PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia

ABN 26 499 349 142

NEWSLETTER

Go to www.pcagsa.org.au for Group information and previous newsletters

MARCH 2007

Chairman's Report March 2007

March has commenced a very busy period for our Group as can be seen from the following activities:

Awareness Evenings

Strathalbyn – 20th March 2007

Key speaker is the visiting urologist to the area, Dr John Bolt.

The venue is the Reg Sissons Memorial Day Care Centre, High Street Strathalbyn with the usual time of 7.00p.m. – 9.30p.m.

Promotion of the event is continuing with a large number of flyers distributed to a wide variety of outlets.

Newspapers – advertisements will appear in both the Mount Barker Courier and the Southern Argus plus an editorial in the Southern Argus. An article appeared in Statewide (Advertiser Wednesday 28/2/07).

Community radio announcements have been submitted.

To register your interest phone the Strathalbyn & District Health Service on 8536 2333 (9 – 4p.m.) or simply attend on the night.

The evening is sponsored by Strathalbyn Pharmacies with assistance from the Strathalbyn & District Health Service, The Cancer Council SA and conducted by the Prostate Action Group (S.A.) Inc. www.pcagsa.org.au

Murray Bridge

This presentation has been put on hold as the PCFA may be involved in an event at Murray Bridge.

Adelaide Metro Area - No further developments.

Man Alive 2007

Men's Health & Well- Being Festival **Sunday March 18th**

Semaphore Foreshore **10 am – 4pm**

(See February edition of this newsletter for full details).

Members of our group will be attending at a booth with a display of pamphlets to promote prostate cancer awareness. Everyone is welcome to attend this very popular event.

Karoonda Farm Fair 30/31st March 2007

This event draws a large attendance from rural areas. Again members will be attending with a display of pamphlets.

Lions Club of Edwardstown

Urologist Dr Kym Horsell will be the key speaker at a Men's Health night to be held on the 18th April. Two members of our group will attend. Lions from several other Clubs will be attending, and a substantial attendance is anticipated. This meeting will be held in the Marion Hotel.

Kapunda Farm Fair 27/28th April 2007 Further details later in the Newsletter.

SAC National Conference 2007

The Support & Advocacy Committee of the PCFA will hold the National Conference on the 2nd & 3rd April.

Bill Toop, Acting Chairman

Prostate Cancer Foundation of Australia

What a Whizza !!! - A 1927 Sports Car for Prostate Cancer

In just weeks a lucky individual will be the owner of the Prostate Cancer Foundation of Australia (PCFA) 1927 vintage sports car – the Whippet Whizza - with the ticket drawn at the Mudgee Wings Wheels and Wine Show on April 21, 2007.

The car is the only one of its kind in the world. The car was owned by a man who was lost to cancer. Donated by his friend, Terry Thompson, the aim is to raffle the car to raise funds for cancer research and support.

Restoration of the car is the result of thousands of hours of work by a dedicated group headed up by project champion Dan Power at Mudgee. The car has been lovingly brought back to the former glory of the Whippet Whizza sports cars.

With only 4000 tickets for sale, the Whizza - which comes with its own registered trailer and one year's insurance from Shannons - is being keenly sought – both by car enthusiasts as well as those who will just enjoy taking one of the world's rarest cars out for a spin.

Proceeds of the raffle go to the Prostate Cancer Foundation of Australia, and also to the Mudgee Hospital Oncology Unit and Canteen.

The winning ticket will be drawn on April 21 2007 at a PCFA gala dinner with special guest World Motor Cycling Champion Wayne Gardner at the Mudgee Wings Wheels and Wine festival.

For online ticket purchases and information on where the Whizza is being shown go to www.prostate.org.au and click on the raffle links. Alternatively you please contact Wendy Farrow at the PCFA on 1800 22 00 99, or email wfarrow@prostate.org.au.

Further information:

Wendy Farrow, NSW State Manager
Prostate Cancer Foundation of Australia
Phone: 1800 22 00 99
Email: wendy@prostate.org.au


KAPUNDA FARM FAIR 2007
2007
INFORMATION
FRIDAY 27th APRIL, 2007
SATURDAY 28th APRIL, 2007
8.30am - 5.30pm
KAPUNDA S.A.
77kms from Adelaide GPO
• AGRICULTURE
• VITICULTURE
• HORTICULTURE
• MACHINERY
• VINTAGE TRACTORS & MACHINERY
• CLOTHING
• LIFESTYLE
• CAREER OPPORTUNITIES
• INFORMATION TECHNOLOGY
• GENERAL INTEREST DISPLAYS
• NOVELTY EVENTS
• CHILDREN'S ENTERTAINMENT
• FASHION PARADES
• FOOD & BEVERAGES

WE HAVE A STALL AT KAPUNDA FARM FAIR

After some very late negotiations, we have been able to book a stall at the Kapunda Farm Fair, to be held on Friday 27th and Saturday 28th April 2007. Hours of trade are 8.30am to 5.30pm. For those not familiar with this event, it is held on the Kapunda Trotting Track grounds.

Kapunda is a favourably-situated town, only 77 kms. from Adelaide, and relatively short drives from other rural areas (15 mins. from the Barossa Valley, 1+ hours from the Riverland, 1 hour from the Clare Valley, and about 1 hour to the Adelaide Plains horticultural area). The surrounding area is a diverse farming area, with crops of wheat / barley / oats / canola, and sheep, cattle, pigs and poultry raised. It also Australia's oldest inland mining town, and has a rich cultural heritage. Overall, an interesting and historic town.

With such a large and intense area from which to draw, organisers estimate that 10,000 to 15,000 people are likely to attend the Fair. They predict that they could have approximately 500 exhibitors - that means that it could take some time to view the various stalls. The grounds are spacious, and one feels quite comfortable to walk around at a leisurely pace.

We have been allocated 12 exhibitor's passes, to accommodate several shifts of members on the stall. Vehicles must not be left on the site, but I notice that there is an exhibitor's car park. There is quite a large public car park. Security will be provided for exhibitors.

The local newspaper, The Herald, (circulation over 20,000) will produce a wrap-around feature to publicise the Fair, and all exhibitors and their products / services will be featured. More information will be in our next newsletter.

Breakthrough in early cancer diagnosis

Clara Pirani, Medical reporter

AUSTRALIAN researchers have discovered a new way that cancer can be passed down from parents to children that will allow them to diagnose the disease earlier.

Previously researchers believed young cancer sufferers inherited a parent's gene mutation. However doctors were at a loss to explain why tests showed no sign of genetic mutation in some people with cancer.

Now researchers from St Vincent's Hospital in Sydney and the University of New South Wales have discovered that a chemical which paralyses part of the body's DNA can also be passed down from parents to children and cause cancer.

The breakthrough proves that the chemical - which wraps itself around part of the DNA and renders it useless - rather than a mutation of genetic code, causes some cancers.

It was previously thought that this chemical defect could not be inherited.

"There are a lot of young people who have cancer and we really don't know what causes it and this may be the explanation," said Robyn Ward, an oncologist from St Vincent's Hospital who led the study.

Professor Ward said the research, published in the New England Journal of Medicine, would allow doctors to re-test people who previously showed no signs of cancer. "If we know that someone has a risk of the cancer, we can intervene early and treat it."

The team made the discovery after studying three boys whose mother had bowel cancer.

Traditional tests showed the boys had not inherited their mother's faulty gene and therefore were not at risk of developing cancer. However one son was found to have inherited the same chemical defect, indicating a predisposition to bowel cancer.

"Even though his gene sequence appears to be absolutely normal, his gene has nevertheless been paralysed by this coating wrapped around it," said co-researcher and geneticist Megan Hitchins.

"That leaves us with an entirely new pattern of inheritance." (From The Australian, 15/2

The American Society for Clinical Oncology (ASCO) conducted its annual symposium in Orlando (Florida) last month, and I have some reports from that symposium that may be of interest to members. They will be included throughout this newsletter.

ASCO: SIZE MATTERS- PSA DENSITY KEY TO BIOPSY DECISION

Physicians may soon be able to identify which men have a more deadly form of prostate cancer, U.S. researchers report.

More than one million prostate biopsies are performed each year, note a team from Oregon Health & Science University (OHSU). Of these, only 25 percent test positive for cancer, but another 25 percent have false negative findings, which means the test comes back negative even though it is later found that the patient does have cancer.

New research that is expected to be presented Feb. 22 at the Multidisciplinary Prostate Cancer Symposium in Orlando, Fla., may help identify which men need a second prostate biopsy after an initial negative biopsy, the Oregon group said.

"Until now, we've really had no clear and consistent method to recommend further follow-up or diagnostic procedures for men who have a negative biopsy. We have derived a simple marker, so urologists can identify who is at risk for high-grade prostate cancer," researcher Dr. Mark Garzotto, director of urologic oncology at the Portland Veterans Affairs Medical Center and assistant professor of surgery (urology) in the OHSU School of Medicine, said in a prepared statement.

For their study, Garzotto's team studied 511 men at the veterans' center who had been referred to urology clinics for suspicion of prostate cancer. All of the men had a prior negative biopsy.

The researchers found that a high prostate specific antigen (PSA) level adjusted for prostate size was an indicator for repeat biopsy. A Gleason score of seven or above was indicative that life-threatening prostate cancer may be present and a repeat biopsy is needed.

A Gleason score grades prostate cancer tissue on a scale of 2-10, based on how it looks under the microscope. Lower Gleason scores indicate that the cancer is less likely to spread, while higher scores suggest the tumor is more likely to spread.

"What we worry about is which men may have high-grade cancer. Now, we can prescribe a second biopsy for a few months later. We know that this is a judicious use for a biopsy," Garzotto said.

Pinpointing patients who need a second biopsy will not only help identify which men may have a deadly form of prostate cancer, but it could also reduce the rate of unnecessary biopsies. This is important, since prostate biopsies are costly and can result in anxiety, pain, bleeding and infection.

SOURCE: Oregon Health & Science University, news release, Feb. 22, 2007

IMPLANTS AID PROSTATE BATTLE

Men with prostate cancer who are treated with implants of radioactive seeds have higher survival rates than previously expected, new American research has found. A study of 2700 men over eight years found that 90% of men with early-stage cancer who were given the treatment, known as brachytherapy, were cured of their cancer eight years after diagnosis. They received the seed implants as the sole treatment.

Seed implants have become a widely-used treatment for early-stage prostate cancer because they attack the cancer, but have fewer side-effects. The seeds are the size of grains of rice, and contain a radiation dose which delivers concentrated radiation to the prostate, without damaging the surrounding tissue. A separate American study this week has shown that men with prostate cancer which has not spread have the best survival rates if they have radical surgery or radiation therapy compared with more conservative treatment. *(West Australian, 3/2, p10*)

ASCO: ANDROGEN RECEPTOR TEST PREDICTS RISK OF PROSTATE CANCER METASTASIS

A test that tallies the number of androgen receptors in a single prostate cancer cell may be an effective predictor of disease metastasis, said researchers here.

The test, which relies on quantitative immunofluorescence to measure androgen receptors and other molecular markers, demonstrated a sensitivity of 84% and specificity of 75% for predicting clinical progression in five years of definitive surgery, said Michael Donovan, M.D., Ph.D., of Aureon Laboratories in Yonkers, N.Y., which developed the assay.

Dr. Donovan said his results were based on androgen receptor analyses conducted on prostate cancer tissue from 758 men who had a radical prostatectomy at Memorial Sloan-Kettering Cancer Center from 1985 through 2003. He reported the findings at a prostate cancer symposium.

"We have created a highly sensitive predictive test for prostate cancer, similar to those available for breast cancer, that can be used to predict disease progression and potentially impact its course," Dr. Donovan said at a press briefing.

He and colleagues first used quantative immunofluorescence to assess a number of molecular markers in a "training set" comprised of half the tissue samples from the Memorial Sloan-Kettering patients. They identified four clinical factors-Gleason grade at biopsy and at prostatectomy, lymph node status, and seminal vesicle invasion. They also identified one molecular marker, the number of androgen receptors present within tumor cells that were positive for Racemase antibody.

Using a template with those markers, they analyzed a validation set comprised of the remaining tissue samples from the Memorial Sloan-Kettering patients and determined that the androgen receptors present were significant predictors of metastasis at five years ($P<0.0001$).

Cleveland Clinic urologic oncologist Eric Klein, M.D., who moderated the press conference where the test as discussed, called it an exciting development "but further validation is going to be needed before this test will be ready for clinical use."

The Prostate Cancer Symposium was cosponsored by the American Society of Clinical Oncology, the American Society for Therapeutic Radiology and Oncology and the Society of Urologic Oncology.

Dr. Klein listed no relevant conflicts of interest. Dr. Donovan owns stock in and is employed by Aureon Biosciences and Aureon Laboratories Inc. by Ed Susman | MedPage Today | 02.26.2007

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This item is taken from "The New Idea" , dated 20th January 2007, and was posted in their health news section. It is headed <u>"DIY Prostate Test"</u>

Prostate cancer is curable if detected early. Now there's a self-collected test that can find signs of prostate cancer. The Nutritional Laboratory Services Prostate Test Kit allows the user to take their blood and submit it for analysis. The kit costs $60, and testing of the sample is $35

"This prostate self-test should not replace a thorough examination by your doctor," warns Associate Professor Damien Bolton, director of Urology at Melbourne's Austin and Heidelberg Repatriation Hospitals. "There are many factors that can affect your test results, such as sexual activity, inflammation, infection and age."

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ASCO: OHSU IDENTIFICATION MARKER FOR PROSTATE CANCER SURVIVAL

A researcher has identified a protein that is a strong indicator of survival for men with advanced prostate cancer. The C-reactive protein, also known as CRP, is produced by the liver and is elevated in the presence of inflammation.

"This could mean that a simple blood test that is already available could help patients and doctors make better decisions as they become more informed about what to expect from the prostate cancer they are facing," notes Tomasz Beer, M.D., director of the prostate cancer research at the Oregon Health & Science University (OHSU) Cancer Institute, associate professor of medicine, OHSU School of Medicine.

The finding that higher CRP is associated with shorter survival and a lower probability of response to chemotherapy is a result of a secondary analysis of inflammatory markers in patients enrolled in the ASCENT study, a Phase II trial that evaluated treatment with docetaxel and DN-101, a high dose formulation of calcitriol, or docetaxel with a placebo. DN-101, or Asentra, is Novacea's candidate for prostate cancer currently in Phase III.

"While sometimes inflammation may slow the cancer, an increasing body of evidence suggests that cancer can take advantage of the inflammatory response and the inflammatory cytokines released by the immune reaction may in fact fuel cancer progression. To the extent that our hypothesis proves true, C-reactive protein may be reflecting the overall intensity of the inflammation," Beer explains.

This new finding was observed at OHSU in collaboration with Novacea. The results are published in February in the Journal of Clinical Oncology.

Genetic Engineering News | 02.23.2007

PROSTATE VACCINE CLEARS FIRST HURDLE (QUEENSLAND)

A new vaccine developed by Brisbane scientists to combat prostate cancer appears safe in the first five patients studied in a phase-one trial.

Mater Medical Research institute director Professor Derek Hart, who led the team which took six years to develop the vaccine, yesterday injected the third of three doses into Warwick carpenter Wayne Brown, 61, at the institute. Mr. Brown, the fifth patient to try the vaccine was diagnosed with prostate cancer several years ago. Another seven patients will be vaccinated in coming months.

Mr. Brown's treatment coincided with a visit to the institute by State Development Minister, John Mickel, who announced a $500,000 funding boost for the program from the Smart State Health and Medical Research Fund to help cover day-to-day operational costs. *(compare this to the attitude of the S.A. government, editor)*

"The kind of research conducted by the Mater Medical Research Institute is of enormous significance – and the work being done with the prostate cancer clinical trial will benefit many men," Mr. Mickel said.

Professor Hart hopes phase-two trials, to begin in 2 to 3 years will enable men with less advanced prostate cancers to access the program. He said it would be at least 5 years before the vaccine was generally available. *(Courier Mail, 7/2, p38)*

DRUG TRIAL SOON

Adelaide biotech Bionomics is on track for human clinical trials of its investigational cancer drug by the end of this year, the company said today.

It announced an initial animal safety and tolerability programme which would determine safe starting doses in humans for its BNC105 drug. The new type of drug, called a vascular disruption agent, works to shut down the blood supply within a tumour. (from The Advertiser, 22/2, p35)

PATIENTS GRANTED EARLY ACCESS TO PLATINUM DRUG

Press Release: GPC Biotech | 02.21.2007

MARTINSRIED/MUNICH, Germany, WALTHAM, Mass. and PRINCETON, N.J. -- GPC Biotech AG today announced that the Company has launched the Satraplatin Expanded Rapid Access protocol (SPERA) in the U.S. Expanded Access Programs (EAPs) are intended to give patients access to investigational drugs to treat serious or life-threatening diseases or conditions for which there are no adequate therapies available. Under the SPERA program, satraplatin will be provided to patients free of charge.

"There is an important medical need for treatments for hormone-refractory prostate cancer patients whose first-line chemotherapy has failed," said Martine George, M.D., Senior Vice President, Clinical Development, GPC Biotech. "We look forward to working with clinicians to make satraplatin available through the SPERA program to these patients who currently have no approved treatment options for their disease."

***About Prostate Cancer ***

Prostate cancer is the most common cancer among men in the U.S. and Europe. Approximately 219,000 men in the U.S. are expected to be diagnosed with the disease in 2007, and over 27,000 men are expected to die from the disease. In the European Union, over 200,000 new cases are expected to be diagnosed, and over 60,000 patients are expected to die each year. Since the incidence of prostate cancer increases with age, the aging of the overall population is expected to further increase the number of prostate cancer patients.

Most patients diagnosed with prostate cancer initially receive surgery or radiation therapy, and some of these patients are cured. For many others, though, the disease recurs. At this point, the recurrent disease is treated with hormone therapy, and most patients initially respond well to this treatment. Eventually, however, the tumor cells become resistant to the hormones - or "hormone-refractory" - and the tumor again progresses. Increasingly, chemotherapy is being used as an effective first-line treatment for HRPC. However, it is not a cure, and so this is creating a need for effective therapeutic options for these patients once they have progressed.

***About Satraplatin ***

Satraplatin, an investigational drug, is a member of the platinum family of compounds. Over the past two decades, platinum-based drugs have become a critical part of modern chemotherapy treatments and are used to treat a wide variety of cancers. Unlike the platinum drugs currently on the market, all of which require intravenous administration, satraplatin is an orally bioavailable compound and is given as capsules that patients can take at home.

In September 2006, GPC Biotech announced topline results for the double-blinded, randomized satraplatin Phase 3 registrational trial, the SPARC trial (Satraplatin and Prednisone Against Refractory Cancer). The trial is evaluating satraplatin plus prednisone versus placebo plus prednisone as a second-line treatment in 950 patients with hormone-refractory prostate cancer. GPC Biotech has a co-development and license agreement with Pharmion GmbH, a wholly owned subsidiary of Pharmion Corporation, under which Pharmion has been granted exclusive commercialization rights to satraplatin for Europe and certain other territories.

Satraplatin has been studied in clinical trials involving a range of tumors. Trials evaluating the effects of satraplatin in combination with radiation therapy, in combination with other cancer therapies and in a number of cancer types are underway or planned. GPC Biotech in-licensed satraplatin from Spectrum Pharmaceuticals, Inc. in 2002. Additional information on satraplatin can be found in the Anticancer Programs section of the Company's Web site at www.gpc-biotech.com.

GPC Biotech AG is a publicly traded biopharmaceutical company focused on discovering, developing and commercializing new anticancer drugs. GPC Biotech's lead product candidate - satraplatin - is an oral platinum-based compound that is being evaluated as a second-line chemotherapy treatment in hormone-refractory prostate cancer. The U.S. FDA has granted fast track designation to satraplatin for this indication, and the rolling NDA submission process for this compound

has been completed. GPC Biotech is also developing a monoclonal antibody with a novel mechanism-of-action against a variety of lymphoid tumors, currently in Phase 1 clinical development, and has ongoing drug development and discovery programs that leverage its expertise in kinase inhibitors. GPC Biotech AG is headquartered in Martinsried/Munich (Germany), and its wholly owned U.S. subsidiary has sites in Waltham, Massachusetts and Princeton, New Jersey. For additional information, please visit GPC Biotech's Web site at www.gpc-biotech.com.

The scientific information discussed in this press release related to satraplatin is preliminary and investigative. Satraplatin has not yet been approved by the FDA in the U.S., the EMEA in Europe or any other regulatory authority and no conclusions can or should be drawn regarding its safety or effectiveness. Only the relevant regulatory authorities can determine whether satraplatin is safe and effective for the use(s) being investigated.

POMEGRANATE JUICE FOR THE SLOWING OF PROGRESSION AFTER RECURRENCE FOLLOWING SURGERY OR RADIATION FOR PROSTATE CANCER

A rising prostate specific antigen (PSA) after surgery or radiation therapy generally indicates a failure of the primary treatment and renewed progression of the disease. In this study from the University of California at Los Angeles, participants had been treated for prostate cancer with either surgery or radiation, had rising post-treatment PSA with a level >0.2 but <5 ng/mL, and a Gleason Score of ≤7. Participants had to have enough PSA data to calculate a doubling time, no hormonal treatment prior to entering the study and no evidence of metastatic disease. In what the authors claim is the first clinical trial of pomegranate juice in patients with recurrent prostate cancer, treatment consisted of 8 ounces of juice daily (POM Wonderful variety which is widely available in North American grocery stores) until disease progression endpoints were reached. Data from 46 patients were used in the analysis. After 33 months of follow-up, the mean PSA doubling time significantly increased from 15 months at baseline to 54 months. In addition, 35% of the 46 patients involved actually achieved a decrease in PSA (arrested progression) during the intervention and 4 achieved a PSA decline of >50%. The authors point out that the PSA doubling time is increasingly being seen as an important surrogate biomarker for prostate cancer mortality, and men with greater doubling times can expect longer survival. While the mechanism of action is unknown, the authors discuss possibilities such as antioxidant and prostaglandin-inhibitory actions of the polyphenols in pomegranate juice and the ability of these polyphenols to promote tumour cell death and inhibit proliferation and invasion.

Pantuack,A.J. et al. Phase II Study of Pomegranate Juice for Men with Rising Prostate Soecific Antigen Following Surgery or Radiation for Prostate Cancer. ***Clinical Cancer Research****, 2006, Vol. 12 No.13, pp4018-26.*
From International Health News, Feb. 2007, p7

Low testosterone - mortality risk

How much of a man you are may be linked to how old a man you'll be.

There's evidence that having a low testosterone level isn't good for your health and to test this idea, US researchers looked at what happened to nearly 900 blokes who'd had their testosterone levels measured a couple of times over a period of up to eight years.

Those with low testosterone levels had a significantly increased risk of dying prematurely - of any cause.

Now, there are reasons why a man might have a low testosterone, one of which is he's been sick. So the researchers tried to allow for acute illness and the relationship with earlier death persisted. . .

This was not a perfect study, since the men were not-necessarily typical of males in the general population and it doesn't say that a low testosterone kills you. It could be a marker for something else. It's more another clue in the puzzle of ageing rather than a reason to rush out and get doped up as if you were going in for the Tour de France.

For reference: Shores MM et al. Archives of Internal Medicine *Archives* of *Internal Medicine* 2006;166:1660-1665
http://www.abc.net.aulhealthlminutes/stories/s 1852086.htJ 20/2/07

ASCO: ACAPODENE INCREASES BONE DENSITY IN HORMONE THERAPY PATIENTS

GTx, Inc. (NASDAQ: GTXI), announced that a press briefing held this morning by the American Society of Clinical Oncology (ASCO) at its annual Prostate Cancer Symposium highlighted Phase III interim data revealing oral, once daily ACAPODENE® (toremifene citrate) 80mg increases bone mineral density and lowers cholesterol in prostate cancer patients on androgen deprivation therapy. The two interim analyses were conducted in the first 197 men who completed one year of treatment in GTx's pivotal Phase III clinical trial evaluating ACAPODENE for the treatment of multiple serious side effects of androgen deprivation therapy (ADT) for advanced prostate cancer.

"Awareness of the multiple serious side effects of androgen deprivation therapy has been growing rapidly. This peer review recognition at the ASCO Prostate Cancer Symposium, along with the recent attention in the scientific literature and lay press, underscores the importance of having a treatment for these multiple serious side effects of ADT," said Mitchell S. Steiner, MD, Chief Executive Officer of GTx.

ADT, the primary treatment for advanced prostate cancer, acts by reducing testosterone to castrate levels, effectively putting hormone sensitive prostate cancer into remission. Because estrogen in men comes from testosterone, an unintended consequence of ADT is that it also reduces estrogen in men on ADT to levels well below even postmenopausal women. These low estrogen levels may result in multiple serious side effects, including osteoporosis, increased risk for life threatening fractures, adverse lipid changes, hot flashes and gynecomastia. GTx estimates that by 2008 there will be one million prostate cancer patients on ADT in the United States.

"ADT, along with early detection, has been effective in prolonging survival for prostate cancer patients. However, the serious side effects of ADT have become major causes of morbidity and potentially mortality," said Matthew Smith, MD, PhD, an Associate Professor at Massachusetts General Hospital Cancer Center and the lead principal investigator of the Phase III ADT clinical trial. "These serious ADT side effects include osteoporosis and fractures as well as adverse lipid changes. ACAPODENE has demonstrated the potential to increase bone mineral density, and the lipid interim analysis shows that ACAPODENE lowers cholesterol and triglycerides. If ACAPODENE does ultimately gain approval to treat multiple side effects of ADT, it would mark important progress in the care of prostate cancer patients."

In the bone mineral density interim analysis, originally reported by GTx in December 2005, there were highly statistically significant increases in BMD in all three skeletal sites assessed in patients receiving ACAPODENE compared to placebo: lumbar spine (+2.3%; $p<0.001$); hip (+2.0%; $p=0.001$); and femur neck (+1.5%; $p=0.009$). The magnitude of these positive changes in BMD provides increasing confidence that ACAPODENE should show efficacy in the primary endpoint of the trial, a reduction in vertebral morphometric fractures by two years.

In the lipid interim analysis, originally reported by GTx in June 2006, prostate cancer patients on ADT who received ACAPODENE compared to placebo had lower total cholesterol (-7.1%; $p=0.001$), LDL (-9.0%; $p=0.003$), and triglycerides (-20.1%; $p=0.009$) levels, a reduction in the total cholesterol/HDL ratio (-11.7%; $p<0.001$), and higher HDL levels (+5.4%; $p=0.018$). Although patients who were also taking statins had further reduction of total cholesterol, the magnitude of these lipid changes was greater in patients who were not concomitantly taking statins. The final lipid data set will be evaluated before any conclusions may be made on the clinical significance of these findings. GTx is conducting a Phase III clinical trial of ACAPODENE 80 mg for the treatment of multiple serious side effects of ADT in approximately 1,400 men at over 150 sites in the United States and Mexico. The primary endpoint of the trial is a reduction in vertebral morphometric fractures. Secondary endpoints include improvements in BMD, lipid profiles, hot flashes, and gynecomastia. The last patient will complete the trial at the end of November, 2007. GTx will then evaluate the data and prepare the trial results for public release.

About GTx

GTx, headquartered in Memphis, Tenn., is a biopharmaceutical company dedicated to the discovery, development and commercialization of therapeutics for cancer and serious conditions related to men's health. GTx's lead drug discovery and development programs are focused on small molecules that selectively modulate the effects of estrogens and androgens. GTx is developing ACAPODENE® (toremifene citrate), a selective estrogen receptor modulator, or SERM, in two separate clinical programs in men: first, a pivotal Phase III clinical trial for the treatment of serious side effects of androgen deprivation therapy for advanced prostate cancer, and second, a pivotal Phase III clinical trial for the prevention of prostate cancer in high risk men with high grade prostatic intraepithelial neoplasia, or PIN. GTx has licensed to Ipsen Limited exclusive rights in Europe to develop and commercialize ACAPODENE®. GTx also is developing ostarine, a first-in-class selective androgen receptor modulator, or SARM. GTx plans to initiate a Phase IIb ostarine clinical trial for cancer cachexia by the summer of 2007. GTx plans to initiate a Phase IIb ostarine clinical trial for the treatment of chronic kidney disease and end stage renal disease muscle wasting by the end of 2007. GTx believes that ostarine also has the potential to treat a variety of other indications associated with muscle wasting and bone loss including frailty and osteoporosis.

ASCO: IMAGING AGENT HELPS FIND PROSTATE CANCER

Researchers said Cytogen's Prostascint-based imaging technology helps doctors predict a high cure rate in prostate cancer.

"When we can see that the tumor is completely inside the prostate gland, we are getting a 92 percent biochemical disease free survival that is durable for at least 8 years," Dr. Rodney Ellis, assistant professor of urology at Case Western Reserve University in Cleveland and a radiation oncologist at Aultman Hospital in Canton, Ohio, told United Press International.

In a presentation at last week's Prostate Cancer Symposium in Kissimmee, Fla., Ellis explained how Prostascint, an imaging agent, when combined with a fusion imaging device, can create images that clearly pinpoint the tumor inside the walnut-sized prostate gland.

"Being able to see where the cancer is in the prostate allows us to implant radioactive seeds closer to the tumor, which gives us a better chance to kill it," he explained.

In addition, the imaging system also tells the doctors when the cancer has spread outside the prostate. "In those cases we can combine our seed implant technique known as brachytherapy with external beam radiation or hormonal therapy to give the patients a better chance of survival," Ellis said.

In 203 patients whose cancer was visualized as completely within the gland, 91.7 percent of patients have eight-year disease free survival, Ellis said. When the cancer is at the edges of the prostate, survival after eight years dips to 72.7 percent; when cancer has clearly spread outside the gland, the eight-year survival falls to 66 percent, Ellis said.

The study was supported by Cytogen Inc. in Princeton, N.J.

An unprecedented outbreak of commonsense and reality taking place in N.S.W.

PROSTATE CANCER SCREENING PROGRAM

Australia's first prostate cancer screening program is due to start up in the Hunter-New England region, which has N.S.W.'s highest death rate from the disease.

Hunter doctors decided to start screening despite a lack of government support after research found one in three men diagnosed with prostate cancer was dying from it. The program will first target men in the highest-risk category. (*Sunday Telegraph, 5/2, p27)*

ASCO: EARLY RESULTS POSITIVE FOR VACCINE-IMMUNITY BOOSTER COMBO

Cell Genesys and Medarex Announce Encouraging Follow-Up Results from a Phase 1 Combination Therapy Trial With GVAX(TM) Immunotherapy for Prostate Cancer and Ipilimumab (MDX-010) Antibody

SOUTH SAN FRANCISCO, Calif. and PRINCETON, N.J. -- Cell Genesys, Inc. (Nasdaq: CEGE - News) and Medarex, Inc. (Nasdaq: MEDX - News) today announced encouraging follow-up data from the ongoing Phase 1 clinical trial of Cell Genesys' GVAX immunotherapy for prostate cancer, administered in combination with Medarex's fully human anti-CTLA-4 antibody, ipilimumab (MDX-010). Medarex is jointly developing ipilimumab with Bristol- Myers Squibb Company. Twelve patients with advanced prostate cancer have completed treatment to date. Of the six patients treated in the two highest dose groups, anti-tumor activity has been observed in five patients, including prostate-specific antigen (PSA) declines of greater than 50% that were maintained in four of these patients for at least six months, with the longest response ongoing at more than 12 months. Moreover, clinical evidence of anti-tumor activity has been observed in three of these five PSA responders, including improvement of multiple lesions on bone scan, resolution of abdominal lymph node disease by CT scan, and improvement in pain due to bone metastases, respectively. Two additional patients have had stable disease on bone scan for at least three months. All five patients with PSA declines experienced either Grade 2 or 3 immune-mediated endocrine deficiencies similar in type to those previously reported with ipilimumab therapy and were successfully treated with standard hormone replacement therapy. Two patients requiring thyroid replacement therapy were successfully tapered off after recovery of thyroid function, with one patient subsequently maintaining a PSA response. One patient developed a Grade 3 dose-limiting pulmonary alveolitis. A maximum tolerated dose for the combination therapy has not yet been defined. Immunomonitoring studies showed that the combination therapy enhanced T cell and dendritic cell activity, which was more pronounced at the higher dose levels. These data were presented today by Winald Gerritsen, M.D., Ph.D., director of the University Hospital Vrije Universiteit Cancer Center in Amsterdam, at the American Society of Clinical Oncology (ASCO) Prostate Cancer Symposium being held in Orlando, FL.

This dose-escalation combination trial is currently expected to enroll a total of approximately 25 to 30 patients with metastatic, hormone-refractory prostate cancer (HRPC). The treatment dose for GVAX immunotherapy for prostate cancer used in this combination trial is the same dose currently being tested in Cell Genesys' VITAL-1 Phase 3 trial. The treatment dose for ipilimumab was escalated in sequential groups of three patients and has now reached dose levels associated with therapeutic activity. The primary endpoints of the study are safety and the determination of a maximum tolerated dose for the combination therapy. Efficacy endpoints include time to clinical disease progression, time to PSA progression and PSA response, immune response to GVAX, reduction in metabolic bone activity and survival. The study is being conducted under a research collaboration agreement between Cell Genesys, Inc. and Medarex, Inc. signed in 2003, which provides an equal sharing of expenses for the above clinical trial. In 2005 Medarex entered into a collaboration agreement for the development and commercialization of ipilimumab with Bristol-Myers Squibb Company.

"We continue to be encouraged by the interim results of this trial which now include evidence for the durability of the anti-tumor responses along with the frequency of such responses, observations which we believe have not been previously experienced for a combination of immunotherapies in advanced prostate cancer," stated Rob Dow, M.D., chief medical officer of Cell Genesys. "Moreover, we believe these findings provide further support for our ongoing Phase 3 trials of GVAX immunotherapy for prostate cancer and additional validation for the GVAX immunotherapy platform in general."

"We are pleased with the interim results and believe that the data continues to support the use of ipilimumab in combination with other treatment modalities, including GVAX immunotherapy," said Geoffrey M. Nichol, senior vice president, Product Development at Medarex.

About GVAX immunotherapy for prostate cancer

GVAX immunotherapy for prostate cancer is currently being studied as a single agent and in combination with docetaxel chemotherapy in two Phase3 clinical

trials expected to enroll approximately 1200 patients with metastatic HRPC. Cell Genesys received Special Protocol Assessments (SPA) from the Food and Drug Administration (FDA) for each of the Phase3 studies and recently also received Fast Track designation for the product. Cell Genesys' ongoing Phase 3 program is supported by the median survival results from two, independent, multi-center Phase 2 clinical trials in approximately 115 patients that are not only consistent with each other, but also compare favorably to the previously published median survival of 18.9 months for metastatic HRPC patients treated with Taxotere® (docetaxel) chemotherapy plus prednisone, the current standard of care. GVAX immunotherapy for prostate cancer is comprised of two prostate cancer cell lines that have been modified to secrete GM-CSF (granulocyte-macrophage colony stimulating factor), an immune stimulatory hormone, and irradiated for safety. GVAX cancer immunotherapy for prostate cancer is being developed as a non patient- specific, "off-the-shelf" pharmaceutical product.

***About Ipilimumab ***
Ipilimumab (also known as MDX-010) is a fully human antibody against human CTLA-4, a molecule on T cells that is believed to be responsible for suppressing the immune response. Medarex and Bristol-Myers Squibb are investigating the potential of ipilimumab to enable the immune systems of cancer patients to help suppress tumor growth. Ipilimumab is currently in three separate registrational studies for metastatic melanoma as a second-line monotherapy treatment, as a first-line treatment in combination with dacarbazine, and as a second-line treatment in combination with a melanoma- peptide vaccine. Ipilimumab is also involved in multiple Phase II clinical trials to investigate the product's potential activity in other tumor types, as well as in combination studies with chemotherapy, immunotherapy and vaccines. Further information regarding the Medarex ipilimumab program can be found in Medarex's public disclosure filings with the U.S. Securities and Exchange Commission (SEC).

***About Cell Genesys ***
Cell Genesys is focused on the development and commercialization of novel biological therapies for patients with cancer. The company is currently pursuing two clinical stage product platforms -- GVAX cancer immunotherapies and oncolytic virus therapies. Ongoing clinical trials include Phase 3 trials of GVAX immunotherapy for prostate cancer, Phase2 trials of GVAX immunotherapy for pancreatic cancer and leukemia, and a Phase 1 trial of CG0070 oncolytic virus therapy for bladder cancer. Cell Genesys continues to hold an equity interest in its former subsidiary, Ceregene, Inc., which is developing gene therapies for neurodegenerative disorders. Cell Genesys is headquartered in South San Francisco, CA and has its principal manufacturing operation in Hayward, CA. For additional information, please visit the company's website at www.cellgenesys.com.

About Medarex
Medarex is a biopharmaceutical company focused on the discovery, development and potential commercialization of fully human antibody-based therapeutics to treat life-threatening and debilitating diseases, including cancer, inflammation, autoimmune disorders and infectious diseases. Medarex applies its UltiMAb® technology and product development and clinical manufacturing experience to generate, support and potentially commercialize a broad range of fully human antibody product candidates for itself and its partners. Over thirty of these therapeutic product candidates derived from Medarex technology are in human clinical testing or have had INDs submitted for such trials, with six of the most advanced product candidates currently in Phase III clinical trials. Medarex is committed to building value by developing a diverse pipeline of antibody products to address the world's unmet healthcare needs. For more information about Medarex, visit its website at www.medarex.com.

ASCO: SOME EARLY PROSTATE CANCER TREATMENTS BETTER THAN OTHERS

NEW YORK - An analysis of men with early prostate cancer treated at the Cleveland Clinic found that those treated with external beam radiation therapy had poorer overall survival than those treated with radioactive seed implants (brachytherapy) or by surgical removal of the prostate (radical prostatectomy).

"These findings indicate that the three major forms of treatment for early-stage prostate cancer are not necessarily equivalent in terms of overall survival," said Dr. Jay Ciezki of the Cleveland Clinic in a statement.

He reported the results on Saturday in Orlando at the Prostate Cancer Symposium.

From 1996 to 2003, over 2000 men with low- or intermediate-risk prostate cancer were treated at the Cleveland Clinic and have been followed for an average of 59 months.

The overall survival rate 5 years after treatment was 93.8 percent for men treated with external beam radiotherapy, compared with 95.7 percent for men treated with brachytherapy and 97.7 percent for those treated with surgery.

"Overall survival rates for patients treated with external beam radiation were 2 percent lower across the entire length of follow up," Ciezki said during a press briefing.

"We really are not sure why we are seeing this," said Dr. Eric Klein of the Cleveland Clinic, who moderated the press briefing. "There is something biologic going on here but we don't understand it yet," Klein added.

A MEMBER'S CONTRIBUTION

Tuesday 13 February 2007, the day of the last PCAG Meeting, heralded the start of a particularly bad week for Maralyn and me.

On the way to the Meeting, we received the news that our much loved cat, Toby, has an inoperable tumour in his nasal passage. At the Meeting, I then learned that Reg Mayes was to have surgery the following day. When I got home, it was to the news that a friend, John, had recently been diagnosed with advanced prostate cancer at the age of 53.

The next day Maralyn was made aware that a good friend in Canberra and a work colleague both had suspected breast cancer. The former now has a confirmed diagnosis of non-hormonal aggressive cancer and the latter the good news that the original diagnosis was incorrect.

We recently had a short break in Canberra, but before leaving, we visited our friend John. He told us he had been having regular PSA tests due primarily to his knowledge of prostate cancer gained from me and, in 2005, his PSA was 3.

However, in 2006, John was only given a DRE and not a PSA test. Later that year, due to severe back pain believed to be related to being a courier driver, John took time off work. Some four weeks later, he was told he had a PSA of 160, metastatic prostate cancer in his spine and shoulder, and was advised to commence hormone therapy.

I have chosen to share the above with you to show how cancer affects us in many different ways. It also highlights, in John's case in particular, that vigilance against prostate cancer must be ongoing.

Cheers for now
Bill Toop

Editor's Note: Contributions from members are always welcome.

Minutes of the Teleconference Meeting of National Support and Advocacy Committee Held on Thursday 1st March 2007 from 3.00pm to 4.15pm

Present:
Bill McHugh, Lionel Foote and Darryl Hyland (Qld), Karen Rendell (WA), Max Shub and Peter Gebert (Vic), Judy Lee (Tas), Jeff Roberts (SA), Jim Clough (ACT), Jan Morley (PCFA)

Item 1 – Welcome
Chair of the meeting, Bill McHugh, welcomed those present. Minutes of meeting held on 14 December 2006 were accepted by Karen Rendell and seconded by Daryl Hyland.

Item 2 – Apologies
Gary Bowes (SA), Steve Callister and David Sandoe (NSW/ACT), Andrew Giles (PCFA). No apologies received from Nick Waldon (WA).

Item 3 – Report from CEO and matters arising from CEO Update
Andrew Giles was not in attendance – no paper distributed. No discussion.

Item 4 – Review of SAC Operations
- Bill gave an overview of his vision for the SAC committee: to develop a common understanding of having SAC function as a PCFA Board committee, while supporting individual groups through the Chapter structure.
- Karen raised the question of submissions for funding. It appears that it works differently in each state. This subject to be discussed at SAC conference in April '07.
- General discussion on National board's attitude to SAC. **Conclusion:** The SAC committee needs to take responsibility and create its own effective role as provided for in the PCFA Constitution. The Board currently has awareness of SAC through the SAC minutes. In future the Board should receive properly developed proposals from SAC, articulating views that present a considered consumer perspective.
- General agreement that the ambassador program is working well.
- Bill asked for each state to be forward him a thumbsketch of their Chapter based on the style presented in the Queensland SAC report that had been circulated prior to the meeting
- Karen, Judy and Max expressed their appreciation for John Ramsay's valued services. Karen and Judy are now experienced difficulty in having someone available in Sydney to provide the same level of contact and response.
- Bill commented that the role of National Manager Support and Advocacy is not appropriate for SAC but a role more appropriate for an Administration Manager – Support and Advocacy, or similar, will continue to be required.
- Peter asked for the Board's vision going forward and what assistance can be expected for awareness. Bill reiterated that the Board vision needed to be influenced by propositions and reports emanating from SAC.
- Bill to discuss with Andrew Giles his on-going role within SAC.
- Agreed to request a representative of the National Board at SAC conference.
- The PCFA Constitution and Trust Deed to be circulated in hard copy and electronic format to all SAC members with the minutes)
- Committee decision that SAC minutes would be distributed by SAC reps to all support groups in their 'Chapter'.

Item 5 – SAC National Conference 2007
- Agenda items for April 2007 National SAC Conference must be sent to Bill McHugh by 19th March.
- Bill to approach a suitable representative of the Breast Cancer movement, to address the conference to enhance our understanding of what is involved in a successful national support and advocacy volunteer group and how to go about developing that role.

Item 6 - State/Territory Reports (already circulated)

Western Australia – Karen Rendell

- WA has nine groups.
- Karen has put a budget to PCFA to use a motor home to conduct awareness meetings from Esperance to Broome. Andrew has referred this to the SAC committee for further discussion. Karen is also willing to visit Queensland and Tasmania at a later stage where she and her husband could be guest speakers.

Tasmania – Judy Lee

- Conducted a Public Awareness day with sponsorship. 40 people attended.
- Meetings are conducted in North West Tasmania Support Group bi-monthly with 15-18 people attending.
- Activities in Tasmania are not coordinated with a State perspective.

South Australia – Jeff Roberts

- Jeff advised that Gary Bowes unable to attend teleconference due to poor health. Jeff will keep the committee informed of his progress.
- Various events organised as per report distributed with Agenda.

Victoria – Peter Gebert/Max Shub

- Max reported that he has recently returned from a trip to USA where he attended three PCa US TOO support group meetings and an international conference entitled "*The PCa Symposium*" organised by the American Societies of (i) Clinical Oncology, (ii) Therapeutic Radiology and Oncology and (iii) Urologic Oncology. This conference was sponsored by Sanofi Aventis. Max will circulate a written report to the committee on the above.
- Peter raised the issue of different board and other state structures. Max and Peter are both on the Victorian board – both agreed that communication with support groups has improved. Vic board getting together portfolios for each position. Support groups have no interaction with board.
- Peter showed appreciation of Victorian board and in particular Graeme Johnson, who in working on corporate sponsors for support groups. Victorian board approved a budget of $15,000 for the support groups in Victoria.
- Peter asked that Volunteer Expenses Policy be put on SAC conference agenda to get a universal approach to expenses[1]. (refer attached documents on this subject)

Queensland – Bill McHugh

- Daryl reported that Queensland teleconference had 12-13 members in attendance.
- Lionel advised that a list of cost centres and codes had been obtained from Peter Hledik to enable reconciliation of support groups and chapter income and expenditure.
- Federal Government grant money is being accessed from PCFA and there is significant financial support from the Queensland Cancer Fund. When responding to grant applications the applicant needs to be clear about where existing funding comes from.

New South Wales/ACT – Jim Clough

- Jim has replaced Graham Nicholls as the representative for the ACT Chapter representing "The Prostate Support Group ACT Region". Need for regional grouping. Disappointed very little organisation. Lacks structure/follow through. Didn't keep record of decisions. Most education done through Lions. No link to wider organisations. Keen to do something on education. His professional career has provided him with the skills and experience to undertake a significant level of involvement with support group education. Likes Bill's ideas of the Chapter structure for States and collectively being an effective Board Committee through SAC.
- Jim advised on information provided by Jo Fairbairn relating to dates for the Men's Health Promotion conferences as follows:

[1] The current requirement is that Expense claims must be related to a pre-approved budget submitted by the Chapter. (Quarterly budgets IN ADVANCE are acceptable until we develop further competence with the budgeting process).

Perth – Saturday, 16 June (International Men's Health Week)
Hobart – Saturday, 11 August (after International Symposium)
Sydney – Saturday, 16 September
Adelaide – 6 October (following is the National Men's Health Conference
Darwin – Sunday, 18 November – to be confirmed

All these conferences are supported by APIA and cover all men's health issues – not just prostate cancer.

Unfortunately the Brisbane conference was cancelled due to lack of support *Please help to promote these events amongst support groups*

Item 7 - General Business

- **Update to Leader's Kit**

  Lionel raised the issue regarding the need to update the Leader's Kit so it can become a more effective resource tool for new and existing Support Groups. Max had spoken previously on having training and education programs for leaders similar to those in USA. The Committee endorsed Lionel's proposition as follows:

  Lionel, Max and Jeff to form a Working Group to undertake initial investigations into the availability of existing resource material from state Cancer Councils and other sources and to report back to the Committee prior to its next meeting – the National SAC Conference.

The meeting closed at 4.15pm.

Please - at future teleconferences:

- locate a quiet place to make your call as noise is amplified
- avoid entering and leaving the conference call while the meeting is taking place
- avoid use of mobile phone (especially in motor vehicles) for conference call where possible

NEW DRUGS ON PBS

On page 24 of "The Advertiser" of March 2nd. it was reported that 3 new drugs had been approved for listing on the PBS. One of those drugs is ZOLADEX PLUS®, for prostate cancer, and is said to result in greater convenience for patients.

I attempted to discover what was "ZOLADEX PLUS®", but could not obtain much information from the AstraZeneca website. Therefore, I acknowledge the assistance of Don Baumber (Queensland), who provided the following:-

Health Department Media Release (http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr07-ta-abb018.htm)

Prostate cancer is the most common cancer in men in Australia, accounting for 23 per cent of all new cases of cancer (excluding non-melanocytic skin cancer). ZOLADEX PLUS® (goserelin acetate and bicalutamide) is a combination therapy that will reduce the treatment burden for patients with metastatic prostatic carcinoma for whom a combination of a hormone receptor antagonist and agonist is required. The listing of ZOLADEX PLUS® will result in greater convenience for these patients while helping save costs to the Government of about $355 per patient per year.

COMMENT. Although I do not have an estimation of the number of Australian men who would be living with advanced prostate cancer, I feel sure that it would be several thousands. When one considers that about 12,000 men are diagnosed each year, with about 3,000 deaths, there would appear to be an increasing number of men living with the disease (after allowing for a small number who could be considered to be cured ,each year). Maybe ZOLADEX PLUS® saves the patient remembering to take the Cosudex orally, and one rebate paid to pharmacists for dispensing separate items. I am sure that we all feel better for saving the government so much money.

ASCO: MORE RADIATION IMPROVES PSA CONTROL BUT INCREASES TOXICITIES

Escalated-dose conformal radiotherapy for localized prostate cancer was associated with a 34% reduction in the relative risk of biochemical failure in a randomized trial of 843 men also treated with androgen deprivation.

But the improvement in PSA control was associated with increased late bowel and bladder toxicity, said David P. Dearnaley, M.D., of the Institute of Cancer Research in Sutton, England, reporting the first results from the Medical Research Council RTO1 trial.

Dr. Dearnaley said this was the only randomized trial to assess radiation conformal dose escalation along with a routine policy of neoadjuvant androgen deprivation therapy.

Men with localized prostate cancer were randomized to standard therapy(64 Gray delivered in 32 fractions) or to escalated dose (74 Gray in 37 fractions) plus three to six months of androgen deprivation therapy given "before, during, and after radiation."

All men were followed at six month intervals for two years and then annually. The data he reported at a prostate cancer symposium here reflected five years of follow-up.

Among the findings:

* Treatment with escalated dose was associated with a hazard ratio for biochemical failure of 0.66 (95% CI, 0.52-0.84, P=0.0007).
* At five years, 72% of the men who received escalated dose radiation showed no biochemical failure versus 60% of men who received standard dose therapy-a 12% improvement in PSA control.
* Dose escalation was associated with a 51% increase in RTOG grade 2 or higher bowel toxicity and a 33% increase in late bladder toxicity.
* At five years, 10% of men in the escalated dose arm reported bowel toxicities of grade 3 or higher.

"Overall, these first results are positive, but a meta-analysis of conformal radiation therapy trials will probably be needed to confirm survival advantage," Dr. Dearnaley said.

The Prostate Cancer Symposium was cosponsored by the American Society of Clinical Oncology, the American Society of Therapeutic Radiology and Oncology, and the Society of Urologic Oncology

Dr. Dearnaley reported receiving honoraria from AstraZeneca Oncology.

PROSTATE CANCER INITIATIVES IN QUENSLAND

Noticed that the Queensland Cancer Fund has proposed two new prostate cancer initiatives in that State.

One is the launch of Prostate Cancer Queensland, with a blue tie function, on Wednesday 14th March (tomorrow). The Queensland Cancer Fund has established Prostate Cancer Queensland to support vital prostate cancer research, education and support programs for men diagnosed with prostate cancer, their families and the health professionals who care for them. An important part of the launch is the unveiling of the latest fundraising venture of barber, Ross Coco OAM, known to many Queenslanders for his outstanding charity work in Brisbane. He will be introducing his book “50 Short Cuts to Success”

The second initiative is called “Understanding the Experiences of Partners of Men with Prostate Cancer” – a series of Discussion Meetings with partners of men diagnosed with prostate cancer, in order to learn more about their experiences and needs. The aim is to find better ways of supporting partners of men with prostate cancer.

Thought for the month; *I reckon life deals all of us the same two cards:- opportunity and difficulty, it’s up to us to do something good with both.* (Paul Maughan, contributor to “50 Short Cuts to Success”)

Newsletter compiled by Trevor Hunt