PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of Australia

ABN 26 499 349 142

NEWSLETTER

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JUNE 2007

DRUG SHOWS PROMISE AS PROSTATE CANCER CURE

CAMERON ENGLAND

BIONOMICS' lead drug candidate has been found to work in prostate cancer as well as breast and colon cancers, the company announced yesterday. But chief executive Deborah Rathjen said more importantly, it appeared to work at lower concentrations than other chemotherapy treatments.

The drug, BNC105, .is a vascular disruption agent (VDA), which. works by shutting down blood vessels in tumours, causing them to shrink and possibly disappear.

Dr Rathjen said it was not surprising that the drug was effective against prostate cancer.

"What's been surprising is that BNCI05 has performed better in the tests than many of the conventional chemotherapies," Dr Rathjen said.

"That it actually works in prostate cancer is not surprising because the mechanism of targeting very specifically the cancer blood vessels is applicable to a range of solid tumours.

"What was surprising is that it is a very potent inhibitor of prostate cancer proliferation very directly and particularly when compared with other chemotherapies.

"We've already demonstrated it in breast and colon cancers." Dr Rathjen said further animal testing would be carried out to identify the best treatment regime for prostate cancer, which had already been done in relation to breast and colon cancer.

Bionomics said in a statement to the Australian Securities Exchange yesterday the market potential for VDAs was estimated at $6 billion annually.

"The prostate cancer market was estimated to be worth $3.6 billion in 2006, with a growth rate of 5 per cent year on year," the company said.

"It is one of the larger segments of the oncology market alongside breast, non-small cell lung cancer and colorectal cancers.

"Prostate-cancer is the second leading cause of cancer in men in the U.S., and the third most common cancer worldwide."

Meanwhile, Bionomics is preparing its investigational new drug application to the U.S. Food and Drug Administration, before starting Phase 1 human clinical trials of BNCl05 later this year. The drug will also be tested for its efficacy against lung cancers and brain tumours.

Bionomics shares closed 3c higher at 32c yesterday. *(from The Advertiser. 5/6, p33)*

<u>Chairman's Report June 2007</u>

Awareness Evenings
Adelaide Metro Area
Although not definitely confirmed Prostate SA is likely to sponsor an awareness evening to be conducted by our Group on 12th September. No further details at this stage.

Prostate SA Meeting (Report by Jeff Roberts)
Prostate SA held a further meeting with Support Group representatives on 29th May, chaired by Ray Blight (Chairman Prostate SA. The following is a summary of the meeting:

Assoc. Prof. Brenda Wilson, CEO The Cancer Council SA distributed "Prostate Innovation in SA".
Vision: To beat prostate cancer in South Australia.
Mission: To attract significant funds to reduce the impact of prostate cancer in South Australia.

Goals for South Australia
These relate to: (1) Awareness (2) Support (3) Research
Five Key Outcome Areas

Awareness
1. Increasing awareness – Investigating the burden of illness and opportunities for prevention in the South Australian community.
2. Promoting Awareness – healthy lifestyles for men in South Australia.

Support
3. Supporting clinicians – to provide better clinical care and treatments for prostate cancer in South Australia.
4. Promoting psychosocial support for South Australian prostate cancer patients and their families.

Research
5. Biomedical and clinical research for prostate cancer and new treatments.

Outcomes from previous meeting (February 2007)

Information Brochures
Two information brochures were distributed.
GP's
Education sessions
Newsletters
A newsletter is sent to the big majority of GP's and Practices in SA.
There may be opportunity for Support Group input.
Note: I have been given an opportunity to submit an article on behalf of Support Groups.
Clinical Trials
A list of current studies will be sent out with the minutes.

Website and prostate call-in - 6th September
Awareness evening involving Action Group – 12th September.
Addition of Jeff Roberts and Barry Oakley to Prostate Cancer Control Programs sub – committee.

Fundraising events
Loose Change Day is Friday 29th June with promotion taking place across Adelaide during most of June. Advertising has been arranged on radio (Mix 102.3) & Channel 7.
Wine Dinner at Zak's Restaurant – West lakes, 10th July.
Promotion involving Netball SA – July.
Boys will be Boys – August, further details to follow.
Fun Run – Fathers Day.

Ray Blight summarised the meeting.
He mentioned Prostate SA had not been able to arrive at a memorandum of understanding with the PCFA.

Next meeting Tuesday 27th November 2007

Mitcham Prostate Cancer Support Group (Report by Jeff Roberts)
21 attended the May meeting with 2 apologies. Ian Fisk gave a presentation of the PCFA Ambassador Program which gave an easy to understand overview of prostate cancer.
The guest speaker at the meeting on 28th June will be Dr Carole Pinnock , Principal Research Scientist, Urology Unit, Repatriation General Hospital Division of Surgery. All are welcome to attend.

Trevor Hunt, Acting Chairman

STANFORD SCIENTISTS IDENTIFY PROTEIN IN FAST-SPREADING CANCERS

Researchers at the Stanford University School of Medicine have found a protein that may explain why tumors in a low-oxygen environment are more deadly.

The findings, to be published April 27 in the journal "Nature" reveal that tumors that are hypoxic-low in oxygen make a protein called lysyl oxidase that helps the tumor spread to other organs. Lysyl oxidase, or LOX, could be a good target for future cancer therapies, the researchers say.

"All tumors have the potential to spread," said lead author Amato Giaccia, MD, professor of radiation oncology. "A low-oxygen environment dials up that potential, and now we know why."

Hypoxia is caused when the supply of oxygen from the bloodstream fails to meet demand from body tissues, such tumors. Hypoxic tumors can be found in many parts of the body. For this study, the researchers examined both breast tumors and head and neck tumors. In each case, patients whose tumors made high levels of LOX were more likely to have cancers that spread and to die of the disease.

The question is whether blocking LOX could also slow the cancer's spread. To find out, the researchers grew human cancers making high levels of LOX in mice. Using three different methods of shutting down LOX production, they found that the tumors were less likely to spread than tumors producing LOX unchecked. Giaccia said blocking LOX in patients with hypoxic tumors has promise as a new therapy. He added that there are several ways of telling whether a tumor is hypoxic and therefore likely to be producing LOX. What's more, one of the methods used to block LOX in mice was an antibody, the same type of protein as HER2/Neu, which has dramatically improved outcomes in people with some types of breast tumors.

A therapy that specifically treats tumors producing LOX would be particularly exciting given that these are often among the deadliest cancers. Giaccia said trials in people could start as soon as three years from now.

The group is now looking at the relationship between LOX-production and hypoxia in other types of tumors including lung and colon.

Other Stanford researchers who were closely involved in the work include post-doctoral fellows Janine Erler, PhD, and Kevin Bennewith, PhD; Monica Nicolau, PhD, research mathematician; Christina Kong, MD, assistant professor of pathology; Quynh-Thu Le, MD, associate professor of radiation oncology, and Stefanie Jeffrey, MD, associate professor of surgery.

Stanford University Medical Center | 04.27.2006
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Google your disease

Two clinicians from Brisbane have tested how well Google makes difficult diagnoses. They were prompted to do it by the father of a 16 year old boy with a rare set of symptoms which were perplexing the doctors. The boy's dad trotted out the correct diagnosis and treatment saying he'd just Googled his son's symptoms.
The doctors did a trial to see how accurate Google actually was. They took case studies from the New England Journal of Medicine which are published as lessons and brain teasers for doctors. Using carefully selected search terms, they got the right diagnosis in nearly 60% of cases.
So it was a bit better than tossing a coin and it's likely that it works best for unusual combinations of symptoms where the numbers of possible diagnoses are limited. It also seemed to depend on selecting the most specific words to put into the search engine.

So by all means try Googling your illness but I wouldn't stake your life on it.

For reference

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Thomson C. Monitoring medical research conduct: why, how and by whom? *Internal Medicine Journal 2006;36:69-71*

Tang Hand Ng J. Googling for a diagnosis - use of Google as a diagnostic aid: internet based study. *British Medical Journal 2006; 333: 1143-1145*

http://www.abc.net.aulhealthlrninutes/stories/s 1922971,htn 17/5/07

Minutes of the Teleconference Meeting of National Support and Advocacy Committee Held on Thursday 24th May 2007 from 3.00pm to 5.00pm

Present:
Bill McHugh (Chairman) and Darryl Hyland (Qld), Karen Rendell (WA), Max Shub and Peter Gebert (Vic), Jeff Roberts and Ian Fisk(SA), David Sandoe, Steve Callister and Jim Clough (NSW/ACT) and Ann Smith (PCFA)

Apologies
Andrew Giles (CEO PCFA), Judy Lee (Tas) and Lionel Foote (Qld)

1. **Welcome and confirmation of Minutes of the previous meeting**
   Chairman, Bill McHugh, welcomed all attendees. Moved by Karen Rendell and seconded by Max Shub that the minutes of the 1st March 2007 be accepted.
   An amendment was required under the section on state reports under Victoria. It was reported that both Max Shub and Peter Gebert were members of the Victorian Board when in fact only Peter is a member. The minutes will be altered to reflect this.

2. **Confirmation of Report on the SAC National Conference 1st/2nd April 2007**
   Moved by Jeff Roberts and seconded by Peter Gebert that the conference report prepared by Bill McHugh be accepted.

3. **SAC Operational Matters**
   - **The frequency of our teleconference meetings**
     Bill raised the issue of the report that he prepares for each board meeting and believes it would be more appropriate for the SAC National meeting occur three weeks prior to the Board meeting. David commented that he believed that the meeting was better left as it is however, a teleconference meeting with members of the Executive[1] and a representative from each state would be more appropriate. This would mean that SAC would continue to meet on the 4th Thursday of the month. The dates of the Board meetings are Thursday 9th August and Thursday 1st November. The National SAC meetings are scheduled for Thursday 23rd August and Thursday 22nd November. It was also agreed that Taskforce groups established at the conference should meet more frequently via teleconference as needed.

   - **Appointment of Max Shub to the National SAC Executive committee**
     Moved by Peter and seconded by Karen that Max be appointed in his own capacity in lieu of the current status of being a support person for Gary Bowes.

   - **Appointment of Ian Fisk as SAC representative to replace Gary Bowes for the remainder of 2007**
     Moved by Peter and seconded by Karen that Ian be appointed.
   - **Appointment of George Doubikin to National SAC** – Bill advised that as Nick Waldon was no longer involved in National SAC that George be his replacement. All agreed. Karen will discuss this issue with Nick Waldon and Bill will discuss George's appointment with Andrew Giles as in addition to being a PCa survivor George is an employee of PCFA.

   - **Proposal of a second national conference in 2007[2]**
     Agreed that a second national conference should be held prior to the final 2007 PCFA Board meeting (1st Nov) which will enable SAC closure of its intended program of activities for this term of office and preparing a draft program for 2008. Conference will be either Tuesday/Wednesday or Wednesday/Thursday.

4. **Finalisation of Attachment C to the SAC Conference report (circulated prior to the meeting)**
   - **Ref No 1. Taskforce to review Constitution, Trust Deed and Rules of Affiliation** – David reported that the National Board will be holding a Strategic Planning meeting[3] where these matters will be discussed. SAC to defer consideration of these documents until after the Board planning session.

   - **Ref No 2. Taskforce on Speaker's/Leader's kits and pamphlets/ brochures**
     Bill advised that George Doubikin had circulated a draft of a proposed flyer that would be for all support groups with their own group information printed on the flyer. Ann will forward an email with the flyer

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[1] The main purpose of these additional conferences is to determine the content of the formal SAC report to the PCFA Board. As it turns out, for the remainder of this term of office there will be requirement of only one such teleconference meeting and I suggest that this occur on Thursday 12th July, one day before the scheduled strategic planning session for PCFA Board Directors. ***Please cross refer to Footnote No. 2***

[2] Most likely timeframe for selection of conference over two days – October 16/17/18 – with the Queensland annual conference and training program being conducted in the previous week.

[3] Most likely 13/14 July

attached to all National SAC members. Feedback is needed from each state. A further draft will be circulated shortly. Max reported that the taskforce is looking at a NSW Cancer Council booklet containing information setting up and maintaining a group. It is proposed that the Speaker's kit and Leader's kit be merged together. Max will follow up via email. Peter reported that he had been working with Andrology Australia to get a kit together for planning men's health conferences.

- **Ref No 3. Taskforce for Library of DVD's/videos**
  Steve reported that he and Max had some discussions and Steve had contacted Pam Sandoe to seek further information on Sydney Adventist Hospital. David reported that each guest speaker is captured on video/DVD by a professional from the hospital and the DVD's/videos can be borrowed or copied and are for sale. David reported that it is provided for the group at little cost.

  Max and Steve suggest that a library be set up in Sydney and Melbourne. The Sydney library will loan to groups in NSW, Queensland and Northern Territory and the Melbourne library will loan to Victoria, Tasmania, South Australia and Western Australia. Max questioned the need for a professional person or one of the support group members could operate the camera however, this has been tried with other groups and not been successful and it looks unprofessional. David proposed that only 10 or 12 good speakers be filmed per year and this would provide current speakers for groups.

  The library would need to be reviewed as to quality and content of DVD's and information. Steve reported that copying of DVD's was very cheap and could be copied but the taskforce will look into this further and report back. David will ask Pam to provide to Steve and Max a list of the SAH library stock. Karen reported that she also has a library and will be providing a list as well.

- **Ref No 4 Support Group Bank Accounts**
  Bill to discuss with Andrew Giles to determine progress.

- **Ref No 5. Incorporation**
  With respect to incorporation raised in relation to the SA Groups at the April 2007 conference Andrew had confirmed by Email to the SA SAC Representatives that the 2006 affiliation rules have indicated that PCFA will not allow affiliation to future groups that are incorporated. This was done to streamline some internal processes as well as to unify PCFA's increasingly recognised brand. The new rules do not affect our ongoing relationship with those groups that were previously (and also currently) incorporated".

  David felt that this issue had been resolved at the SAC Conference in April 2007. Bill disagreed with that view. David advised that Bill would need to discuss with Andrew the background to the subject of incorporation.

  In response to a question from Steve Bill replied that in line with ASIC requirements of incorporated organisations incorporation could require those support groups who wish to incorporate to be more professional in their operations.

- **Ref No 6. Support for Prostate Cancer Support Groups in Tasmania**
  Max Shub has made contact with groups at this stage.

- **Ref No 7. PCFA Website**
  David advised that he had introduced a group called "The Sponge" to work with Andrew and Wendy on this task on a probono basis.
  Steve also advised that at the NSW Board meeting Wendy had shown a draft home page which looked fabulous. Bill suggested that one member from each state be involved as a consumer reference group in relation to this task. Ian from SA, Steve from NSW/ACT and Peter from Vic/Tas have volunteered. Qld/NT and WA to provide nominations.

- **Ref No 8. Research Executive Summary**
  Report from Professor John Mills to be circulated by Bill McHugh. (To be Emailed separately)

- **Ref No 9. Insurance Fact Sheet**
  David advised that the insurance certificates and fact sheets incorporating a question and answer segment will be circulated shortly. Group Leaders are requesting a clear statement of what is covered and whether they and their members are covered outside of the general meeting program such as special events.
  The Certificate of Currency and related material will be emailed to all groups as soon as it has been received. Andrew Giles to action.

- **Ref No 10. Prostate Cancer Awareness – Karen Rendell**
  Karen advised that to date she has been to Esperance where she met local member, Dr Graham Jacobs, and hopes to start up a support group shortly. Also a group is establishing in Bunbury. Karen has been looking at

setting up a new group in Armadale to replace the vacancy created when Kate Orr and John Macmahon left. Karen will travel to Geraldton next.
There have been changes to Karen's intended travel plan, due to personal reasons.

- **Ref No 11. Nominated Channels of Communication**
  At present Queensland and Victoria have advised that they will be sending out their own minutes etc and NSW have advised that Ann Smith will circulate all information to all groups. SA and WA still to advise.

- **Ref No 12. Report to National Board on Conference**
  Bill prepared a brief report for the PCFA Board meeting in May because the actual SAC Conference report had not been completed at that time. David recommended that the formal SAC conference report be circulated to all PCFA Board Directors. Bill to action.

- **Ref No 13. SAC initiatives on proposal for research funding from MMRI**
  Professor John Mills spoke on the above at the National Board meeting. He will have discussions with Professor Frank Gardner, who is also a member of the research committee, and report back to the Board.

- **Ref No 14. Training and Development for PCSG groups**
  Max advised that he is keen to attend the US Too University program. Steve advised that he can forward an agenda of the US Too evening program. David advised that he had attended the American Urological Association conference as well as the European equivalent. David was self funded and it was a fantastic conference. Andrew will seek financial support from the pharmaceutical companies. The view was expressed by David that PCFA supported attendance/participation by SAC or Support Group members should require attendance by two such individuals to optimise the benefits derived from attendance/participation. Bill will have further discussions on this matter with Andrew.

- **Ref No 15. Assistance with grief**
  Peter advised that CanSurvive (1300 364 673) provide assistance to men and their families who are facing terminal illness, grief and financial documents to assist with financial affairs. Both PCFA (Names?) and Can Survive will be attending the Carer's conference on 26th May in Melbourne. Ann advised that she forwards a large number of referrals to the group and they provide an excellent service. Please let the groups in your state know about this group of counsellors.

- **Ref No 16. Fact Sheet on Taxotere**
  Andrew has circulated a Fact Sheet to all Chapters with a request to all support groups of the need to get to all support groups prior to the end of June. Ann will circulate the Fact Sheet and Andrew's lead in note. Bill requests that Andrew prepare a "Dear Member" letter and circulate to groups to enable the letter to be personalised for each local member. It is important that Chapters and all Support Groups get involved in this activity to demonstrate a significantly broad level of representation by consumers

5. CEO Update – (already circulated)
No further discussion.

6. Recollections from the PCFA Board meeting (document previously circulated) Item 2 – Clinical Trials
(ii) David and Steve advised that the statement by Bill ("I perceive that the majority of Board Members do not see direct support for men with PCa through involvement in clinical trial as falling within the category of Research.") is not correct with the Board and PCFA would and do support clinical trials.
(iii) there are seven directors, not five, of the PCFA directors who have had prostate cancer.
(iv) David advised that this item was a little confusing. David was appointed to the board in his own right as a businessman. Don however, was appointed as Chair of the National SAC.

Item 3 – Appointment of Additional Person to PCFA Management
The PCFA Board approved the appointment of an additional management executive within PCFA following the redundancy of the position previously occupied by John Ramsay. Bill proposes a person capable of discharging an external role on behalf of PCa consumers. A person/role such as what Lisa Herron/Communications Officer when she was working with Cancer Council NSW demonstrated a good standard of professional performance. He does not want the role formerly discharged by John Ramsay to be replaced as he does not want to have anyone managing support groups other than from within the SAC committee. All SAC members are invited to bring forward their views on the role/person specification for the new position in PCFA's Management Team. Bill to discuss his wishes further with Andrew Giles.

7. Other business
Lobbying politicians – Jeff Roberts
Jeff wants to see a common approach from all groups to politicians – all sending the same message. All felt that writing to politicians must be issue based such as Taxotere, where we have a cause to fight for. This point has been covered by Ref No 16 above. The meeting closed at 4.55pm.

Andrology Australia Forum – Stamford Grand, Glenelg SA
25th – 27th May

The facilitator to open the program was Prof Rob McLachlan, Director Andrology Australia.
A blessing and welcome to the Country was performed by the Talkinjeri Dance Group.
The welcome address was by Prof David de Kretser, AC Governor of Victoria, Patron of Andrology Australia.

Keynote speakers were:
John McKinlay PHD, FACE from Newfoundland Research Institute Inc. USA
How much do we know and how do we know it?
Filling knowledge gaps with epidemiologic data.

Dr Mark Wenitong
President and a founding member of the Australian Indigenous Doctors Association
Indigenous male health. What can we learn? What can we do?
Key interests in the Aboriginal & Torres Strait Islander health policy.

Michael Baigent MB BS, FRANZCP, FACHAM
A/Prof Flinders University in South Australia
Depression in the middle aged and older male.

Then followed concurrent sessions on Community Education, Professional Education and Research.
Those attending could switch between sessions.
I attended the Community Education sessions as follows:

Sylvia Milner – The Queensland Cancer Council
The role of the Prostate Care Nurse in supporting men through diagnosis and treatment of localised prostate cancer.
The Cancer Council Queensland is currently undertaking a program of prostate cancer research known as Proscare. A nurse-delivered intervention that targets the specific psychological and physical challenges experienced by men after the diagnosis and treatment of localised prostate cancer is being trialled as part of this research.

Peter Strange - Bendigo Community Health Services
Engaging men – The first step towards better health outcomes.
Peter made the point that in his experience men are interested in their own health providing it is presented to them in a proper manner.

Sally Green – Australasian Cochrane Centre
Patient education in men's health: informing consumers and improving practice.
Shared decision making is now considered good practice.

Peter Todaro – NSW Health, Multicultural Communication
"A Users Guide" What every man needs to know in any language.
Generally men from a multicultural background are disadvantaged.

Panel discussion – current & future strategies
After lunch the Concurrent sessions were:
Testosterone Use & Abuse
Prostate Disease
Indigenous Health

I attended the session on Prostate Disease facilitated by Prof Frank Gardiner.
There was discussion on education, research and evaluation strategies.
Some topics discussed were community and professional education objectives, tissue bank, prostate cancer patients and GP education, informed choices for PSA testing in general practice and sexual dysfunction.
A very interesting session and well conducted by Prof Gardiner.

The final Concurrent Sessions for the day were:
Erectile Dysfunction
Young Men's Health – Male Infertility/Testicular Cancer

I attended the session of erectile dysfunction
Some matters discussed were:
The impact of a consumer education program on GP management of ED.
The impact of ED on relationships.

I thought the Forum was interesting and well worth attending.

As is usually the case, conversations you have with other people attending are important. There were excellent posters on display on various topics.
The Forum was well run with one exception in my opinion. Surprisingly a roving microphone was not used in the main room and it was difficult to hear some questions from where I was sitting.
Thank you for the opportunity to attend.

Jeff Roberts

Ian Fisk has supplied me with information on the Dinner and Sundays sessions as follows:

The speakers at the Dinner were David de Krestser and Merv Hughes and it was a very enjoyable evening.

Sunday:
Breakfast Session: Endocrine and Male Reproductive Health

Many of the sperm counts and genital abnormalities were discussed. Most of the studies left a lot to be desired with their methodology and hence their conclusions are questionable. While large amounts of chemicals definitely have disastrous effects on some animals the effects of much smaller concentrations on humans is unknown.

Terry Melvin spoke on Mensline Australia. I had not heard of the service, so it was interesting to hear of what they have to offer. “Mensline Australia is a dedicated service for men with relationship and family concerns.” (from their website). Their website has links to many other Men’s services available all over Australia.

Elizabeth McDonald, of the MS Society of Victoria spoke among other things about Sexuality in the disabled community, how one third of relationships fail after diagnosis of MS, one third stay much the same and the remainder improve.

A speaker showed another’s interesting slide show on Aging and Sexual relations.

Another from Australian Research Centre in Sex, Health and Society (ARCSHS) at Latrobe University spoke mainly about young people.

There was much discussion in the Diversity Forum about the role of Andrology Australia.
Labelling certain attributes or activities as “abnormal” is fraught with problems. One suggested that instead the term “not normal” would be more suitable.
An overview of the Forum was held.

Even though I missed the prostate cancer related sessions on Saturday, I found what I did attend on Saturday evening and Sunday quite interesting. The best part was being able to meet others with interest in men’s health.

Ian Fisk

ProstateSA requires the support of volunteers.....

ProstateSA has launched Loose Change Day 2007. Throughout the month of June there will be three blue ribbon Ford utes on the streets of Adelaide to raise funds and awareness for prostate cancer research.

"Take aim against prostate cancer, make your loose change count."

This represents a fantastic opportunity to build on the momentum gained from the Adelaide Crows promotion and continue to raise awareness of the newly established ProstateSA to thousands of South Australians whilst at the same time raising vital funds for the cause.

ProstateSA needs your HELP to maximise potential benefits from this 'Blue Ribbon Event' by volunteering to staff the vehicles throughout the campaign. We require two volunteers to be with each vehicle for the entire shift.

Please feel free to pass on to anyone within your extensive networks who you think may be interested to help, such support is critical.

To register your interest, please contact Brent Frewen, ProstateSA Events Manager:,. 82914110, email: bfrewen@cancersa.org.au

It’s not too late to volunteer. **REGISTER NOW**.
Please note a current driver's licence is required.

GENE TOOL THE NEW PROSTATE TEST FRONTIER

Testing for gene PCA3 is the newest tool for diagnosing prostate cancer, says Doctor Thomas Stuttaford.

THE sight of a doctor flexing a finger inside a newly-donned latex glove is enough to make most middle-aged men nervous.

The more enlightened know they are much better off quelling their fears: new cases of prostate cancer, for which the finger trick is a rudimentary test, have been rising fast in recent years, in Australia and the developed world.

There were over 11,000 new cases of prostate cancer in Australian men in 2001, making it the most commonly diagnosed male cancer. Numbers of deaths shot up from 1642 in 1986 to 2711 by 2001 following more widespread testing, but the increase has since slowed. There were 2761 deaths from prostate cancer in 2004.

There remain serious shortcomings in the reliability of prostate cancer detection methods, but these might be reduced in the wake of a dramatic new advance.

Professor Jack Schalken and doctor Marion Bussemakers from the University of Nijmegen in the Netherlands, together with Dr William Isaacs at Johns Hopkins University in Baltimore, were the geniuses who discovered the PCA3 gene that is produced by prostate cancer cells. It is a discovery that may well revolutionise the diagnosis and treatment of the disease.

If the test for the presence of the PCA3 gene is positive this is an almost certain sign that a significant tumour is present in the patient's prostate and needs urgent treatment.

The PSA test is the standard, easy and comparatively cheap blood test that the American Cancer Society suggest all men over 50, or over 40 if they have a strong family history of the cancer, should have done annually. This advice stands even if unfortunately the PSA test gives rise to a large number of apparently false positive results. This means that more prostate biopsies are carried out than would be necessary if a more specific test than the PSA was available, so the PCA3 may be an answer.

The biopsy may also give a false result as the cancerous cells may be missed. Conversely some of the most malignant cancers don't cause an abnormal level of PSA, although close examination of serial results will usually show that the PSA, while not unusually high, is increasing at an unacceptable rate.

Even though the PSA, the biopsy or the ultrasound cannot give a definitive result these tests are, and will remain, essential diagnostic tools. If a biopsy detects cancerous cells, these give the doctors a good indication of the malignancy of the tumour, and how radically it needs treatment. Far too many men lose their lives because of late diagnosis or because they were wrongly treated with watchful waiting, rather than a potentially curative treatment. Watchful waiting has acquired such a sinister reputation with patients that the regime now has, or should have, been replaced by a carefully and cautiously prescribed formula known as active surveillance.

The usefulness for testing of the PCA3 gene discovered by Schalken and his colleagues was evaluated in two recent studies, published in the journal The Prostate (2007;67:881-7) and Clinical Cancer Research (2007;13:939-43). It is isolated from prostatic cells in a sample of urine passed after a digital rectal examination. This dreaded, but in fact no more than uncomfortable, procedure releases prostatic cells into the urine and the resulting assessment of the PCA3 score gives a remarkably accurate guide to the presence of a cancer, and its likely significance.

Associate professor Phillip Stricker, director of the Prostate Cancer Centre at Sydney's St Vincent's Hospital, where he is also chairman of urology, said the results of the PCA3 test were “a major finding” and predicted it would “come into clinical practice fairly quickly”.

However, he added it would complement, not replace, the PSA test because the PCA3 test itself could still give both false positives and false negatives, albeit at lower rates.

“There are two initial groups of people who it will really benefit: those at particular risk of developing prostate cancer, such as those with family histories, especially those with family histories where the PSA tests have been normal,” Stricker says.

“The other group where it may benefit is people who have had (negative) biopsies and afterwards the PSA count continues to rise, because your question then is `did the biopsy miss the cancer?”

Stricker says much work needs to be done before the PCA3 test earns a role in screening otherwise asymptomatic patients for signs of prostate disease, as the research to date has not evaluated its effectiveness in this area.

Schalken said in London last week he still hears nonsense that it is impossible to distinguish aggressive prostate cancer, the tiger, from the relatively benign condition, the pussycat. He said that a good urologist given the data - PSA, Gleason score (this measures the cancer's malignancy), tumour size and now the PCA3 result will immediately recognise the difference.

He added that once he had these statistics it would take him less than three minutes to decide the correct treatment, and who would live and who would die without it.
The Times & The Weekend Australian, 19/5 Additional reporting: Adam Cresswell

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PROSTATE SCREEN SCARE CAUSES LASTING TRAUMA

False-positive prostate cancer results can cause sexual dysfunction and persistent psychological distress, a study says.
Men who received an abnormal screening test but whose prostate biopsies proved normal were three times more likely to worry about a subsequent risk of cancer than those with normal screening results.
Based on a telephone survey of 210 men, US researchers also found men with false-positive results were nearly twice as likely to report 'moderate to big' sexual function problems. This could be related to residual pain or side-effects after the biopsy procedure, such as haemospermia, or to the psychological effects of worrying, the researchers said.
A majority of the men with abnormal screening tests also had distorted perceptions of their risk of developing prostate cancer, with many either rating their chances too high or too low.
The results reinforced the importance of discussing the benefits and harms of prostate cancer screening with patients, the researchers said. "Our results highlight the need... .to provide education and feedback to primary care physicians to minimise the inappropriate use of prostate cancer screening."
Effective counselling interventions before prostate cancer screening and during follow-up should be in place, they added. *(Medical Observer*, 23/3/07, p11)

MEN SKIPPING VITAL CANCER SCREENING

More than a third of Queensland men aged 50 and older have never been screened for bowel, prostate or skin cancers, according to a new study. And those who are screened are more inclined to get the cancer tests least likely to save lives and limit disease according to a report in the Medical Journal of Australia.
The telephone survey of about 2300 men aged between 50 and 75 found those who were white, living with a partner and had private health insurance were more likely to be tested than others.
Queensland University of Technology researchers found men were least likely to be tested for bowel cancer than for prostate cancer and skin tumours.
"There is increasing evidence that men older than 50 years make suboptimal use of preventive health services such as cancer screening," the researchers said. Of the 2300 interviewed, only 15% had been screened for bowel cancer despite this test being the most foolproof cancer detection for men.
Courier Mail, 16/4/07, p8; Canberra Times, 16/4/07, p7; Hobart Mercury, 16/4/07, pl0; Adelaide Advertiser, 16/4/07, p3; Herald Sun, 16/4/07, p12

If quizzes are quizzical, what are tests?

URINE TEST MAY IMPROVE PROSTATE CANCER SCREENING

NEW YORK (Reuters Health) - Testing for the prostate cancer gene 3(PCA3) in urine may improve screening for prostate cancer, new research suggests.

Screening for prostate cancer usually involves measuring a protein in the blood called prostate specific antigen or PSA. High PSA levels suggest that cancer may be present and a biopsy is then performed to confirm the diagnosis.

Unfortunately, in some men with a high PSA, the biopsy comes back negative, leading doctors to question whether the patient does not have cancer or whether the cancer was missed on biopsy.

Men with elevated PSA levels, but negative prostate biopsy results, present a diagnostic dilemma, lead author Dr. Leonard S. Marks, from the University of California in Los Angeles, and colleagues note. "Watchful waiting" with regular PSA testing is often employed, but this can create anxiety and may also result in unnecessary medical procedures.

Unlike PSA, which can be elevated with benign as well as malignant prostate disease, PCA3 appears to be specific for prostate cancer, according to the report in the journal "Urology". In the present study, Marks' team assessed the ability of urine PCA3 testing to detect prostate cancer in 233 men with elevated PSA levels and at least one prior negative prostate biopsy.

A PCA3 score was determined for each subject using a highly sensitive quantitative test. This score was then compared with PSA testing in predicting the outcome of the repeat prostate biopsy.

Overall, 226 of the men had adequate amounts of genetic material in their urine to facilitate PCA3 analysis, the report indicates. Sixty of the men had prostate cancer on repeat biopsy.

The researchers found that the PCA3 score was more accurate than the PSA test at predicting whether the repeat biopsy would show cancer.

"In men with elevated...PSA levels and previous negative prostate biopsy findings, the determination of the urinary PCA3 levels appears to have value in the prediction of repeat biopsy outcomes," the researchers conclude.

SOURCE: /Urology/, March 27, 2007. Reuters Copyright © 2007 Reuters Limited.
FROM Prostate Cancer Foundation.

LONG-TERM SIDE EFFECTS OF PROSTATE CANCER TREATMENT DIFFER

FRIDAY, March 30 (Reuters Health) - For men with early prostate cancer, radioactive seed implantation and surgery to remove the prostate are two effective treatments, with roughly the same costs, but these treatments have different long-term side effects, French doctors report.

"This study is exciting," Dr. Jean-Marc Cosset, from the Institut Curie in Paris, said in a statement, because it's the first comparative study to assess the costs of the two treatments in a given country and see if the side effects are different.

The study involved 435 men with prostate cancer confined to the prostate that were treated with radioactive seed implantation or surgery to remove the prostate.

The men answered questions about quality-of-life and symptoms immediately after treatment and at various time points up to 24 months after treatment.

The drop in health-related quality of life immediately after treatment was less pronounced with seed therapy compared with surgery, the team found. However, from 6 to 24 months, surgery was associated with a better quality of life.

Impotence and urinary incontinence were more likely with surgery, whereas urinary frequency, urgency, and pain were more common with seed therapy.

As noted, the costs of each treatment were comparable at 24 months --8019 euros (US $10,669) for seed therapy and 8715 euros (US $11,596) for surgery.

These "findings may be used to tailor localized prostate cancer treatments to suit individual patients' needs," the researchers conclude.

SOURCE: "International Journal of Radiation Oncology, Biology, Physics".
Reuters Copyright © 2007 Reuters Limited. (from Prostate Cancer Foundation

SOY INTAKE MAY STAVE OFF EARLY PROSTATE CANCER

THURSDAY, March 29(Reuters Health) - Consumption of the estrogen-like "isoflavone" substances found in soy may reduce the risk of developing early prostate cancer, but isoflavones appear to be associated with advanced disease if prostate cancer does occur, Japanese researchers report.

Isoflavones found in traditional foods that Japanese eat throughout life may be protective against prostate cancer, Dr. Norie Kurahashi told Reuters Health, but we can not recommend isoflavones from supplements to those who don't consume them regularly, "because isoflavones may increase the risk of advanced prostate cancer."

Kurahashi and associates from the National Cancer Center, Tokyo, investigated the association between dietary isoflavones and risk of prostate cancer in a study of Japanese men, who generally consume large amounts of soy products and have a low rate of prostate cancer.

The study, which is reported in “Cancer Epidemiology, Biomarkers & Prevention”, involved some 43,500 men followed from 1995 through 2004. During that time, 307 of them were diagnosed with prostate cancer.

Consumption of isoflavones (principally genistein, but also daidzein and soy foods) was associated with a decreased risk of early prostate cancer, the authors report. Genistein and daidzein, however, were associated with an increased risk of advanced prostate cancer, the results indicate.

The protective effect of isoflavones for early prostate cancer was clearest among men over 60 years old, the researchers note, as was the association of isoflavone with an increased risk of advanced prostate cancer.

"We suggest that isoflavones delay the progression from latent cancer to clinically significant prostate cancer in Japanese who consume isoflavones regularly throughout life," Kurahashi said. "However, we do not know when or how isoflavones affect latent or (early) prostate cancer development and whether isoflavones can be used in the treatment or...prevention of this cancer."

More studies are needed "to clarify what period in life soy consumption exerts an effect against prostate cancer and what type of prostate cancer it can prevent," Kurahashi concluded.

SOURCE: /Cancer Epidemiology, Biomarkers & Prevention/, March 2007. *Reuters Copyright © 2007 Reuters Limited. (from Prostate Cancer Foundation)*

IMPROVEMENT IN SURVIVAL FOR AGGRESSIVE PROSTATE CANCER

MONDAY, March 19 (Reuters Health) - New York-based researchers report that decisive treatment can lead to a significant improvement in survival compared to the conservative approach.

Patients with the most aggressive prostate cancers that haven't yet spread to other sites in the body, if treated by surgical prostate removal or radiation, "can expect to live more than 14 years," lead investigator Dr. Ashutosh Tewari <http://www.prostatecancerfoundation.org/2006competitive_awardsb#weill> told Reuters Health. "Those treated conservatively will live, on average, less than 7 years."

Tewari and associates at New York Presbyterian Hospital conducted a look-back study involving 453 men with high-grade prostate cancer, and report their findings in the /Journal of Urology/.

Of this group, 197 were treated conservatively, 137 men received radiation therapy and 119 underwent radical prostatectomy (complete surgical removal of the prostate).

The average length of overall survival in the three groups was 5.2, 6.7 and 9.7 years, respectively.

When deaths due specifically to prostate cancer were considered, average survival was 7.8 years for conservative therapy and more than 14 years for radiation therapy and radical prostatectomy.

"The risk of cancer-specific death following radical prostatectomy was68 percent lower than for conservative treatment and 49 percent lower than for radiation therapy," Tewari's group found.

The researchers conclude that "even high-grade cancers are potentially curable."

SOURCE: /Journal of Urology/, March 2007. *Reuters Copyright © 2007 Reuters Limited. (from Prostate Cancer Foundation)*

If we could stop cancer from spreading, we might be able to stop it from killing.

Researchers are learning more about what makes cancer cells leave the original site, travel and take up root in new locations. New theories suspect cancer stem cells, capable of traveling and creating new tumors.

The following information was compiled from previously published study results and news stories.

This page was last updated on 02.23.2007

Cancer Stem Cells

Stem Cells May Be Key to Cancer

One day, perhaps in the distant future, stem cells may help repair diseased tissues. But there is a far more pressing reason to study them: stem cells are the source of at least some, and perhaps all, cancers. At the heart of every tumor, some researchers believe, lie a handful of aberrant stem cells that maintain the malignant tissue.

The idea, if right, could explain why tumors often regenerate even after being almost destroyed by anticancer drugs. It also points to a different strategy for developing anticancer drugs, suggesting they should be selected for lethality to cancer stem cells and not, as at present, for their ability to kill just any cells and shrink tumors.

Stem Cells May Be Key to Cancer

by Nicholas Wade | New York Times | 02.21.2006

<http://www.fightprostatecancer.org/site/News2?page=NewsArticle&id=7600>

Genetic Signature Predicts Recurrence of Cancers

Researchers working with breast cancer stem cells at the Stanford University School of Medicine have found 186 genes that together can predict the risk of recurrence in breast cancer patients. Additionally, the same genes predict the recurrence of prostate cancer, lung cancer and a common form of childhood brain cancer.

Recent discoveries suggest cancer stem cells may be the reason cancer can grow back, even after most of the cancer cells have been killed.

This new study suggests stem cells from different cancers may share a common genetic profile, and tests to identify that profile could provide a tool for earlier diagnosis of aggressive cancers.

Genetic Signature Predicts Recurrence of Cancers

HealthNewsDigest.com | 01.24.2007

<http://www.fightprostatecancer.org/site/News2?page=NewsArticle&id=7598>

Research News

***Scientists Begin to Grasp the Stealthy Spread of Cancer ***

Fewer than 10 percent of cancer deaths are caused by the primary tumor; the rest stem from metastasis to vital sites like the lungs, the liver, the bones and the brain.

Though chemotherapy and other treatments have lengthened the lives of people with metastasized cancer, no drugs have been specifically formulated to halt the process. That is because metastasis has remained something of a mystery until the last five years or so. Now, knowledge of metastasis is beginning to accumulate to the point that new therapies are entering the pipeline.

Scientists Begin to Grasp the Stealthy Spread of Cancer

by Laurie Tarkan | New York Times | 08.15.2006

<http://www.fightprostatecancer.org/site/News2?page=NewsArticle&id=7177>

Over-expression of COX-2 Found in Prostate Cancer Metastases

Researchers from Fox Chase Cancer Center in Philadelphia reported that higher levels of cyclooxygenase-2 (COX-2) expression were associated with biological failure -- an increasing prostate specific antigen (PSA) level -- and distant metastases. Patients whose cancer cell samples showed higher concentrations of

COX-2 had a nearly 50 percent greater chance of disease recurrence and spread than patients with lower COX-2 levels.

Overexpression of COX-2 Found in Prostate Cancer Metastases
by Ed Susman | Doctor's Guide | 11.09.2006
<%22http://www.fightprostatecancer.org/site/News2?page=NewsArticle&id=7441>

Stanford Scientists Identify Protein In Fast-spreading Cancers
Researchers at the Stanford University School of Medicine have found a protein that may explain why tumors in a low-oxygen environment are more deadly. The findings reveal hypoxic tumors - those low in oxygen - make a protein called lysyl oxidase, which helps the tumor spread to other organs. Lysyl oxidase, or LOX, could be a good target for future cancer therapies, the researchers say.

Researchers found patients whose tumors made high levels of LOX were more likely to have cancers that spread and to die of the disease. Using three different methods of shutting down LOX production in laboratory experiments, they found the tumors were less likely to spread than tumors producing LOX unchecked.

Stanford Scientists Identify Protein In Fast-spreading Cancers
Stanford University Medical Center | 04.27.2006
<http://www.fightprostatecancer.org/site/News2?page=NewsArticle&id=6795>

Stress Hormones and Beta Blockers
Hormones produced during periods of stress may increase the growth rate of a serious form of head and neck cancer. Previous suggested this is also true for ovarian cancer and prostate cancer, and that the effect may be fought with drugs called ?beta-blockers?.

The study showed that an increase in norepinephrine, a stress hormone, can stimulate tumor cells to produce two compounds. These compounds can break down the tissue around the tumor cells and allow the cells to more easily move into the bloodstream. From there, they can travel to another location in the body to form additional tumors, a process called metastasis.

The research also suggests the same hormone can also stimulate the tumor cells to release another compound that can aid in the growth of new blood vessels that feed cancer cells, hastening the growth and spread of the disease.

Stress Hormones May Play New Role In Speeding Up Cancer Growth
Press Release: by Earle Holland | Ohio State University |11.01.2006
http://www.fightprostatecancer.org/site/News2?page=NewsArticle&id=7431

Key Protein in Cancer Cell Spread Discovered
Scientists from the University of North Carolina at Chapel Hill School of Medicine and the UNC Lineberger Comprehensive Cancer Center have identified a protein that may stop cancer cells from spreading. The protein, calcium and integrin-binding protein 1 (CIB1), regulates the fundamental process of cell migration. The study suggests that CIB1 may be a likely target for new drug development aimed at decreasing tumor metastasis, or spread, throughout the body. <http://www.pcacoalition.org/site/News2?page=NewsArticle&id=5569>

NEW RESEARCH POINTS TO STRESS LINK WITH CANCER
Stress may contribute to the development of cancer and reduce the effectiveness of treatments, according to new research into cancer cells.
The US study, to be published in the Journal of Biological Chemistry, found the stress hormone epinephrine caused changes in breast and prostate cancer cells that could make them resistant to treatment. The scientists found that a protein called BAD, which kills cancer cells, became inactive when exposed to epinephrine.
The researchers believe the findings may lead to the development of an intervention to block the effects of the stress hormone. They also say patients with an increased response to stress may need to learn to manage its effects.
Cancer Council WA's director of education and research Terry Slevin said people often made a link between stress and cancer and the council had been looking at if for a decade. But he said no clear link had yet been established and even the new data could not positively say epinephrine explained the connection. *(West Australian, 14/4/07, p56;)*

VITAMINS LINK TO PROSTATE DEATHS

MEN who are heavy users of multivitamin supplements may be more likely to die from prostate cancer, according to a US study to be published this week.

The study of almost 300,000 men over five years, conducted by the National Cancer Institute, suggests there is a statistical link between taking multivitamins and an increased risk of advanced or fatal prostate cancer.

While the study does not offer a medical explanation for this suggested link, scientists said there was evidence very large amounts of such nutrients could have detrimental effects.

Researchers followed the health of 295,344 men enrolled in a national US health and diet study in the mid-1990s. Five years later the men, whose average age was in the early sixties, were reassessed: more than 10,000 had developed prostate cancer.

Of this number, those who took multivitamins more than seven times a week and had a family history of prostate cancer were found to be twice as likely to have died from the disease as those who never took any supplements.

The director of Sydney's St Vincent's Prostate Cancer Centre, Phillip Stricker, said the results did not necessarily mean that excessive multivitamin use was a direct cause of prostate cancer. "To standardise a study like this is incredibly difficult," Associate Professor Stricker said.

"To say it increases the risk requires a much more rigorous study which involves people taking a large amount of vitamins."

A "proper randomised trial" in the US due to report next month will see whether a combination of vitamin E and selenium can help prevent men developing prostate cancer, he said.

Prostate cancer is the second-most common cancer in Australian men after skin cancer and the second highest cause of male cancer deaths.
About 12,000 men are diagnosed as suffering from prostate cancer each year in Australia. About 2700 of these cases turn out to be fatal, a figure roughly equivalent to the number of women who die each year from breast cancer.

The study, to be published in the Journal of the National Cancer Institute, did not detail the exact quantities of multivitamins taken by those surveyed, but indicated the risk of prostate cancer may increase for those who exceeded the recommended one tablet a day.

Risks were also identified in men who were taking other food supplements together with multivitamins, including vitamin E, selenium and folic acid.

The study showed no evidence of any additional risk for those taking more moderate doses of multivitamins.

A review of the study, also published in the Journal of the National Cancer Institute, concluded it was "well conducted".

"(The report's authors) add to the growing evidence that questions the beneficial value (of) antioxidant vitamin pills in generally well-nourished populations and underscore the possibility that antioxidant supplements could have unintended consequences for our health," the review said.

"The Australian" 14/5 reporter,Tracy Ong Additional reporting: Dan Box, The Sunday Times

Why do people point to their wrist when asking the time, but don't point to their crotch when asking where the bathroom is?

ROUTINE CHECK-UPS BOOST CANCER SCREENING RATES

TUESDAY, March 27 (Reuters Health) - People who regularly go to their primary care doctor for routine check ups are more apt to undergo recommended colorectal, breast and prostate cancer screening tests, according to research released this week.

Dr. Joshua J. Fenton from the University of California, Davis, Sacramento and colleagues found a relationship between well visits and cancer screening by analyzing data from 64,288 adults enrolled in the Group Health Cooperative in Washington between 2002 and 2003.

A total of 39,475 adults were eligible for colorectal screening, 31,379 women were eligible for screening mammography and 28,483 men were eligible for prostate cancer screening.

The rate of colon cancer screening was much higher among adults who received at least one preventive health exam during the study period compared with adults who did not receive a preventive health exam (57 percent vs 17 percent, respectively).

The same was true for breast cancer screening (74 percent vs 56 percent) and prostate cancer screening (59 percent vs 21 percent).

"The associations were particularly strong for colorectal cancer and prostate cancer, for which the health plan provides no centralized screening program," as it does for mammography, the authors note in the “Archives of Internal Medicine”.

It's been shown previously that doctors are more apt to bring up the subject of cancer screening with their patients during well visits than during other types of visits. It's also been shown that people who are encouraged to undergo screening by their doctor often heed that advice.

The current study, Fenton and colleagues conclude, "provides timely confirmation and quantification of the association between preventive health exams and completion of colorectal cancer, breast cancer, and prostate cancer testing."

SOURCE: /Archives of Internal Medicine/, March 26, 2007 *Reuters Copyright © 2007 Reuters Limited.* *(from Prostate Cancer Foundation)*

BLOOD FATTY ACIDS REGULATE PROSTATE CANCER

Dr. Carraway is Professor of Physiology at the University of Massachusetts Medical School in Worcester, Mass. He was a recipient of a 2005 Prostate Cancer Foundation Competitive Award <http://www.prostatecancerfoundation.org/2005competitive_awards>. This unique program supports innovative prostate cancer research projects directed by leading scientists around the world and enables them to forge ahead with their crucial work.

Below is a summary of Dr. Carraway’s work funded by the Prostate Cancer Foundation. *Project Title: Blood Fatty Acids Regulate Prostate Tumor Growth: Animal and Human Studies *

Studies have shown that the risk of developing prostate cancer correlates with dietary fat intake, especially in regard to the amount of fatty acid (FA) in the diet. Although FAs are known to directly stimulate prostate cancer growth, new research has shown that they can also affect prostate cancer growth in other ways.

As FAs enter the intestines, the hormone neurotensin (NT) is released. NT enhances fat digestion and absorption, increasing the delivery of FAs to the tumor and stimulating the growth of prostate cancer cells. Dr. Carraway and his colleagues are testing the hypothesis that NT affects prostate cancer cells by stimulating the growth of new blood vessels within and surrounding the tumor, thereby enabling the tumor cells to increase FA absorption. In theory, interrupting this process and diminishing NT’s effects on fat absorption and blood vessel growth will lead to decreased tumor growth in men with prostate cancer.

One important clue to how NT affects blood vessel growth and FA delivery to tumor sites might be found in yet another corner: NT stimulates the release of mast cells, whose presence in around the tumor is known to negatively correlate with patient survival. Dr. Carraway’s research is focusing on the idea that these two processes are linked and that NT enhances FA absorption into tumors via its actions on mast cells. It is hoped that the findings from this project will lead to the development of new strategies to inhibit prostate cancer growth.

FREE PROSTATE CANCER AWARENESS SEMINAR IN VICTOR HARBOR

As part of the Commonwealth Bank Rural Men's Health Initiative, the Prostate Cancer Foundation of Australia, in conjunction with the Commonwealth Bank will hold a free Prostate Cancer Awareness Seminar at the McCracken Country Club, Victor Harbor on Wednesday, 20 June 2007 at 6.00pm. Local experts and people who have been affected by prostate cancer will speak at the seminar, including urologist, Dr Kim Moretti.

Mr Andrew Giles, Chief Executive of the Prostate Cancer Foundation of Australia says, if detected in the early stages, prostate cancer is often treatable and curable. However, because there are very few symptoms in these important early stages, diagnosis is often delayed.

"This is why we encourage men, particularly those aged 50-years and over, not to wait until they think they are experiencing prostate cancer symptoms. Take responsibility for your own health and make talking to your doctor about prostate cancer a priority on your check-up checklist. It's a simple step that could save your life," said Mr Giles.

"We hope to assist the Prostate Cancer Foundation of Australia raise awareness and educate all Australians about prostate cancer and its effects. It is time for all of us – as spouses, children, parents and friends to encourage men to be conscious and proactive when it comes to prostate cancer detection and education," said Barbara Chapman, Commonwealth Bank Group Executive – Human Resources and Group Services.

Bookings are essential. To book your place at the free Prostate Cancer Awareness Seminar on Wednesday, 20 June 2007, phone 1800 22 00 99 before Friday, 15 June 2007.

For further information about prostate cancer, talk to your GP or contact the Prostate Cancer Foundation of Australia by phoning its toll free number, 1800 22 00 99, or visit www.prostate.org.au

A similar awareness event will also be conducted in the Murray Bridge Golf Club, Ritter Street, Murray Bridge, commencing at 6.00pm, on Monday 25th June 2007. The guest speaker will be urologist Dr. Adrian Porter. Bookings can be made by contacting Jan Morley on 1800 22 00 99, or jmorley@prostate.org.au

Follow up to Support Group Leaders Meeting 29/5/07

As discussed at the meeting last Tuesday I have set out the items discussed with some comments as to action required. There was insufficient time to properly discuss all of these issues but I believe it was important they were raised. It is not my intention in these comments to promote my views on the items discussed and feel it is essential everyone expresses their thoughts.

1. Taxotere letter

We agreed that the letters should be sent by support group leaders and individual members. I think it desirable to send you a reply Bill McHugh (SAC Chairman) sent to me and I will forward it by separate email. I think therefore we should add an additional paragraph as Bill suggests before sending any letters out and I can follow this up with him to obtain the text. So I suppose our tasks are to get the message right and then look at distribution.

2. Part Time PCFA Staff Member in SA

It was generally agreed that it is important for SA to have a part time PCFA employee. The question is in what areas can he/she assist. Some possibilities are:

Newsletters

There may be varying views because some groups (Adelaide & Action Group) have comprehensive newsletters and need to decide if these are to be reduced. Other groups may be happy to hand over the task.

Could everyone submit their views on this?

Other possible ways of assistance:

Arranging speakers

Promotion of PCFA events

Liaison between support groups and the PCFA including attendance at support group meetings
Targeting areas for new support groups
Please put forward any other views.

3. PCFA Flyer

It was agreed at the meeting that we had no suggested alterations to the flyer other than the support groups name to be inserted should be printed rather than by a sticker. I have advised George Doubikin accordingly.

4. Job Description for PCFA Administration Position

At the recent SAC Teleconference a suggestion was made that following the departure of John Ramsay, Chapters advise their views on the qualifications required for an administration position. This is difficult when we not aware of the scope of the position. I feel it is important there is a full time employee as a contact for support groups and good communication skills are required.
Could you let me know your views? If you wish me to contact Bill McHugh for further details I can do so.

5. Details of DVD's Held

As mentioned at the meeting the SAC have appointed a Taskforce to look at a DVD/Library as a means of resource distribution. They wish to know the details of DVD's held by the various Chapters included those provided by the PCFA.
If you have not already done so could you provide me with a list and I will forward details.
Jeff

FISHY ANSWER TO DEPRESSION

ADDING fish oil to the diet is the most promising supplement-related treatment for depression, a new review has found. Sydney University dieticians have trawled recent research to judge the benefits of a range of dietary supplements for relief from depressive symptoms.

The review, published today in the Australian journal "Nutrition & Dietetics", rated vitamins B6 and B12, folate, the chemical S-Adenosyl Methionine (SAMe) and the essential amino acid tryptophan as showing some promise in the field. The herbal extract St John's Wort was also reviewed positively.

But researchers found omega-3 fatty acids, found naturally in oily fish and some grains and nuts, to be the "most promising" nutrition-based treatment for the condition. "We have found evidence of the potential therapeutic benefits of omega-3 polyunsaturated fatty acid incorporation in the diet which may contribute to an eventual recovery in the long term," said lead author and dietician Dr Dianne Volker.

"This is definitely a valuable add-on to the psychosocial and pharmacological treatment therapy depression-sufferers undergo."

The polyunsaturated fatty acids have been found to have cardiovascular benefits and a role in brain development and mental health.

The review found that three meals a week of oily fish like salmon, sardines, mackerel or fresh tuna, or the equivalent in fish oil supplements, was optimum.

The National Heart Foundation recommends two fish meals a week.

Depression is the leading non-fatal disability in Australia, with one in five people developing it at some point in their lives.

The World Health Organisation believes depression will become the second leading cause of morbidity worldwide by 2020. (© The Australian, By Tamara McLean)

Newsletter compiled by *Trevor Hunt*