not money that makes us happy.

The good news, according to the director of Sydney's Happiness Institute Dr Timothy Sharp, is that being happy is a choice and unless there are clinical mental health problems, we can all be happier.

"Happiness is something we can actively strive for and achieve if we do the right things," he says. Misery, on the other hand, is "simply errors of judgement or bad habits repeated every day".

Swinburne University of Technology's Dr Bruce Findlay, a social psychologist, says happiness doesn't have to be complicated.

"People are happy when they're getting on well with people that they love or that love them, people are happy when they're engaged in something that is challenging but not too hard," he says.

The happiness recipe

Dr Ed Diener of the University of Illinois, who's been described as the world's leading expert on happiness, says there's no single key to happiness.

Rather, we should be talking about 'recipes' he says. "A variety of things appear to be necessary for happiness, even though we haven't found any characteristic that is sufficient for happiness."

Dr Martin Seligman, of the University of Pennsylvania and the author of "Authentic Happiness", likes to think in terms of what detracts from our happiness as much as what brings us joy.

He's suggested the self-esteem movement, the rise of victimology, the promotion of 'short cuts to happiness' and the rise of individualism have all made it harder for us to be happy.

***What men and women want ***

Happiness is different things to men and women, according to British research published in the "Journal of Happiness Studies" last year. Yes, it was sport for blokes and love for chicks.

The study found men ranked sex, sport, popularity and a good social life as most important for their happiness, while for women it was helping others, having a close family and "being loved by loved ones".

However, both sexes rated self-confidence, freedom from stress, favourable work and social conditions, family support and personal relationships as important.

Meditation can make us happy

Meditation, spirituality and prayer can make us happy, says Dr Craig Hassed of the department of general practice at Monash University.

Hassed, who spoke recently about meditation and happiness at a conference on happiness in Sydney, says studies have shown that meditation is a powerful therapy for severe, relapsing depression.

Whether meditation actually promotes happiness in the general population is less clear, but Hassed says brain scans and physiological markers indicate that it may.

He says research shows meditation can lower blood pressure, improve immune function and bring about chemical changes in the brain. Meditation also appears to bring about a shift in frontal lobe brain activity.

"Frontal lobe activity in the left brain tends to be associated with more optimism and higher moods and more right frontal activity tends to be associated with lowered mood and depression and poor immune function," he says. "Studies have shown when people learn to meditate over a number of months the balance tends to shift more to the left side."

***What about drugs? ***

Neuroscientist Dr Joseph Ciorciari, from the Brain Sciences Institute, isn't telling us anything new when he says that short term happiness can be found in a tab of ecstasy, a couple of beers or a toke of a joint.

This is because the active substances in the drugs stimulate the same centres of the brain that produce feelings of happiness and activate the same mechanisms that make us feel naturally good. The downside of course is the effects of this are limited and governed by the principle of diminishing returns.

"These addictive drugs actually stimulate these reward circuits which elevate dopamine and serotonin within the brain, so you're addicted to that elevation," he says.

"The thing is your brain can only take so much of it. You literally get burn-out of receptors, so people take more and more to get that buzz and feeling of euphoria."

The new breed of anti-depressant drugs, or SSRIs, has also been touted in the media as 'happy pills', but Findlay says this is a misnomer.

He says a pill will never ultimately make you happy because happiness is psychological rather than physiological.

"Pills tend to smooth out negative emotions. It may stop people feeling unhappy but that doesn't mean they're happy," he says.

All in the mind

Sharp acknowledges that people experiencing adversity, trauma, poverty, homelessness, hunger, unemployment or war are likely to be unhappy.

But he believes psychological factors outweigh both environment and biology when it comes to being happy.

One of the biggest psychological factors in the happiness equation is connectedness, he says.

"The quality of your relationships is undoubtedly a biggie, whether it's your most intimate relationships or anyone you come into contact with on a regular basis, your neighbours, your colleagues.

"What we know about happy people is that they feel more connected. It's the perception of being part of something bigger than yourself."

And no, money won't bring you happiness - at least beyond the threshold where your basic needs are met. Rather than money making you happy, happiness makes you rich, Sharp says.

"The research actually says be happy first and you'll increase your chances of getting a promotion, you'll increase your chances of getting a pay rise."

Be born happy

If all else fails, you can cross your fingers and hope that you've had the good fortune to be born happy.

According to Bill von Hippel, associate professor of psychology at the University of New South Wales, it appears that happiness has a strong genetic element, which suggests that a happy disposition is something we can inherit.

"Identical twins show much greater similarity in happiness than fraternal twins or other siblings, even if the identical twins were raised apart," he says.

Published August 17, 2006 Hunting for Happiness

<http://www.abc.net.au/science/features/happiness/howtobehappy.htm>

DIETARY CHANGES MAY SLOW PROSTATE CANCER GROWTH

By Anthony J. Brown, MD

TUESDAY, August 1 (Reuters Health) - Increasing the ratio of omega-3 to omega-6 fatty acids in the diet appears to slow the progression of prostate cancer, according to the results of an animal study.

The so-called Western diet commonly consumed in the US contains mostly omega-6 fatty acids, derived from corn oil and other sources. Omega-3 fatty acids, by contrast, are abundant in cold-water fish, a food source missing in the diets of many Americans.

"Our study showed that altering the fatty acid ratio found in the typical Western diet to include more omega-3 fatty acids and decreasing the amount of omega-6 fatty acids reduced prostate cancer tumor growth rates and PSA levels in mice," senior author Dr. William J. Aronson, from the University of California, Los Angeles School of Medicine, told Reuters Health.

Aronson noted that the Western diet usually contains an omega-6 to -3 ratio of about 15 to 1. In the current study, comparison animals received a diet containing a similar ratio, while intervention animals were given a diet with a ratio of about 1 to 1.

Aronson believes that with dietary changes and the use of fish oil supplements, an omega-6 to -3 ratio of 2 to 1 or possibly lower is attainable in prostate cancer patients.

The new study, reported in *Clinical Cancer Research*, involved mice implanted with human prostate cancer cells. Aside from the difference in the omega-6 to -3 ratio, all of the animals received identical 20 percent fat diets.

Tumor growth rates, the final tumor size, and PSA levels were all lower in the intervention group compared with mice given Western diets. Laboratory testing showed that cancer cells grew 22 percent slower in culture dishes containing body fluid from the intervention group. Consumption of the increased omega-3 diet was also associated with an 83% reduction in tumor prostaglandin E (PGE)-2 levels, a chemical known to promote inflammation.

"This is an initial animal-model study that is one of the first to show the impact of diet on lowering an inflammatory response known to promote prostate tumor progression in tumors. More research needs to be done before clinical recommendations can be made, but the finding is significant," Aronson noted.

"At this point we would not recommend changing fatty acid intake for prostate cancer patients. However, we are conducting a randomized study in men to test if dietary changes affect prostate tissue levels of COX-2 and PGE-2," he added.

SOURCE: Clinical Cancer Research, August 1 2006. Copyright © 2006 Reuters Limited. Prostate Cancer Foundation <<http://www.prostatecancerfoundation.org/>>

BHP BOSS LEADS PROSTATE FUNDRAISING

BHP Chairman Don Argus is leading a charge by some of the nation's biggest corporate names to put prostate cancer at the top of the Government's medical priority list.

Mr. Argus and Melbourne University urologist Professor Anthony Costello are set to meet federal Health Minister Tony Abbott today to lobby for increased funding for prostate cancer research, which kills about 2700 Australian men each year – equivalent to the number of women killed by breast cancer.

He and Professor Costello will ask Mr. Abbott for funding to set up two Prostate Cancer Foundation centres in Victoria and N.S.W. which would offer scholarships and fund research projects into prostate cancer. Under the plan, funding of about \$10 million per year from government and corporate sources would be directed by doctors.

Mr. Argus said a BHP-funded audit of Australian prostate cancer research found that a lack of industry-wide coordination meant many scientists were duplicating other's work – a problem the research centres are designed to overcome. (*The Australian*, 28/8, p29)

HEMOGLOBIN DECLINE LINKED WITH WORSE OUTCOMES IN MEN WITH METASTATIC PROSTATE CANCER

Decline in hemoglobin levels during the first months of hormone therapy is linked with worse survival

TUESDAY, August 1 (CancerConsultants.com) --Among men receiving androgen-deprivation therapy for newly diagnosed, metastatic prostate cancer, a decline in hemoglobin levels during the first months of treatment is linked with worse survival. These results were published in the journal /Cancer/.

Anemia is common among men with metastatic prostate cancer. Furthermore, being anemic at the start of treatment for metastatic prostate cancer appears to be linked with shorter survival. Less is known, however, about whether changes in hemoglobin levels during treatment predict survival.

To evaluate hemoglobin changes during treatment in relation to subsequent prostate cancer outcomes, researchers conducted a study among 817 men with metastatic prostate cancer. All of the men were treated with androgen deprivation therapy. Hemoglobin levels were measured before treatment (baseline) and three months after the start of treatment.

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Consistent with previous studies, low baseline hemoglobin levels were linked with worse survival.

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After accounting for baseline hemoglobin levels and factors such as age, race, and Gleason score, a decline in hemoglobin levels during the first three months of treatment was linked with shorter overall survival and shorter time to cancer progression.

The researchers conclude that among men receiving androgen-deprivation therapy for newly diagnosed, metastatic prostate cancer, a decline in hemoglobin levels during the first three months of treatment is linked with worse outcomes.

It is important to note that this study did not address the effect of medications to prevent or treat anemia. No conclusions can be drawn from this study about the risks and benefits of these medications.

Reference: Beer TM, Tangen CM, Bland LB et al. *The Prognostic Value of Hemoglobin Change after Initiating Androgen-deprivation Therapy for Newly Diagnosed Metastatic Prostate Cancer: A Multivariate Analysis of Southwest Oncology Group Study 8894.* /Cancer/. 2006;107:489-96. -- produced by CancerConsultants.com <<http://www.cancerconsultants.com/>> <<http://www.prostatecancerfoundation.org/>>

LOW RISK PROSTATE CANCER OFTEN OVERTREATED

Approximately half of men diagnosed with low-risk prostate cancer undergo surgery or radiation therapy when "watchful waiting" may be more appropriate

TUESDAY, August 15 (Reuters Health) - Approximately one half of men diagnosed with low-risk prostate cancer undergo surgery or radiation therapy when "watchful waiting" may be more appropriate, according to a research team at the University of Michigan in Ann Arbor.

Recent studies have shown that watchful waiting or "expectant management" -- regular check ups to see if treatment is necessary -- is a valid option for men with early-stage prostate cancer, Dr. John T. Wei and his associates note in their article in the /Journal of the National Cancer Institute/.

"Just as a failure to treat a potentially lethal prostate cancer is generally considered inappropriate from a quality-of-care perspective," they continue, "aggressive treatment of indolent cancers (i.e., overtreatment) may also reflect suboptimal care in that it confers risk to patients and increases costs without providing health benefits."

Wei's team evaluated information in national databases to identify 71,602 men diagnosed with localized or regional cancer of the prostate between January 2000 and December 2002.

The risk to the patients from their cancers was based on how well differentiated the tumor was; that is, how clearly defined it was, rather than spread-out with indistinct boundaries.

A "lower risk" prostate cancer group was classified as "men of any age at diagnosis with well-differentiated tumors or men 70 years or older at diagnosis with moderately differentiated tumors."

Approximately a third of subjects (24,825) were classified as having lower risk cancer. They were good candidates for a watchful waiting approach, but in fact 55 percent underwent immediate treatment -- 45 percent received radiation therapy and 10 percent underwent surgical removal of the prostate -- which equated to overtreatment.

Wei's team emphasizes that "initial expectant management need not be a permanent treatment choice, and that some men, particularly younger patients, should eventually proceed to appropriate curative therapy after a period of asymptomatic expectant management."

They therefore recommend "active surveillance with delayed intervention" as "an appealing approach to addressing overtreatment concerns among men with lower-risk prostate cancer."

SOURCE: /Journal of the National Cancer Institute/, August 16, 2006.
Reuters <<http://www.prostatecancerfoundation.org/>>

OBESE MEN FARE WELL AFTER PROSTATE CANCER

Although obese men tend to have more aggressive disease going into surgery, they do just as well as thinner men in the years afterward

By Amy Norton

FRIDAY, August 18 (Reuters Health) - Although obese men tend to have more aggressive prostate cancer going into surgery, they do just as well as thinner men in the years afterward, a study suggests.

The findings, published in the journal /Cancer/, suggest that obese men need not fear that their weight will add to their risk of cancer recurrence or death.

"I think this is a reassuring study for obese men," lead study author Dr. Sameer A. Siddiqui told Reuters Health. "Even with worse cancers, their outcomes were the same."

The role of obesity in prostate cancer -- both its development and its response to therapy -- has not been clear. Some studies, but not all, have found that compared with normal-weight men, obese men may be at greater risk of tumor recurrence after having surgery to remove the prostate gland.

To investigate, Siddiqui and his colleagues at the Mayo Clinic in Rochester, Minnesota, followed more than 5,300 men who'd undergone radical prostatectomy at their center in the 1990s. Radical prostatectomy removes the whole prostate gland and nearby lymph nodes.

The researchers found that while obese men were more likely to have relatively aggressive tumors, their risk of death or cancer recurrence in the decade following surgery was comparable to that of normal-weight men.

Siddiqui called this a "testament to the durability of radical prostatectomy."

As for why obese men tend to go into surgery in somewhat worse shape, experts have speculated that there could be basic biological differences in the prostate tumors of overweight and normal-weight men.

However, Siddiqui and his colleagues believe that it may be more difficult to screen for and diagnose prostate cancer in obese men. One way to assess men for the disease is with a digital rectal exam, and this was more likely to underestimate the stage of tumors in obese men compared with thinner men in the current study.

Blood tests that look for high levels of prostate-specific antigen (PSA) might also be less sensitive in obese men, according to Siddiqui, because they tend to have generally lower PSA levels than normal-weight men do.

But the bottom line, Siddiqui said, is that obese men should not be treated any differently. Even if they have somewhat more aggressive tumors, he said, these findings suggest they fare well in the long run.

SOURCE: /Cancer/, August 1, 2006. Reuters. <http://www.prostatecancerfoundation.org>

CANCER CHEMICAL MAY LURK IN SUPPLY

Roy Eccleston

THE push for recycled water from sewage will force a more urgent focus on whether the cancer-causing chemical NDMA is being formed in some of the nation's drinking water.

NDMA and other carcinogenic chemicals called nitrosamines are an emerging issue in the debate over ways to boost water supplies. NDMA is a by-product of the disinfection process that kills bugs in water and has been found in recycling projects in California, where special filtration has been added to destroy it.

And in Toowoomba - where voters will decide today if the city will build Australia's first recycling plant for drinking water - ultraviolet light filters would be added to remove NDMA.

"It's a particularly nasty sort of chemical - it's not something you want in your water supply by any means," said Toowoomba City Council's head chemist, Alan Kleinschmidt.

The chemical may also be formed in ordinary drinking water, especially where chlorine and ammonia are used together. It is a common disinfection technique used to varying degrees all around the country. However, there is currently no Australian test to measure NDMA.

South Australian scientists expect to have a reliable test in months, and an international agreement on safe levels is expected by December.

Experts say it is unlikely that NDMA - which has also been found in cured meats, tobacco smoke and beer - would be found in unhealthy quantities in the water supply, but warn it cannot be disregarded.

"We know the hazard exists but we don't know if there is exposure to NDMA and if there is a risk," said Michael Moore, director of the National Research Centre for Environmental Toxicology at the University of Queensland.

"These are powerful carcinogens. The fact they are present at all in something we are exposed to on a daily basis is a concern."

The issue arose in California in the late 1990s, where recommended limits are now set at 10 parts per trillion.

"Now we know about compounds like NDMA, what's the current risk in Sydney? The quick answer is, we don't know," said Nicholas Ashbolt, head of the University of NSW's school of civil and environmental engineering. He stressed that there was no cause for alarm.

"But yes, if we're going to recycle more, we need to be aware of these sorts of issues to make sure we have the appropriate treatments in place and the right kinds of safeguards," Professor Ashbolt said.

University of NSW chemical engineer Greg Leslie, who worked on water recycling projects in California, said there was no real problem and Australian levels were almost certainly low.

"My gut feel is it'd be about the same as California - eight to 10 parts per trillion," Dr Leslie said.

Above that amount, two litres of water a day for 70 years would increase cancer risk from one in a million to one in 100,000, he said.

The Australian Water Quality Centre in Adelaide believes it is close to producing a reliable test, and South Australian health official David Cunliffe said he expected the World Health Organisation to recommend safe levels by the end of the year.

A Sydney Water spokesman said it did not test for NDMA because it was not yet included in Australian drinking water guidelines. A Brisbane City Council spokesman said the council was in touch with South Australian scientists over the test. (© The Australian)

Newsletter compiled by **Trevor Hunt**