PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia

ABN 26 499 349 142

NEWSLETTER

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FEBRUARY 2007

All Best for the 2007 Season
Welcome to all, and especially to members and volunteers.

Chairman's Report February 2007

Awareness Evenings

Mount Barker
The Mount Barker presentation held on the 15th November last year was a successful event with an attendance of 85.
Despite some problems with the PA system, the evaluation forms received from the audience showed a very favourable response to the presentation. All speakers, Dr Switajewski, Dr Graham Lyons and Trevor, Bill and Coralie from our group, were well received.
The Masonic Lodges of Stirling, Blackwood, Mount Barker and Hahndorf, who sponsored the events at both Stirling and Mount Barker, expressed a high degree of satisfaction at the outcome of both presentations and wish to have further involvement with our group. In conjunction with the Adelaide Hills Community Health Service at Mount Barker, they are following up the possibility of a support group in the area.

Strathalbyn
The date of the presentation is the 20th March with the key speaker being the visiting urologist to the area, Dr John Bolt.
Discussions have been held with our contact for the event, David Merry. Strathalbyn Pharmacies are sponsoring the presentation and the local hospital is being approached to act as a registration point.
The venue is likely to be the Strathalbyn Day Care Centre.
Flyers are being prepared and distribution will commence as soon as all details are confirmed.

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Man Alive 2007
Men's Health & Well- Being Festival
10 am – 4pm Sunday March 18th
Semaphore Foreshore

Our site for Man Alive 2007 has been confirmed with apparently all sites now taken. The organisers are very optimistic at the prospect of another very successful event.
An additional sponsor this year is 891 ABC Radio.
You may recall that last year proved quite a busy day at our booth with approximately 100 genuine inquiries involving many discussions on prostate cancer issues.
At the February meeting we will need to confirm those members who are able to attend.

Activities for Discussion & Participation
Edwardstown Lions Club – 18th April 2007 – Our Group to provide two speakers.

Our next meeting is scheduled for 5.30 pm, Tuesday 13 February, when our Acting Chairman, Mr Bill Toop [Hire-A-Chairman] will be presiding

Handing Over:- Barry Ferris, Acting Chairman for December 2006/January 2007

Prostate SA Meeting 1st February (Report by Jeff Roberts)

Leaders of Support Groups were invited to a meeting with the Chairman of Prostate SA, Ray Blight and the management of Prostate SA, Assoc. Prof. Brenda Wilson, CEO The Cancer Council SA and Ellen Kerrins, Group Executive Cancer Control Programs, The Cancer Council SA.
The following is a brief summary of the meeting:
Ray Blight stated an alliance had been formed with the Cancer Council SA. Prostate SA was set up as a separate entity but uses Cancer Council resources.
The main function was raising funds for cancer research. The aim is to form a National Centre of Excellence in SA.
The Chairman listed the Strategic Directions as follows:

1. A 3 year program of events
2. To work with The Cancer Council SA
3. How prostate cancer activities are best carried through
4. How to best engage with prostate cancer control groups
5. To communicate with the community
6. To engage the community in a level of support for Prostate SA

In answer to a query, the Chairman mentioned an alliance with the PCFA is being formulated.
Discussions have been held with the E J Whitton Foundation and their representatives will attend a Prostate SA Board Meeting.

Ray Blight outlined what funds are to be spent on eg.
Research on new treatments, clinical trials
Promoting psycho-social support for prostate cancer patients and families
Promoting healthy life style

Ellen Kerrins spoke on "Programs currently offered by The Cancer Council SA in prostate cancer control and men's health" and supplied an information sheet.
A lively discussion followed when views were expressed on awareness and testing for prostate cancer and the "much maligned" PSA test.
Support Group leaders were given the opportunity to raise points to be considered by Prostate SA. Barry Oakley and Jeff Roberts were nominated as consumer representatives to attend Prostate SA meetings.
Brent Frewen then outlined future fundraising events which can be detailed at a later date.

The next meeting is proposed for Tuesday 29th May from 10 – 11a.m.

PROSTATE CANCER RISK GREATER WITHOUT SONS

Men who father only daughters could have more to worry about than teenage angst and synchronized monthly cycles. New research published in the *Journal of the National Cancer Institute* shows that men with no sons have a 40% increased risk of developing prostate cancer compared to men with at least one son. Nearly 39,000 Israeli men were followed from the birth of their children (between 1964 and 1976) until 2005. During this time, 712 of these men were diagnosed with prostate cancer.

Among men with two children, those with no sons were 47% more likely to develop the disease than men with one son and one daughter. A child's sex is determined by whether they receive an X or a Y chromosome from their father. So a lack of sons could indicate a defective Y chromosome, which the authors suggest may also increase prostate cancer risk. *(J. Natl. Cancer Inst. 2007;99:77-81 (Harlap S et al) (Taken from The Australian, 13/1/07)*

Minutes of the Teleconference Meeting of National Support and Advocacy Committee
Held on Thursday 14th December 2006 from 3.00pm to 3.45pm

Present:
Bill McHugh, Lionel Foote and Darryl Hyland (Qld), Steve Callister and Graham Nicholls (NSW/ACT), Karen Rendell and Nick Waldon (WA), Max Shub and Peter Gebert (Vic), Judy Lee (Tas), Jeff Roberts (SA), Andrew Giles, John Ramsay and Ann Smith (PCFA)

Item 1 – Welcome
Chair of the meeting, Andrew Giles, welcomed those present and acknowledged the role of volunteers in the organisation.

Item 2 – Apologies
Gary Bowes (SA), Chris Bateup and David Sandoe (NSW/ACT), Peter Colgrave (Tas)

Item 3 – Confirmation of Chair and Co-Chairs positions:
Chair – Bill McHugh (Qld)
Co- Chair – Karen Rendell (WA) and Gary Bowes (SA), who will be assisted by Max Shub (Vic)

Andrew made reference to the schedule of meetings planned for 2007 which will align the SAC with the National Board and state boards who meet quarterly.

Bill requested that consideration be given to having an annual conference in early March in 2007 and run the SAC year from February to November with the annual conference in February each year following to allow for a new committee to be elected at the November meeting each year.

It was resolved that a teleconference meeting will be held in January 2007 between Andrew, John, Bill, Karen, Gary and Max to discuss the logistics of a proposed March meeting and the Executive team will take responsibility for areas such as communication with the chapters and groups and the Leader's folder updates.

Item 4 – State/Territory Reports (already circulated)
Western Australia – Karen Rendell
Karen reported no problems with re-affiliation. Queried when the WA Board would be meeting and her attendance as WA support group representative.
Tasmania – Judy Lee
Judy did not submit a report but her group is now 10 years old and have changed to an afternoon meeting. John Ramsay will be visiting Tasmania in early 2007 to meet with all groups.
South Australia – Jeff Roberts
Jeff reported that he had given his own group report as Gary is unwell and was unable to discuss a report with him. John Ramsay reported that he has been in contact with Gary on a regular basis and that he will be visiting South Australia early next year. Reg Mayes has enquired about the progress of PCFA lobbying for access to the drugs not currently listed on the Pharmaceutical Benefit Scheme.. Andrew reported that the Prostate Awareness and Education committee was meeting tonight (Thursday 14th December(to discuss this further).

Victoria – Peter Gebert

- Peter reported that 18 group representatives attended a one day meeting in Melbourne in November. The meeting was very successful. Andrew Giles and John Ramsay attended from the Foundation. The biggest issues were to complete the affiliation of the groups and women attending meetings. Max Shub reported that both Melbourne and Heidelberg groups had made the change to allow women to attend meetings. At this stage Box Hill group, lead by Trevor Cottle, has not clarified whether they have made the necessary change to facilitate women attending group meetings and John Ramsay reported that affiliation will only be granted subject to this change. Waverley is still outstanding and Max and Peter will attend their next meeting.
- Peter also reported that a concert had been held with 210 people attending. They broke even on the event as they had to pay $7,000 for the entertainers. Peter will send a report on the event.
- Max reported on his progress with the Pharmacy Guild. Max is trying to get the Be a Man logo or the PCFA logo on all prescription folders. Jo Fairbairn will be meeting with the Pharmacy Guild on Monday 18th December and Andrew will arrange for Max to attend the meeting via teleconference.

Queensland – Bill McHugh

- Governance – Bill reported that the groups are not fully complying with the PCFA governance rules resulting in a lack of communication from the National SAC representative on the PCFA Board to QCC and local support groups.
- Affiliation - Bill also requested that as part of the affiliation process could all Chapters be issued with the Trust Deed and constitution of the PCFA. Andrew will make the necessary changes following the AGM that was held in early December and will then send. Andrew has agreed to the posting of the conditions relating to re-affiliation being placed on the PCFA website.
- Communication continues to be an issue with QCC members. Bill recommends that should a SAC member raise an item in the minutes they must forward an email to the Minutes Secretary, Ann Smith and to National Support & Advocacy Manager, John Ramsay to clarify how they want their item recorded in the minutes. It is essential that all points raised at the meetings be minuted.
- Bill asked for clarification on the issue of several groups request for affiliation being rejected. Andrew reported only one group has not been offered affiliation and this group is in NSW. Andrew is hoping that all groups will be affiliated by Friday 22nd December 2006.

New South Wales – Steve Callister

Nothing further to report.

Item 5 – SAC related matters – Bill McHugh (already circulated)

- Bill has requested that reports are required from the National Board meetings from the representative on the National Board. Reports have not been received since Max Gardner was the SAC rep. The SAC rep report as well as the CEO report are to be circulated to all members of the national SAC.
- Judy Lee asked what would be happening to a board in Tasmania and Andrew spoke about the proposal of Tasmania joining the Victoria Board and form a joint board.
- Bill reported that the SAC should target groups that PCFA SAC members would like to participate in such as Cancer Australia and Consumer Health Forum as we have missed out on members in these groups and it is essential that we have representatives on these committees in future. Andrew suggested that PCFA should facilitate this.

Item 6 – Reports from CEO and National Support and Advocacy Manager (already circulated)

Andrew and John tabled their reports.

CEO report – Andrew Giles

- Movember – this year we will receive half with Beyond Blue, the national depression initiative with Jeff Kennett, former Premier of Victoria, as patron. Andrew hopes to receive $2 million this year. New Zealand Prostate Cancer last year received $40,000 and this year will receive $700,000.
- Men's Health Forum in Queensland will be held on Sunday 25th February and is sponsored by APIA. Jo Fairbairn will be meeting with Don Baumber on Monday 18th December in Brisbane to plan the day.
- EJ Whitten Foundation – has been successfully launched in South Australia and Andrew has been speaking with Ted Jnr and offered him the support of the Foundation.
- Bill requested a précis of the SAC members for background purposes.
- The PCFA office will close at 12.00 on Friday 22nd December and will re-open on Monday 8th January 2007

Item 7 – Teleconference Schedule for 2007

Thursday February 22
Thursday May 24
Thursday August 23
Thursday November 22

The meeting closed at 3.35pm.

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

Toxin, cancer link may lead to cost spiral

Jeremy Roberts

FEDERAL Finance Minister Nick Minchin has warned of spiralling health costs if the link between toxins in the environment and cancer and chronic illness is ignored. Minchin said a link between toxins and cancer and chronic illnesses was "common sense" and its impact on the health budget "keeps you awake at night".

"We have rising living standards and general welfare while at the same time we have rises in cancer and chronic diseases," he said. "Experts are postulating that chemicals in our environment, chemicals in our soils, the extent to which we have used fertilisers to grow food and all the rest of it, is associated with the increasing incidences of cancer and other disease," he said.

"Common sense tells you that there is probably a relationship there." Minchin was speaking at the launch of a Co-operative Research Centre (CRC) for toxic clean-up in Adelaide, admitting he had given up red meat.

"On a personal level my wife and I decided to eliminate red meat from our diet because of our belief that there is a strong connection between red meat and cancer," he said.

Health Minister Tony Abbott has quoted figures showing that health spending has doubled to 10 per cent of Australia's gross domestic product since 1960.

And spending was projected to grow to 15 per cent of GDP by 2040.

The health bill to the taxpayer for -dealing with cancer and its consequences is about $2.9 billion each year - about 5.8 per cent of the $50.1 billion spent on disease and injury costs overall.

A spokeswoman for Abbott said that in return for the investment the death rate for cancer had dropped 14 per cent in the past 20 years. But the incidence of cancer has risen to make it the leading cause of death among Australians aged from 45 to 64, Australian Institute of Health and Welfare figures show.

A spokesman for the Cancer Council Australia said there were about eight, other disease groups that cost the health system more, but none caused as many fatalities as cancer, unless heart and stroke were combined into a single cardiovascular category.

Minchin said the research at the CRC - which was partly funded by' $30 million from the federal Government - would help contain future health budgets.

"To the extent that it begins to emerge that things like toxic contamination are a feature of increasing incidences of disease and cancer then, as part of a preventative approach to medicine and health, the work of this CRC and other research can play a big part in helping us manage the growing cost of health," he said.

The CRC for Contamination Assessment and Remediation of the Environment (CARE), was opened at its headquarters at the University of South Australia's high technology Mawson Lakes campus in northern Adelaide.

CRC CARE chairman Paul Perkins said the group would lead the world on toxic contamination research, spinning off commercial products and expertise that would earn "immeasurable" export revenue for its shareholders, which includes petroleum and energy companies, Australian universities and the federal Government.

Among current research was examining the link between cadmium in food and diabetes - a chronic illness commonly associated with a sedentary lifestyle.

ROLE FOR PROSTATE CANCER TREATMENT IN OLDER MEN

Older men with early-stage and localized prostate cancer treated within six months of diagnosis live longer than those who are managed conservatively, according to a large retrospective study.

Among 44,000 men aged 65 – 80 with low or intermediate risk prostate cancer, researchers found men who underwent radiotherapy or radical prostatectomy had a 30% lower mortality than men who chose observation (JAMA 2006; 296:2683-93, 2733-34).

An accompanying editorial called for reasoned interpretation of the findings, pointing to the fact that only 2% of patients with prostate cancer in the study died from the disease during the 12-year follow-up. They said decisions about treatment needed to be based on health status, functional concerns and personal preference as well as survival. *(Australian Doctor, 12/1, p5)*

FATAL CANCER RISK FOR OBESE

Excess weight may not raise a man's risk of developing prostate cancer, but it may make him more likely to die of the disease. Research on 287,760 US men found that obese men were less likely than thinner counterparts to develop prostate cancer.

But the heavier the man, the greater his risk of dying from the disease. Researchers at the US national Cancer Institute reported the findings in the journal *Cancer*.

The study followed men between the ages of 50 and 71 from 1995. Over 5 years, 9986 were diagnosed with prostate cancer. Obese men had the lowest risk of developing the disease. The risk of prostate cancer deaths climbed in tandem with weight. Fat men were 25 per cent more likely than thin men to die, while obese men were 46% more likely to die. (*from The Australian, 10/1//07)*

COST OF CANCER

	Total expenditure ($m)	Number of new cases in 2001	Number of deaths in 2001
Non-melanoma skin cancer	264	364,139	439
Colorectal	235	12,844	5,241
Prostate	201	11,191	2,985
Breast cancer	145	11,314	2,843
Lung	136	8,275	7,740
Leukaemia	129	2,516	1,534
Non-Hodgkin's Lymphoma	97	3,499	1,673
Bladder	64	2,954	1,000
Mouth and throat	62	2,686	801

Source – AIHW *(from The Weekend Australian, 25 &26/11, Health section, p18)*

I spotted this little par in the Sunday Mail, 21/1/07, (Nicole Cornes column) and thought it worth repeating for those who did not see it

JUST JOKING?

He who was only 40 needed to go to the doctor and be immunized for an upcoming overseas trip. On his way out the door his wife, who has played the odd practical joke, gave him an envelope and asked him to give it to the doctor. The note read: *"Because I care about my husband please check his prostate, and he needs a vasectomy."* She thought her husband would open it, and see the funny side of the note, and not just give it to the doctor. However, he didn't open the envelope, and to his horror and discomfort, the doctor proceeded to check his prostate. Then, when he started to explain the procedure for a vasectomy, he bolted, deciding to never go overseas again. He still didn't realize it was a joke until he got home and his wife couldn't stop laughing.

It would appear that the Cornes family has some sort of problem with prostates. As I recall, Graham Cornes, in one of his on-air stints, dismissed the subject of prostate cancer rather flippantly, when the subject of the E.J. Whitten Foundation's attempt to establish a branch in Adelaide was being discussed. I believe that he was subsequently informed about the seriousness of the disease, and attempted to make amends in his next newspaper column. Now we have another member of the family making fun of what is a very serious disease – it certainly is not much fun to those men living with the disease. One wonders what these "media personalities" would say if we started to make fun of breast cancer sufferers in this journal. It would be much more positive if these people talked to some men with the disease, and, even better, encouraged men to talk to their doctor about detecting the disease – that might even help to save the life of some men. Early detection saves lives.

HOPE FOR SAFER DRUGS AS SPICES SAID TO KILL CANCER

Scientists claim to have found the basis for a new generation of safer anti-cancer drugs, after discovering why spicy foods apparently kill cancerous cells.

Researchers from the University of Nottingham say they are the first to prove that capsaicin, the food chemical responsible for the burning sensation when eating chillies, kills mutant cells by targeting their energy source. They said capsaicin, which comes from the family of compounds known as vanilloids, fights cancer cells by attacking the mitochondria, considered the powerhouse of all cells. By binding the proteins in the mitochondria of cancer cells, capsaicin triggers the rogue sells to die, but without harming normal cells because their mitochondria behaves differently.

Researchers say separate laboratory tests on human cells with lung cancer and pancreatic cancer produced "startling results" which expose the weak link of cancer cells. They said their findings could be used to develop new drugs to treat cancer and other conditions which would be far safer because they would contain natural compounds already found in food. Many experts remain guarded about if and how spicy foods affect cancer, arguing that once a cancer develops, food alone cannot cure it. *(West Australian, 11/1, p11)*

TOMATO AND BROCCOLI RECIPE TO FIGHT CANCER

LONDON: Eating tomatoes and broccoli in the same meal could help men fight prostate cancer.

A study suggests that when they are both present in a regular diet, the two foods - known for their cancer-fighting qualities - help reduce tumours more effectively than when they are eaten separately.

Researchers from the University of Illinois believe that different compounds in the vegetables can work together to attack cancer cells along different biological pathways.

They suggest men should regularly consume servings of up to three quarters of a head of raw broccoli and two to three tomatoes to help fight the disease.

The university's food science and human nutrition professor, John Erdman, said men should consider consuming three to five such servings a week.

"Studies have shown that men who regularly eat servings of fresh tomatoes have up to a 40 per cent reduced risk of developing prostate cancer, while the sulphur compounds in broccoli are known to be a mechanism that delays cancer growth," he said. "They are quite different agents and do not have to be eaten together, but their effects seem to be very complementary."

In a study published in the US journal Cancer Research, the scientists fed a diet containing 10 per cent tomato powder and 10 per cent broccoli powder to rats implanted with prostate cancer cells.

Other rats received either tomato or broccoli powder alone; or lycopene, the red pigment in tomatoes thought to be an effective cancer-preventive agent; or finasteride, a drug prescribed for men with enlarged prostates.

Another group was castrated. After 22 weeks, the rats given tomato and broccoli in combination were found to have smaller tumours.

Professor Erdman said: "When eaten together, we see an additive effect. Cooked tomatoes may be better than raw tomatoes.

"The lesson is to eat a variety of fruits and vegetables prepared in a variety of ways."

Kirstie Canene-Adams, who carried out the study, said: "Older men with slow-growing prostate cancer who have chosen watchful waiting over chemotherapy and radiation should seriously consider altering their diets to include more tomatoes and broccoli."

Julie Sharp, of Cancer Research UK, said effects on humans were still unclear.
"We do know that a balanced diet can help reduce the risk of cancer and should include plenty of fresh vegetables and fruit," she said. ***17jan07/The Times/ © The Australian***

SEA SQUIRTS FOR CANCER?

Sea squirts could hold the key to new and improved cancer-fighting drugs with fewer side effects than current chemotherapies. Research published on-line in the *Proceedings of the National Academy of Sciences* this week shows that a synthetic form of sea squirt toxin called diazonamide can stop human cancer cells from multiplying, while leaving normal cells unharmed – at least in the laboratory. When small samples of human breast, prostate or colon tumours are implanted under the skin of mice, diazonamide can reduce the size of the tumours without the harmful side-effects seen with other cancer drugs. The sea squirt, known as Diazona angulata is around 10cm. wide. *Proc. Natl. Acad. Sci USA 2007; doi 10.1073/pnas.0611340104 (Williams NS, et al) (from the Weekend Australian, 10, 11/2 Health p. 19)*

6.1 Prostate cancer

	New cases	Incidence Rate	% cancers	Risk	Deaths	Mortality Rate	% cancer deaths
Males	1326	161.4	29.2	1 in 8	218	28.4	12.0

Incidence and mortality rates per 100,000. Rates age standardised to the Australian 2001 population.

Prostate cancer has become the most commonly diagnosed malignancy in males, apart from the common skin cancers. In South Australia, a two-fold increase in incidence rates was observed in 1990-1995 compared with rates in the 1980s. Similar trends have been reported in other countries. Internationally, the highest rates are found in American blacks and the lowest in Japanese and other Asian males.

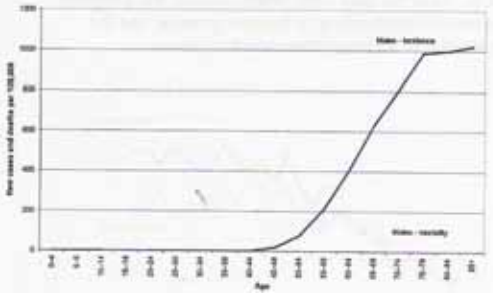
The rise in incidence during the 1990s has been attributed to the wide-spread use of prostate-specific antigen (PSA) testing, frequently followed by trans-rectal ultrasonography and biopsy (TRUS). For the same period, the death rate for prostate cancer increased only marginally and this may be attributable to a greater awareness reflected on death certification. Because the prevalence of latent disease is very high, affecting about half of men over 60 years of age, increased investigations can lead to substantial increases in numbers of detected cancers of uncertain clinical significance. The management of prostate cancer ranges from radical prostatectomy, radiotherapy, hormonal therapy and chemotherapy, to "watchful waiting", where a case is monitored for any signs of extension of the disease beyond the prostate capsule. Longitudinal studies are underway to determine whether widespread PSA testing results in reductions in prostate cancer-specific mortality.

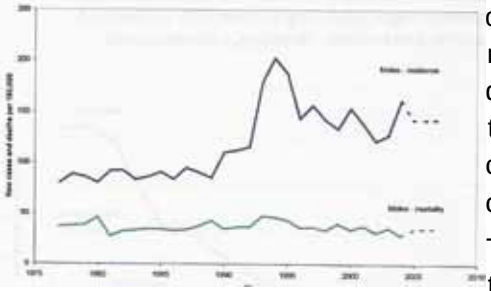
Prostate cancer accounted for 29% of all male cancers in 2004. It is the most common cancer in men.

The causes of prostate cancer are uncertain, although western diets high in animal fats and proteins have been implicated. Populations with high intakes of fruit and vegetables have been reported to have lower incidence and mortality rates. More recently, sexual activity has been reported to have a protective effect. As reported for other populations, incidence rates are higher for the upper socio-economic areas which may reflect differences in access to PSA testing and biopsy.

Recently identified factors that require further investigation, but which may become targets for reducing the risk of prostate cancer, include higher intakes of selenium, carotenoids (found in tomatoes), and other antioxidants; reduced animal fat and meat intake, which may influence androgens, prostaglandins, or cell membrane receptor activity.

Although cigarette smoking does not appear to increase the risk of a diagnosis of prostate cancer, some studies have noted an association with fatal cases. Increasing physical activity is generally beneficial for good health, but only extreme energy expenditure appears to decrease the risk of prostate cancer.





The adjacent page has been copied from "Cancer in South Australia 2004". Unfortunately, my scanner seems to think that it should reproduce the page in this minute format, and the print is quite small.

There are some interesting observations in this report, which can be downloaded from www.dh.sa.gov.au/pehs/ , then click on the publications link.

Case survivals from cancers of all sites in 1977 – 2003 in S.A. were 59.1% for females against 52.3% for males. There was an upward trend in survival for more recent diagnostic periods, with the 5-year figures being 60.6% for 1997 – 2003. Theses improved outcomes are likely to have resulted from earlier detection and improved treatments, especially chemotherapy in certain cancers.

The report claims that there is a high prevalence of prostate cancer, especially in older men *(after all, it has had more time to become evident)*, such that the more active use of PSA testing can lead to artificial increases in incidence figures and case survival. Age at diagnosis was found to be predictive of outcome with 5-yesr survival being79% for men under 55 years, through to 80.2% for men aged 65-74, and 71.8% for men aged 75 years or more at diagnosis. Diagnostic period was predictive of outcome with 5-year survivals ranging from 57.5 % (1977-1981) to 87.1% (1997-2003). The S.A. survival data exceeded the 83% reported for Australia as a whole. There was a significant difference in 5-year survival by place of residence, with men living in the Adelaide metropolitan area having better 5 and 10 year survivals than those resident in country South Australia. In the USA, where screening *(their word)* by PSA testing has been more heavily promoted, higher case survivals have been described than the 87% found in S.A.

"It is not known whether the effects of widespread PSA testing and subsequent biopsy have contributed to secular gains in prostate cancer survival. The effects of prostate cancer screening on mortality will remain uncertain until long-term field trials have been completed," the report says.

Prostate cancer was, by far, the most common male cancer in S.A. in 2004. 1326 new cases were recorded (29.2% of all male cancers), - **increasing significantly as a percentage of all cancers since 2003**. Colorectal cancer was the next most-diagnosed cancer, with 630 cases. The lifetime risk of a diagnosis of prostate cancer (calculated to age 75) is 1 in 8. This is not a pretty picture. In 2004, 218 deaths were attributed to prostate cancer (a lifetime risk of 1 in 106). By way of comparison, there were (in 2004) 1035 breast cancer diagnoses (28.4% of all female cancer), with 219 deaths. For breast cancer, the lifetime risk is 1 in 11, and mortality risk 1 in 62.

Lung cancer is the most common cause of death in South Australian males (22.2% of all deaths) and for females at 16.6%. Prostate cancer ranks as equal third on the list of killer cancers at 6.7% (female breast cancer also on 6.7%). Cancer is predominantly a disease of the elderly in S.A., with 61% of cancers occurring in the 65+ age group. In the 65-85+ age group it is the most common cancer overall that predominate, with prostate (947 cases), colorectal (841), lung (577) and female breast (401) bring the most commonly diagnosed cancers.

Cancer occurs more commonly in males than females in S.A. This disparity is true across a broad range of cancer sites, with breast cancer being the one major cancer exception. *(The emphasis on female health matters would probably have some bearing on this. Men are constantly blamed for not looking after their health, yet funding for campaigns for men's health is far from equitable).* The age-standardised incidence rate for 2004 for all invasive cancers combined was 559.2 cases per 100,000 for males, and 387.0 cases per 100,000 females. The age break-down of cancer deaths was even more biased towards the older age groups, with the 65+ age group accounting for 74.8% of all cancer deaths.

It is noted that the lifetime risks of cancer confirm the importance of prostate, colorectal, female breast and lung cancers together with melanoma as the greatest cancer risks for all South Australians. These risks also confirm the greater risk for men of being diagnosed with cancer relative to women, and the greater risk of death from cancer.

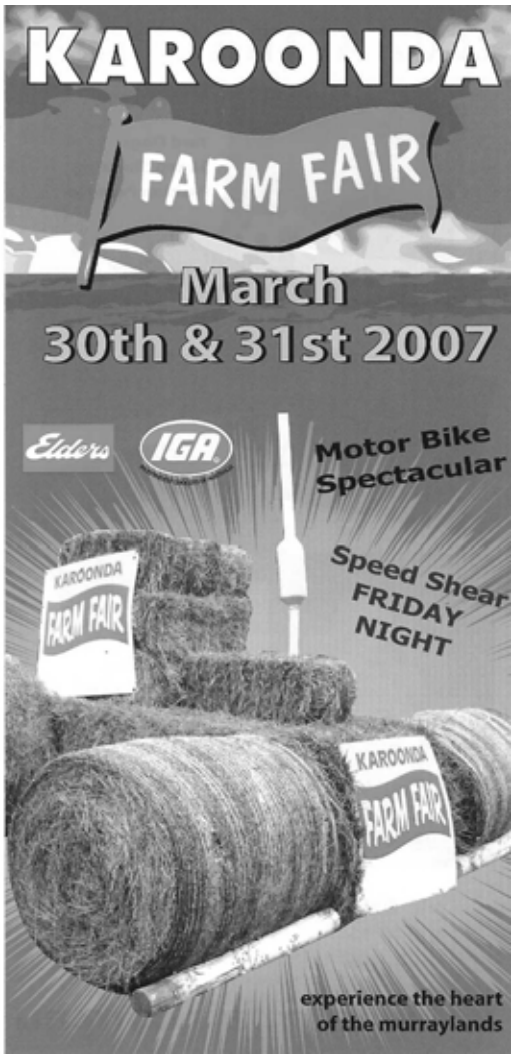
Trends point to a reduction in cancer incidence rates (per 100,000 of population), in S.A. In males, the decrease is attributed to a continuing overall decrease in prostate cancer diagnoses since the peak of prostate cancer testing in 1994, while breast cancer has tended to plateau in females. With regard to mortality rates, trends are to a slight decrease for both males and females. Much of the male decrease is attributed to a decrease in lung cancer mortality. Age-standardised incidence and mortality rates have decreased by 0.6% for males, and 0.9% for females, between 200 and 2004. Despite these changes, females are approximately 20% and 40% below their male counterparts in cancer incidence and mortality.

Projections to 2007 indicate a possible 1253 prostate cancer diagnoses, with 299 deaths. Prostate, colorectal and lung cancers in males all have downward mortality trends in the graphs supplied. However, in the male incidence graph, the indicator has a very definite upward trend for prostate cancer. The notes, though, attempt to explain this by saying "The male incidence graph shows the continuing highly variable nature of male *(is there any other form?)* prostate cancer incidence". After comment about other cancers, the report goes on to say that "All of these cancers have been part of government or privately funded screening programmes since the 1990s." *Both State and Federal governments have done next to nothing for prostate cancer, whether it be screening, treatments, or research, but now want to claim credit for an apparent downward trend in mortality.*

It appears so strange that such a significant cancer such as prostate cancer remains relatively suppressed from public attention. Certainly, it has not received equitable funding for research, nor has it received the public awareness that it deserves from those bodies involved in the cancer field – the federal government has been particularly tardy in this respect. It is acknowledged that there is some stirring within South Australia right now, but it is anticipated that there will be some time before any real difference will be noticeable. Despite the "dressing" in this report, there can be no denying that prostate cancer is a significant chronic illness in the Australian community, and it is time for the disease to be raised above the horizon on the public radar.

20 NATURAL WAYS TO REDUCE THE RISK OF PROSTATE CANCER

I have received a newsletter from an unrelated group, in which they claim to have a "new" book in their library entitled "20 Natural Ways to Reduce the Risk of Prostate Cancer". It is said to be "an interesting book". The Secretary of that group has informed me that she has contacted the shop where the book was purchased, but it is no longer in stock. An internet search has revealed that the book was published by McGraw-Hill, in 2001, and was written by James Scala, Ph.D "…… is an essential primer for any man interested in arming himself with the information necessary to make the best therapy decisions possible", the back cover note says. If you see this book around, please let us know.



Our site has been booked for the Karoonda Farm Fair to be held on 30th and 31st March 2007.

The booking has been made for our information stall to be situated in the same pavilion as in 2006. Careful planning and widespread publicity by the organizing committee has them confident that the event will again be successful, despite the drought.

This is a two-day event, and showcases local, state and interstate farming and general interest products, services and events. Karoonda is in the heart of the Mallee, and draws visitors from throughout South Australia, as well as interstate. It is estimated that there will be over 300 exhibitors, and the Fair usually draws a crowd of 10,000 -12,000 over the two days. Although agriculturally focused, there was a good response to our stall at the Fair last year. In addition, I believe that our members had a good time, last year. So, why not come along. Help other men and families become aware of prostate cancer, and enjoy some good old-fashioned country hospitality and entertainment at the same time.

Promotion has been arranged in State media outlets, including The Advertiser, The Weekender, Adelaide commercial radio, and the ABC regional service (who gave us a special cover, last year). Public advertising is placed throughout the Murraylands, Barossa Valley, Riverland, Adelaide Hills, and South East information centres. Regional radio, Power FM, 5MU, 5RM, and print media, including the Stock Journal will all be used to promote the Fair.

The Fair gates will be opened at 6.30am for setting up, and officially start at 9.00am, closing at 5.00pm. Gates are locked at 6.00pm, and security will commence at 5.00pm, with grounds patrolled throughout the night. Exhibitors will be responsible for their own sites throughout the Fair. On Saturday, gates will be opened at 7.00am, and the Fair will close at 4.00pm.

Full catering will be available throughout the Fair, by local organizations, with a variety of BBQ menus, including lamb, fish, and beef, together with a full canteen. Professional caterers will also be in attendance, and two bars will be available. Breakfast will be on site for Friday and Saturday mornings.

All we need is a full complement of volunteers. Any takers?

PSA BOUNCE COMMON

PSA - prostate specific antigen - is manufactured by prostate tissue and can be measured in the blood.

A temporary bounce after radiation is common and does not mean treatment has failed, according to a study in the journal Cancer.

The study examined the significance of a PSA bounce in almost 5000 men treated by external beam radiation. About 20 per cent experienced a post-treatment bounce. Ten years later, 58 per cent of those with a bounce had no biochemical evidence of cancer compared with 72 per cent of those who had no bounce.

This difference in biochemical failure, however, did not translate into differences in overall survival. *(Australian Financial Review, 16/11, p59)*

More Evidence That Green Tea Reduces Prostate Cancer Risk (By Jon M. Stout)

Only skin cancer is more common in men than prostate cancer. Each year, more than 200,000 men are diagnosed with this disease, and it is the third leading cause of cancer death in men.

But, recently there has been more and more information to suggest that drinking green tea may reduce a man's risk of getting prostate cancer. Studies both in laboratory animals and humans have shown that green tea is a powerful cancer preventer, of both prostate and other forms of cancer.

One study is particularly interesting. This study, reported by the UK Tea Council studied a group of 62 men who were already at a high risk of developing prostate cancer. 32 of the men were given green tea for one year; the other 30 were not.

The patients were between the ages of 45 and 75 years of age, and all had been diagnosed with pre-malignant lesions that are the pre-cursor to prostate cancer. More than one third of men with such lesions will normally develop prostate cancer within one year. The subjects were given no other treatment for the lesions other than the green tea or placebo.

When the subjects were re-evaluated one year later, only one out of the 32 men who were given green tea had developed prostate cancer. In the control group, nine out of 30 had gone on to develop the disease.

The study concluded that green tea's anti-oxidants have the power to actually kill off prostate cancer cells, leaving the healthy cells intact. Green tea induces a state of apoptosis; a systematic killing off of body cells. Apoptosis occurs regularly in the body, helping to ensure that our healthiest cells are those that survive, but it is rare to find a substance outside the body that can induce such activity.

This is just more evidence to support what researchers have believed for some time now- green tea prevents cancer. There have been numerous other studies that have come to the same conclusion, both for prostate cancer and for other forms of cancer, too.

At least one other study has shown that green tea prevents prostate cancer. Another set of research showed that green tea appears to have the ability to act as a scavenger against a substance called Reactive Oxygen Species (ROS). ROS are a form of free radicals that contribute to the development of prostate cancer, when they are produced in excess. The study showed that the particular anti-oxidants in green tea were effective at eradicating the ROS cells before they could turn into cancer cells.

There have also been quite a few studies that suggest that green tea can prevent other forms of cancer. For example, one study showed that women who consumed green tea were significantly less likely to develop ovarian cancer, and that the more tea they drank, the lower their risk.

There are also several bodies of research that indicate that green tea may prevent breast cancer. There have also been several studies showing that green tea may even be helpful for women who already have breast cancer. One study noted that one group of breast cancer patients, those with high Her -2/neu readings, were significantly affected by drinking green tea. Her-2/neu is a growth factor that sometimes presents itself in a tumor. An over expression of this growth factor is a concern for breast cancer patients, because it indicates a higher risk for the cancer spreading and an overall lower survival rate. Drinking green tea appears to slow the growth and spread of the cancer in mice with a high Her-2/neu reading.

Another study on breast cancer patients showed that chemotherapy is more effective when it is administered along with green tea. The green tea appears to increase the concentration level of the cancer drugs in the cancerous cells, so that they have a greater effect.

Green tea has even been shown to be effective in treating skin cancer. Another study showed excellent results in skin cancer prevention and treatment in mice with the use of green tea both applied topically and given orally. The study found that green tea applied topically seems to scavenge and destroy skin cells that are likely to become cancerous before they can mutate. The mice also showed a lower risk of skin cancer when given green tea orally.

So, as you can see, there is a lot of evidence to suggest that green tea is effective at preventing cancer. It is also likely that green tea may be an effective treatment for some forms of cancer, too.

It's clear that we need far more research on green tea before we have a conclusive understanding of what green tea can do and how it works. However, it does appear to be clear that there is much promise in green tea for the future *of* cancer prevention and treatment.

So, if you're at a high risk for developing prostate cancer, or any other cancer, adding green tea to your diet is a wise choice. Green tea has no side effects; and it may be able to significantly lower your risk of several forms of cancer.

(Jon M. Stout is the Chairman of the Golden Moon Tea Company. Golden Moon Tea carefully selects the finest rare and orthodox teas, which are processed slowly and handcrafted with extreme care. At their website, you can learn more about their current tea offerings, including their exceptional Green tea, white tea, black tea, oolong tea (also known as wu-Iong and wu long tea) and chai. Visit goldenmoontea.com for all details concerning the Golden Moon Tea Company's fine line of teas.
Article Source: http://EzineArticies.com/?expert=Jon Stout Article Submitted On: December 11. *2006)*

Prostate Cancer Research - The Promise Of Pomegranates

By Rebecca Prescott *'

Pomegranates have long been used in traditional folk remedies to treat sore throats, inflammation, and rheumatism. And recent scientific research has suggested they are also potentially effective in both preventing and treating prostate cancer.

One study, conducted on human prostate cancer cells in lab dishes, at the University of Wisconsin, found that there were dose dependant improvements. Another study at the same facility injected mice with human prostate cancer cells. These mice developed malignancies. Some mice were fed plain water, whilst two other groups of mice were given water mixed with different concentrations of pomegranate extract.

Those mice that had water only had tumors that grew much faster than the pomegranate and water groups. The quantities given to the mice were comparable to that which people might get if they drank pomegranate juice on a daily basis. And whilst pomegranate juice: hasn't been tested on humans with prostate cancer yet, the results are very good.

The study did not indicate what aspects of pomegranate juice were responsible for slowing down prostate tumour growth. But the scientists involved did mention the antioxidant polyphenolic compounds, which are more effective than green tea and red wine.

Pomegranate extract not only inhibited the growth of cancer cells, it also worked by another means - apoptosis.

Apoptosis refers to a way that cells can die. Cancer growths are characterized by an uncontrolled growth of cells that do not follow the normal processes of cellular differentiation of regular, healthy cells. Cellular differentiation means that the characteristics of a cell change and get the functions that a mature, healthy cell would. For example, liver cells have specialized liver functions, as do prostate, breast, kidney, and all other types of cells. This is normal and healthy.

In tumour growths, although some cells fully differentiate, many only differentiate partially, and some not at all. And the tumours which have more undifferentiated cells grow faster. So, inducing cellular differentiation is one approach to cancer treatment. The other two ways that doctors and researchers try to treat cancer is by causing the death of cancerous cells. They do this through apoptosis, mentioned above, and necrosis.

In apoptosis, cell death is programmed into the cell when it is 'born'. So the cell dies in a more natural way that is less destructive on its environment. By this I mean it doesn't cause inflammation and the damage associated with it to neighboring cells that may be healthy. Cells die either when they reach cellular old age or when their death benefits the body as a whole. Necrosis, on the other hand, does cause inflammation.

Generally, prostate cancer grows very slowly, although it is unpredictable and can grow quickly and spread.

References:

1. John Boik, Cancer and Natural Medicine (Oregon Medical Press, 1996)
2. Australian Healthy Food, March, 2006
3. www.nutraingredients-usa.com/news/ng.asp?id=62811
4. www.nutraingredientsusa.com/news/ng.asp?id=62811

(If you're interested in a good health prostate supplement, click here, and check out the prostate health tips. Maca root is another great supplement for regulating and normalizing hormones, for both men and women. Rebecca Prescott runs this website that provides researched information on vitamins and supplements.)

Article Source: http://EzineArticles.com/?expert=Rebecca _Prescott This article has been viewed 627 time(s). Article Submitted On: Februarv 13. 2006

Bid to crack families' cancer codes (TAS)

Jo Dickinson has become the $345,000 Cancer Council Tasmania Research Fellow, in a partnership with the Menzies Research Institute. Dr Dickinson is head of Menzies research into genes and risk factors of prostate cancer.

She is expanding her work to the genetic links in blood cancers, including leukaemia and lymphoma. She said the funding, the first senior research fellowship, was a breakthrough in cancer research for the state.

"This is an opportunity for us to get some real mass in Tasmania, to establish a cancer program and expand our work here," Dr Dickinson said.

Fact Sheet

Soy Foods, Phytoestrogens and Cancer

What are phytoestrogens and where are they found?

Phytoestrogens are compounds found in plants that may act like oestrogen when consumed. Foods high in phytoestrogens include soy products (soy milk, tofu, tempeh and soy yoghurt), flaxseed, legumes and whole grains. The phytoestrogens in soy foods are also known as isoflavones.

As phytoestrogens have a very similar structure to the body's own oestrogen, this means phytoestrogens can bind to oestrogen receptors. The effects of phytoestrogens on the body are not fully understood, it is believed that phytoestrogens may act like weak oestrogen in some situations, but also block the actions of oestrogen in other situations.

Do phytoestrogens and soy foods protect against breast and prostate cancer?

As phytoestrogens have the ability to interact with the actions of sex hormones, phytoestrogens have become a topic of interest for the possible prevention of hormonal cancers. High levels of sex hormones (oestrogen in women and androgens in men) over a person's lifetime are believed to be associated with an increased risk of hormonal cancers such as breast and prostate cancer.

Lower rates of breast and prostate cancer in some Asian countries, where soy is very common in the diet, have led scientists to investigate if there is a link between eating soy foods and protection against breast and prostate cancer. It is important to remember that people in these countries also differ from Australians in many other aspects of their diets; for example, they eat more vegetables and fish, and less meat. They may also have different risks for these cancers because of genetic factors. So it is not completely clear whether it is the soy in the diet, or some other factor, that is. responsible for the lower rates of cancer in these countries.

Animal and test tube studies do support an anti-cancer effect. Overall in large studies on people it seems like a high consumption of soy foods may lower the risk of breast and prostate cancers, *but only* a *little.* There is no association between soy foods and the risk of other types of cancers.

More studies are needed to examine if phytoestrogens have a protective effect against breast and prostate cancer. From the current evidence, it is believed that a moderate consumption of soy foods (eg 1-2 serves of soy foods/day) along with an overall healthy eating plan is unlikely to have adverse effects. This is consistent with The Cancer Council's recommendations and dietary guidelines to eat a diet rich in plant foods.

There is no evidence supplements that contain high doses of soy or soy isoflavones are effective in preventing cancer, and are therefore not recommended.

The remainder of this Fact Sheet then went on to expand about effects of soy and women with breast cancer.

This portion of the Fact Sheet is published here for the information of members. When first issued, this fact sheet aroused considerable interest and debate. Notwithstanding this item by the Cancer Council of N.S.W., there is a considerable amount of published evidence that soy products do have a marked effect on prostate cancer. It is up to men to make their own decision about this.

Selenium May Help to Prevent Prostate Cancer

By Jeremy Maddock

According to a federally sponsored study, published by Sawford University urologist, men with abnormally low levels of Selenium in their blood are four to five times more likely to develop prostate cancer. Selenium is a trace element that is supplied in certain foods and supplements..

The study suggests that making a point of eating Selenium-rich foods, such as Brazil nuts and tuna, or taking a Selenium supplement, may help reduce the risk of prostate cancer. Supplementation is especially useful for older men, as Selenium blood content has been found to decrease with patient age.

Although there are no solid statistics regarding exactly how greatly levels of Selenium in the blood are improved by supplementation, the head researcher of this study, James D. Brooks, MD is decidedly optimistic about the subject. He believes that supplementation has the potential to be of great benefit in preventing prostate cancer, but goes on to comment that more precise research is needed in order to discern exact statistics on the extent of those benefits.

Overall, the researchers who conducted this study believe that they have made some very interesting discoveries, and that increasing levels of Selenium in the blood can significantly reduce a patient's risk of developing the most common form of cancer affecting men.

Jeremy Maddock is the webmaster of Immune Wellness, your source for high quality information about Selenium and other health products. Article source: http://EzineArticles.com/?expert=Jeremy_Maddock Article Submitted On: August 29.2005

THE CHALLENGE OF FINDING A CLINICAL TRIAL

In the fall of 1997, the United States Congress did a remarkable thing for people diagnosed with life-threatening diseases. They passed a law that launched a public access database known as ClinicalTrials.gov. This law requires clinical trial sponsors to list their trials, studying the effectiveness of drugs to treat people with serious diseases, on ClinicalTrials.gov. This database now makes it possible for patients and their doctors faced with complicated treatment choices to locate clinical trials the patient may be eligible to enter.

I know about facing complicated treatment choices because I had to make them. At the age of 43, I was diagnosed with stage IV Hodgkin's disease cancer of the lymphatic system. At the time of diagnosis, I had six tumors including liver involvement.

Overwhelmed, frightened, and confused I sorted through a seemingly incomprehensible system and entered a clinical trial at the National Cancer Institute. Like many other people with cancer, I experienced first hand how difficult it is to learn about cancer clinical trials.

My passion for educating cancer survivors about clinical trials does not derive from the fact that I was a clinical trial participant, but from the fact that when I was diagnosed with cancer that had extensive tumor involvement, I was still told that I had a 70 percent chance at five year disease- free survival.

I wondered how could this be, when almost any other type of cancer diagnoses would certainly not be survivable with this much tumor involvement. Slowly, I came to understand the answer to my question.

The answer is that in the 1960s and 1970s, clinical trials were conducted that gradually, but progressively resulted in effective combination chemotherapy to treat advanced Hodgkin's disease.

When I began to investigate entering a clinical trial, my diagnosing physician was not at all supportive, which frightened me - an intransigent problem that persists today. A physician friend at the National Cancer Institute told me about the Hodgkin's disease trials they were conducting. During my discussions with the NCI staff, I learned that much of the early breakthroughs in Hodgkin's treatment were developed at the NCI and I was impressed.

I liked the idea of being followed by a team of oncologists with extensive background in the staging and treatment of Hodgkin's, since it is a low-incidence cancer. I also learned that both arms of the trial were considered effective therapies. The NCI investigators were trying to determine whether the outcomes from using the standard therapy could be improved by adding four additional drugs. And so I made the decision to enter the NCI clinical trial in spite of the disapproving comments of my community oncologist.

It was only many years later that I realized how privileged I was to even find out about the existence of the clinical trial. A Harris Interactive survey of 6000 cancer patients, conducted in 2000, reported that 85 percent of the respondents were unaware that participating in a clinical trial was a treatment option. The survey went on to report "While primary care physicians and oncologists believe more cancer patients should enroll in clinical trials, these physicians do not uniformly encourage participation."

Without a physician suggesting the clinical trial option, patients are left to their own ingenuity in pursuing clinical trial information, in other words, patients with resources such as time, money to make phone calls and, the "insider" network that connects those who have access. It should therefore not be a surprise to learn that less than 5 percent of adult cancer patients participate in clinical trials.

Dr. Vincent DeVita, formerly the Director of the National Cancer Institute, said that if we could get 10 percent of cancer patients to participate in clinical trials we would have the answers to questions about a therapy's effectiveness in one year instead of the three to five years that it currently takes.

Teaching people about clinical trials and then developing an easy system for people to locate them are a few of the issues cancer patient advocates have tackled to improve clinical trial participation. In 1996, cancer patient advocates joined patient advocates representing a variety of diseases and coalitions. They went to work on many fronts to build the grass roots support they would need to lobby for a public access clinical trials database. One of the fronts was the US Congress. They approached the Congress, as the FDA Modernization Act was being negotiated. They lobbied to have a provision added to this legislation that would require every clinical trial sponsor investigating the efficacy of a drug in a serious disease to list that clinical trial in a government sponsored public access database. Their lobbying effort was successful when section 113 was included in the 1997 FDA Modernization Act.

The FDA does not administer the ClinialTrials.gov database, but rather it was developed and is managed by the National Library of Medicine. On August 23, 2004, a total number of 5,841 trials for serious diseases were listed and open to enrollment with the following sponsorship: 3,019-NIH , 808-Pharmaceutical companies, 1,821-Academic medical centers, 193-Other federal agencies.

Of this total, 3,561 cancer clinical trials were listed and open to enrollment with the following sponsorship: 1537-NIH, 388-Pharmaceutical companies, 1620-Academic medical centers, 16-Other federal agencies.

The clinical trial database is growing and has come a long way. In1994, there were only 24 pharmaceutical company cancer trials listed in the National Cancer Institutes? database. Today there are 388 drug company sponsored cancer clinical trials in ClinicalTrials.gov. And yet, in a 2002 study conducted by the FDA, only 48 percent of the cancer clinical trials that should have been listed in ClinicalTrials.gov are in the database.

Due to the commercial secrecy that often surrounds drug development, some drug companies appear to be hesitant to make the public aware of their research trials because they fear their competitors will find out what they are up to. In cancer, some estimate that more than 50 percent of cancer research is being conducted by the pharmaceutical industry. Some estimates are as high as 70 percent.

At the same time, patient recruitment remains a costly problem for drug companies. According to CenterWatch, a publisher focused on clinical trials, 78 percent of all trials are delayed by problems in recruiting patients, with 12 percent facing delays of more than six months.

Patients with serious diseases want to know only a few basic things when they are looking for clinical trial information:

* The purpose and objective of the trial
* The patient eligibility information
* The location of the trials, and
* Who they can contact to discuss enrollment

This is precisely the information the FDA law requires trial sponsors to include in their ClinicalTrial.gov listing.

Once a trial is identified, a call to the trial site can be made to ask a few questions such as, Is the trial still recruiting patients? and Is the patient eligible for the trail? Depending on the answers to those questions, the patient may decide to take the next step and discuss that trial with his or her doctor.

For the pharmaceutical industry, I believe that this database is invaluable an opportunity to inform the public about their trials, which could mean speedier recruitment for their clinical trials. Patient recruitment is time consuming and thus a very costly component of drug development.

For scientists and academics, this database can be used to quickly understand the clinical trials underway in their field, thus avoiding duplication of expensive research.

For patients with life threatening diseases faced with complicated treatment choices, this database now gives them the option of considering a clinical trial - a trial they might not know about without access to ClinicalTrials.GOV.

by Patty Delaney | FDA Office of Special Health Issues - Cancer Liaison Program

Here is an interesting item that was forwarded from Bob Wilson (Victoria)

HARMACEUTICAL COMPANIES

Potential silver bullet anti-cancer drug (New Scientist *20* Jan *2007).* DCA is an unpatentable drug which "harmaceutical companies are unlikely to [study] because they can't make money on unpatented medicines".

It sounds almost *too* good to be true: a cheap and simple drug that kills almost **all** cancers by switching off their "immortality". The drug, dichloroacetate (DCA), has already been used for years to treat rare metabolic disorders and so is known to be relatively safe.

It also has no patent, meaning it could be manufactured for a fraction of the cost of newly developed drugs.

Evangelos Michelakis of the University of Alberta in Edmonton, Canada, and his colleagues tested DCA on human cells cultured outside the body and found that it killed lung, breast and brain cancer cells, but not healthy cells. Tumours in rats deliberately infected with human cancer also shrank drastically when they were fed DCA-laced water for several weeks.

DCA attacks a unique feature of cancer cells: the fact that they make their energy throughout the main body of the cell, rather than in distinct organelles called mitochondria. This process, called glycolysis, is inefficient and uses up vast amounts of sugar.

Until now it had been assumed that cancer cells used glycolysis because their mitochondria were irreparably damaged. However, Michelakis's experiments prove this is not the case, because DCA reawakened the mitochondria in cancer cells. The cells then withered and died (Cancer Cell, DOl: 10.1 016/j.ccr.2006.1 0.020).

Michelakis suggests that the switch to glycolysis as an energy source occurs when cells in the middle of an abnormal but benign lump don't get enough oxygen for their mitochondria to work properly. In order to survive, they switch off their mitochondria and start producing energy through glycolysis.

Crucially, though, mitochondria do another job in cells: they activate apoptosis, the process by which abnormal cells self-destruct. When cells switch mitochondria off, they become "immortal", outliving other cells in the tumour and so becoming dominant. Once reawakened by DCA, mitochondria reactivate apoptosis and order the abnormal cells to die.

"The results are intriguing because they point to a critical role that mitochondria play: they impart a unique trait to cancer cells that can be exploited for cancer therapy," says Dario Altieri, director of the University of Massachusetts Cancer Center in Worcester.

The phenomenon might also explain how secondary cancers form. Glycolysis generates lactic acid, which can break down the collagen matrix holding cells together. This means abnormal cells can be released and float to other parts of the body, where they seed new tumours.

DCA can cause pain, numbness and gait disturbances in some patients, but this may be a price worth paying if it turns out to be effective against all cancers. The next step is to run clinical trials of DCA in people with cancer. These may have to be funded by charities, universities and governments: harmaceutical companies are unlikely to pay because they can't make money on unpatented medicines. The pay-off is that if DCA does work, it will be easy to manufacture and dirt cheap.

Paul Clarke, a cancer cell biologist at the University of Dundee in the UK, says the findings challenge the current assumption that mutations, not metabolism, spark off cancers. "The question is: which comes first?" he says.

HAIR DRUG CAN HIDE PROSTATE CANCER

A DRUG widely prescribed to treat hair loss in men interferes with the most commonly used test for prostate cancer, causing inaccurate readings that can hide the presence of the disease.

Propecia, which is made by drug company Merck & Co, reduces levels of a protein called prostate specific antigen.

Doctors recommend men begin to have regular PSA tests in their 40s and50s, as an elevated PSA level is often the first sign of prostate cancer or other prostate problems. But a US study has found that even a very low dose of Propecia can reduce PSA levels by as much as 50 per cent.

"If you are using the PSA test in order to screen men - especially young men - for prostate cancer you can be misled by the lower level of PSA when men are taking this drug for hair loss," said Anthony D'Amico, the lead researcher and chief of genito-urinary radiation oncology at Brigham and Women's Hospital in Boston, Massachusetts.

The findings suggest doctors should adjust their interpretation of PSA tests for men using Propecia. "You can start by multiplying it (PSA readings) by two," Professor D'Amico said.

The study, funded by Merck & Co and published in the journal Lancet Oncology, followed 308 men aged 40 to 60 with male-pattern baldness. For 12 months, 247 men took 1mg of Propecia daily, while 61 took a placebo.

PSA levels dropped 40 per cent in men aged in their 40s taking Propecia, and 50 per cent among those in their 50s. By contrast, PSA levels - which typically increase with age - rose only13 per cent in those taking the placebo.

A study released in 2003 revealed that PSA levels were reduced by a 5mg dose of a drug called Proscar, which is made from finasteride - the active ingredient in Propecia. "However, it was not previously known that a low dose of Propecia had the same result," said Phillip Stricker, head of urology at St Vincent's Hospital in Sydney.

Professor Stricker said the results would have an immediate impact on the way doctors assessed PSA tests.

"There are probably a lot of men out there quietly using this drug, and not telling their doctor they are using it, who would have been told their PSA is OK, when it might not be," Professor Stricker said.

"This study means that GPs will now have to specifically ask men if they
are taking this drug, before they can interpret the patient's PSA level. "So these findings will have an impact on routine clinical practice."

FOR BETTER OR WORSE

Partners are often the first people to notice a physical or mental change in their husband, wife or de facto partner. "We know from research that half of all breast cancers are detected by women themselves or their partners," said Dr Helen Zorbas, director of the National Breast Cancer Centre.

If women develop cancer, partners are an invaluable source of support during diagnosis, treatment and recovery and as a physical and emotional conduit of information to a patient, Dr Zorbas said.

Partners also play a significant role in noticing other possible warning signs of cancer, said Kathy Ansell, coordinator of The Cancer Council NSW's Helpline. In the case of prostate cancer, partners often notice urinary changes, she said, including their partners urinating more frequently for a longer time or dribbling on the floor at the end of urination.

Partners also report symptoms that could indicate lung cancer, such as a productive cough that doesn't go away or breathlessness or possible bowel cancer symptoms such as diarrhoea or blood in the toilet.
Sydney Morning Herald, 21/9, Supplements, p10

Members Needed for Prostate Cancer Action Group

The Prostate Cancer Action Group (S.A.) Inc. will be 10 years old this year. Due to increasing demand on its services, the Group needs members to assist with its activities.

The main objectives of the Group are to create and promote prostate cancer awareness and to re-assure men and their families that information and support is available to them. These activities revolve around public awareness presentations, speaking engagements to service clubs, community groups and the like. In addition members attend suitable community events displaying pamphlets and promoting awareness. In fulfilling these activities an excellent relationship has been established with medical and health professionals and many have spoken highly of the Group's expertise.

There is a great deal of satisfaction to be obtained in speaking to and assisting men and their families to cope with a disease that results in approximately 12,000 new cases being diagnosed annually in Australia. Both men and women are welcome to join as prostate cancer affects the whole family unit. Members of the Group enjoy lasting friendships whilst fulfilling worthwhile activities in the community.
More information can be obtained from our website www.pcagsa.org.au

If you would like to join our energetic and successful team contact Jeff (8277 3424) or Trevor (8381 9771)

THOUGHT FOR THE MONTH.

Too often we **underestimate** the **power** of a **touch**, a **smile**, a **kind word**, a **listening** ear, an honest **compliment**, or the smallest act of **caring**, all of which have the **potential** to turn a **life** around.

(Leo Buscaglia)

AND ANOTHER ONE (FOR PROSTATE CANCER PATIENTS) .....

Just when you think you've graduated from the school of experience, someone thinks up a new course.

(Mary H. Waldrip)

Newsletter compiled by Trevor Hunt.