

PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia



ABN 26 499 349 142

NEWSLETTER

MEN'S HEALTH MATTERS

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NOVEMBER 2007

Chairman's Report November 2007

Freemason sponsored presentations

The first of these was held at the Senior Citizens Clubrooms, Blackwood on Wednesday 17th October. There were approximately 75 people attending, including Ms Nicole Cornes, the ALP candidate for the local seat in the forthcoming election. Bill Toop, Trevor and Coralie Hunt spoke of their experiences of treatment and as support respectively, and Dr Peter Sutherland, as keynote speaker presented a general overview of the disease. An interesting overview of the role of nutrition in combating Prostate and other cancers was presented by Ms Delrene Davis, from the Cancer Council of SA.

I must at this stage apologise to members for not following the set agenda for the evening, due to the fact that I had forgotten to take it with me! However, I do not apologise for raising the subject of lack of any Government Men's Health Policy in the presence of any political candidate. One of our primary objectives is advocacy, and I saw this as a great opportunity to educate, not only the men present, but also their partners, and a political aspirant.

There was a lively question time at the conclusion of the keynote presentations, with most questions directed to Peter Sutherland. Many present stayed on at the conclusion of the meeting to see his PowerPoint presentation of the DaVinci robotic prostatectomy.

The next of these presentations will be held in the Bowling Clubrooms at Mt Barker on 21st November. Keynote speakers will be Dr Christopher Switajewski, who will present an overview of PCa, while Dr Graham Lyons will speak on dietary factors in PCa.

Season's Greetings

As there will be no meeting of the Action Group after the November meeting, until February 12th 2008, I would like to take this opportunity to thank all members for your participation in our activities and their planning during the past year, and wish each of you all that you would wish for yourselves in the forthcoming festive season. May each of you have a happy Christmas, and a prosperous and healthy new year.

Dean Wall

CARDIOVASCULAR RISK FOR PROSTATE THERAPY

There may be a link between hormone therapy for prostate cancer and cardiovascular disease. A study in *The Journal of the National Cancer Institute* finds that men who have androgen deprivation therapy after a radical prostatectomy for early prostate cancer seem to have an increased risk of death from cardiovascular disease. While studies need to repeat this finding, the authors suggest doctors evaluate men's cardiovascular risk before starting the therapy. (*Australian Financial Review*, 25/10, p.75)



Prostate Cancer Foundation

Legends have sported them and ladies have loved them and this Movember (November) the Moustache is making its well earned comeback.

That's right we are bringing the Mo (Aussie slang for Moustache) back this November to help change the face of men's health – literally! It's that easy – grow a Mo and along the way raise some funds for prostate cancer research, a disease that will affect 1 in 6 American men.

But we need your support to have a real impact on the fight against prostate cancer.

Here are 4 ways that you can help:

Option 1: Join Us and Grow a Moustache This November

1. To join Team Prostate Cancer Foundation, register now by clicking on this link: <http://www.movember.com/us/register/register-team.php?join=1> and enter Captain's Registration No: 135715 and Captain's Email: info@prostatecancerfoundation.org .
2. Enter your details and you'll be e-mailed all the information needed to get sponsored and growing.
3. Grow a moustache and ask friends, family and co-workers to support your efforts by sponsoring you.

Option 2: Support Our Growing Mo's

1. To sponsor our Mo's and help the fight against prostate cancer please go to <http://www.movember.com/us/donate/donate-search.php>
2. Enter registration number 135715 to donate to Team Prostate Cancer Foundation.
3. All donations are made directly to the Prostate Cancer Foundation which will use the funds for high-impact research to find better treatments and a cure for prostate cancer.

Option 3: Start Your Own Team

Want to form a team of your own? Register online at <http://www.movember.com/us/register/>

Option 4: Spread the Word

Know someone who might be interested in this program? Forward this email to any friends or family members who might want to grow a mo. Women can participate as well by recruiting team members and helping to raise funds.

For more info about Movember, go to www.movember.com/us/.

[Read a recent Wall Street Journal article about Movember.](#)

Go on – give a Mo a go!!

The presence of Karyn Foster, as a PCFA representative in S.A. appears to be having a noticeable effect of publicity for Movember. This scribe has noticed several newspaper articles featuring personalities who have taken up the cause, where, previously, South Australians had heard very little about Movember. Well done, Karyn. By the way, the link to the Wall Street Journal is worth a read.

PROSTATE CANCER MARKERS: THE NEW WAY FORWARD

Results of a new study, presented today at the National Cancer Research Institute <<http://www.ncri.org.uk/>> (NCRI) Conference, show that a new prostate cancer marker could play a crucial role in helping clinicians decide on the most appropriate course of treatment for men with prostate cancer.

Deciding how best to treat prostate cancer is currently a challenge for clinicians since only the most aggressive form of the disease requires immediate and comprehensive treatment (surgery, radiotherapy and chemotherapy). However until now it has not been easy to distinguish clearly between aggressive ('Tiger') and non aggressive ('Pussycat') tumours. The distinction is of particular importance to patients - as treatment for the more aggressive forms can cause unpleasant side effects.

A team of researchers, led by Professor Colin Cooper <http://www.icr.ac.uk/research/research_profiles/2911.shtml> at The Institute of Cancer Research and Professor Jack Cuzick at the Wolfson Institute of Preventive Medicine <<http://www.wolfson.qmul.ac.uk/>>, have discovered a new marker - 2+Edel - which is present in the more aggressive forms of cancer but not in the non aggressive forms. By using this marker to distinguish between Tigers and Pussycats, clinicians will be able to identify those patients who require immediate and comprehensive treatment and those that require a 'watch and wait' approach.

Professor Cooper and his team at The Institute of Cancer Research, are key members of the Transatlantic Prostate Group, a unique collaboration of prostate cancer experts from the United Kingdom and United States. Their work focuses on the evaluation of new and established prostate cancer markers, in order to validate those most helpful to the treatment decision process, so that they may be used in the clinical setting.

Professor Colin Cooper, The Grand Charity of Freemasons' Chair of Molecular Biology at The Institute of Cancer Research said: "This is an exciting time for prostate cancer research; collaborations such as this allow us to speed up research into the disease and will hopefully enable us to develop tests which will help prostate cancer diagnosis. We are delighted that the 2+Edel marker is currently being trialled in patients with prostate cancer and we hope that screening for 2+Edel is something that could be incorporated into clinical practice in the next few years, alongside current techniques, to help doctors decide on the most appropriate treatment for men with prostate cancer."

*Notes

The Institute of Cancer Research

The Institute of Cancer Research is Europe's leading cancer research centre with expert scientists working on cutting edge research. It was founded in 1909 to carry out research into the causes of cancer and to develop new strategies for its prevention, diagnosis, treatment and care. Website at: www.icr.ac.uk <<http://www.icr.ac.uk>>. alongside current techniques, to help doctors decide on the most appropriate treatment for men with prostate cancer."

Professor Jack Cuzick, John Snow Professor of Epidemiology at the Wolfson Institute of Preventive Medicine said: "It is essential that we understand the natural history of prostate cancer, and which cancers require treatment, before we embark on a widespread screening programme."

* *Markers are substances which are found in the body when a person has cancer, they can either be substances produced by the cancer itself or produced by the body in response to the cancer. They are used to help diagnose the disease and can also be used to help tailor treatment.

2+Edel Fusion

Prostate cancers commonly contain fusion of the TMPRSS2 and ERG genes. The study shows that duplication of this change, called 2+Edel, is found in 6.6% of prostate cancers (equivalent to 1,800 UK prostate cancers patients each year). Patients with 2+Edel have only a 25% survival rate after eight years, compared to 90% for patient with no alterations in this region of DNA

The Institute works in a unique partnership with The Royal Marsden NHS Foundation Trust, forming the largest Comprehensive Cancer Centre in Europe. This relationship enables close daily contact between research scientists and those at the frontline in the fight against cancer - the clinicians, the carers and most importantly, the patients.

Professor Cooper's position is funded by a £1 million donation over ten years to The Institute from The Freemasons Grand Charity to support vital research into prostate and testicular cancers. The position, known as The Grand Charity of Freemasons' Chair of Molecular Biology, heads the male cancer research centre at The Institute.

Professor Colin Cooper co-ordinates the South of England NCRI Prostate Cancer Collaborative. The work of Professor Cooper's team at the Male Urological Cancer Research Centre is supported by The Rosetrees Trust. Professor Jack Cuzick is head of the Centre for Epidemiology, Mathematics and Statistics at Cancer Research UK in London. He is also John Snow Professor of Epidemiology at Wolfson Institute of Preventive Medicine at Queen Mary, University of London.

The Funders

The work was funded by Cancer Research UK, National Cancer Research Institute, US National Cancer Institute, Grand Charity of Freemasons, Rosetrees Trust, The Bob Champion Cancer Trust, Orchid - Fighting Male Cancer and David Koch Foundation

The presentation, by Professor Cooper, Professor Cuzick and colleagues entitled 'Duplication of the fusion of TMPRSS2 to ERG sequences identifies fatal human prostate cancer' will be presented at the National Cancer Research Institute conference on 1st October 2007.

(From: The Institute of Cancer Research <http://www.icr.ac.uk> 1/10/07)

EXERCISE HAS HIGH IMPACT ON SURVIVAL

A targeted exercise program can combat the side-effects of prostate cancer treatment and improve survival rates, an expert has said.

Professor Robert Newton of the School of Exercise, Biomedical and Health Sciences at Edith Cowan University WA, told attendees at the Men's Health Forum in Sydney that physical exercise was the single greatest intervention that could boost survival rates after cancer treatment.

Professor Newton said anabolic exercise in particular had proven effective as an adjuvant treatment for prostate cancer survivors. Resistance exercises such as lifting weights or squats were the most effective, he said.

The results of the program highlighted the benefits of higher-intensity exercise, Professor Newton said. "We must reverse our concept of gentle exercise. It's just not effective in reversing the effects of cancer plus cancer treatment. Targeted exercise, in conjunction with pharmacological intervention, offers real value in helping to achieve successful lifestyle change."

In other news presented at the forum, intensive use of pelvic floor exercises can help treat urinary incontinence in men who have prostate cancer, doctors were told.

Taryn Katz from the Prostate Cancer Rehabilitation Centre, Sydney, said it was vital men learnt the technique correctly before their operation. Ms. Katz said an individualised comprehensive care program, including strength training, improved posture and abdominal exercise, would more rapidly reduce post-operative incontinence and increase circulation to the affected area. "It will reassure men that they can get their life back to normal after prostate cancer," Ms. Katz said. (Medical Observer, 5/10, p14)

HEART PROBLEMS FOLLOW CANCER

Cancer survivors face an increased risk of cardiac and pulmonary problems for at least a decade after completing their treatment, a review has found.

A US review of 364 studies on the incidence of long-term cardiac or pulmonary dysfunction in cancer survivors found the risks varied according to treatment.

Professor Ian Olver, CEO of the Cancer Council Australia, said the review emphasised the need for information on the long-term impact of cardiac and pulmonary damage experienced by cancer survivors. Radiation to the chest was one he highlighted.

"Anyone that's had their chest irradiated with their heart in the field is likely to be at increased risk, depending on what the dose was, and how much of the heart was actually in the field." However, he did not believe routine cardiac and pulmonary dysfunction screening programs were necessary for all cancer survivors, despite this being recommended by the reviewers, (Medical Observer, 21/9/07, p

GREEN TEA BOOSTS PRODUCTION OF DETOX ENZYMES, RENDERING CANCEROUS CHEMICALS HARMLESS
Concentrated chemicals derived from green tea dramatically boosted production of a group of key detoxification enzymes in people with low levels of these beneficial proteins, according to researchers at Arizona Cancer Centre,

These findings, published in the August issue of *Cancer Epidemiology, Biomarkers and Prevention*, a journal of the American Association for Cancer Research, suggest that a green tea concentrate might help some people strengthen their metabolic defence against toxins capable of causing cancer.

In a study of 42 people, the concentrate – composed of chemicals known as tea catechins in amounts equal to that found in 8 – 16 cups of green tea – boosted production of the enzymes, which belong to the glutathione S-transferase (GST) family, by as much as 80% in some participants.

GST enzymes are believed to be crucial to the body's defence against cancer-causing chemicals and other toxins, according to the study's lead investigator, H.-H Sherry Chow, PhD., a research associate professor at the University of Arizona. They modify the cancer-causing molecules that would otherwise damage cellular DNA, thus rendering them inert.

"They actually convert known carcinogens to non-toxic chemicals, and studies have shown a correlation between deficient expression of these enzymes and increased risk of developing some cancers," Chow said.

"Expression of this enzyme varies dramatically in people due to genetic variation and environmental factors," Chow added. "Green tea catechins somehow increase gene expression of these enzymes, which can be an advantage to people with low levels to start with."

Green tea has long been of interest to researchers given studies that have shown populations in which it is often consumed, such as the Chinese and Japanese, generally have lower rates of cancer. To find out if green tea can protect against cancer, the NCI has sponsored a number of rigorous scientific studies testing capsules of the extract, Polyphenon E., that have been prepared in Japan to meet exact specifications. These pills contain epigallocatechin gallate (EGCG), a catechin known for its potent antioxidant activity, and are currently being tested against a variety of cancers in clinical trials.

This study was designed to see if green tea catechin concentrate had any effect on the levels of GST enzymes in healthy individuals – research that could explain the tea's anti-cancer properties. Healthy volunteers were asked to abstain from consuming any tea or tea-related products for 4 weeks. At the end of this "washout period", blood was drawn and baseline GST enzyme levels were determined for each participant. Then, the volunteers were asked to take 4 Polyphenon E capsules, for a total of 800 milligrams of EGCG, each morning on an empty stomach for four weeks and to abstain from drinking tea or eating any cruciferous vegetables which contain other beneficial chemicals. Another blood sample was taken after 4 weeks, and GST activity was determined.

Researchers found that use of Polyphenon E enhanced GST activity when data from all participants were included for analysis. But it had its most significant effect in volunteers whose baseline blood measurements showed low GST activity – an 80% increase compared to baseline GST activity. Activity did not change in volunteers with medium GST expression, or in those with the highest levels. GST seemed to decrease slightly although researchers believe that decline was due to random variation.

"This is the first clinical study to show proof that chemicals in green tea can increase detoxification enzymes in humans," Chow said. "There may be other mechanisms in play by which green tea may protect against cancer development, but this is a good place to start." The NCI supported the study and researchers from NCI also participated in conducting the study.

(Source; Cancer Epidemiology, Biomarkers and Prevention. October 2007. from Virtual Medical Centre)

PROSTATE CANCER SURVIVAL RATE HIGH, BUT AT A PRICE

A recent US study found that men who are diagnosed with early prostate cancer are generally fitter and healthier than their contemporaries, with a "relative survival rate" of more than 100%, meaning they are more likely to be alive in five years' time than contemporaries in the general population without cancer. Epidemiologist David Smith of the Cancer Council NSW says most men diagnosed with early prostate cancer have regular health checks and, once diagnosed, make lifestyle changes that optimise their health.
(Aust Financial review, 20/9, p67)

VOLUNTEERS NEEDED FOR "BLUE RIBBON" EVENT

ProstateSA requires the support of volunteers at the upcoming Aeromil Pacific **Classic Adelaide**. You have been kind enough to offer support to ProstateSA previously and I extend an invitation to you and anyone you may think who would be interested to help during this event.

As with last year's event, ProstateSA will have a branded car (Marcos GT 3000) in Australia's premier international tarmac rally for classic sporting vehicles, Aeromil Pacific Classic Adelaide 2007. The ProstateSA vehicle will be driven by Brian Virgo and navigated by urologist Dr Kim Moretti.

The rally will take place November 21-25 with all the details available at <http://www.classicadelaide.com.au/ca07/officials.htm>.

ProstateSA is delighted to be the official charity of Aeromil Pacific Classic Adelaide 2007.

How you can be involved:

ProstateSA seeks volunteers to assist with jobs such as:

- fund raising each day along the route using cash tins
- fund raising at the Gouger St party, Friday 23
- this includes selling blue ribbon merchandise
- helping the Lions Club run BBQ's
- assist with various jobs at the closing event on Sunday 25th Nov

Overview of the course

The course will comprise 32 special stages ranging from 2.5km to 24km, conducted over tarmac surfaces. The total distance is approximately 1000km, of which some 25% comprise competitive driving over closed public roads. A prologue is conducted to determine the start order (slowest first) which is used through the four days of the event.

- Day Zero – Prologue (Victoria Park racecourse)
- Day One - Adelaide to Tanunda to Adelaide
- Day Two - Adelaide to Victor Harbor to Adelaide
- Day Three - Adelaide to Macclesfield to Adelaide
- Day Four - Adelaide to Strathalbyn to Adelaide

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

To help ProstateSA throughout this event, please call **Jessica Schell** at The Cancer Council SA on **8291 4191** or email: jschell@cancersa.org.au to express your interest and for further information.

Brent Frewen

ProstateSA Events Manager

The Cancer Council South Australia

Phone: 8291 4110 | Fax: 8291 4180

Mob: 0418 859 296

Web: www.prostatesa.org.au

25 South Australian men are diagnosed with prostate cancer every week. By getting involved with ProstateSA you can make a difference.

Look out for the ProstateSA badged Marcos in the upcoming Aeromil Pacific Classic Adelaide event (November 21-25) and give generously to the collectors around the course

God made man before woman so as to give him time to think of an answer to her first question

Frustration is trying to find your glasses without your glasses

The PCFA, in a significant and positive move, recently financed a study tour by 2 members of the SAC (Bill McHugh & Max Schub) to gather information that could assist support groups in Australia. Below is a précis of their 14 page report on the results of that tour. Obviously, the information gathered can be put to good use in Australia

STUDY TOUR TO ASSIST SUPPORT GROUPS

In September 2007 two members of the Support and Advocacy Committee of the PCFA were sponsored by PCFA to undertake a study tour of a selection of Prostate Cancer Support Groups and associated umbrella organisations in the State of California, USA. This initiative reflected PCFA's commitment to provide support for training and development and succession planning within its affiliated support group network.

The study tour was built around attendance at a 3 day PCRI sponsored national conference on prostate cancer, held in Los Angeles. Its theme - *"to help men enjoy a better quality of life by attaining essential knowledge about the disease and finding access to state-of- art treatment"*. The conference attracted an estimated 700+participants. Complementary study tour activities included attendance at six support group meetings, and formal meetings with three leading umbrella organisations and the Loma Linda University Medical Center delivering Proton Therapy treatments.

The conference delivery was parcelled into segments dealing with (i) Getting a Perspective, (ii) Prostate Cancer Essentials,(iii) Intermediate Risk Disease, (iv) Management of Aggressive Prostate Cancer and (v) What's in Store for the Future. Papers were delivered in Physician-to-Patient language and three live biopsies were conducted to demonstrate the superior imaging capabilities of the Colour Doppler equipment. Simulated support group workshops were conducted during lunch breaks on each day targeting general support group situations, advanced disease situations and companions and family support situations.

Formal meetings with leading umbrella organisations - PCRI, PCAAT, Us TOO and the Prostate Cancer Foundation (in America) - focused on the availability of printed and Audio/visual resource material. Typically that material would provide a basis for servicing the operational needs of support groups in Australia for education and contemporary information. Initial offers for access to that material now need to be consolidated through formal engagement by PCF A. Finally the Loma Linda University Medical Center was visited to gain some understanding of the attraction that Proton Radiation treatment holds in the U.S. for those affected by prostate cancer.

Recommendations derived by the combined SAC committee following discussion on the study tour findings are directly associated with:

1. PCF A consolidation of arrangements with three leading umbrella organisations for on-going direct access to a wide range of resource material
- II. Adaptation of that material for distribution to prostate cancer support groups in Australia and possibly New Zealand
- III. The production of a national PCF A newsletter for its affiliated support groups

This study tour has constituted a significant and valued step in PCFA's support for training and development of support group members, underpinning their succession planning and initiatives to introduce improvements in support group operations.

NOTE

1 Bill McHugh and Max Shub are Executive Committee members of the PCFA national Support and Advocacy Committee (SAC), 2007.

2 PCRI is a 501 (c) (3) charitable not-for-profit organization whose mission is to improve the quality of men's lives by supporting research and disseminating information that educates and empowers patients, families and the medical community. One of the important means of achieving this goal is through the conduct of its national conference.

3 Loma Linda University Hospital Centre is one of six organizations in the US offering Proton treatment for 43 different cancer situations, including Prostate Cancer.

Continued on page 8

Lasting impressions that we have from the study tour include:

I The quality of the conference presentation - eminent health care professionals communicating with conference participants at a Doctor/Patient level of comprehension.

11. The vast range of patient focused literature, newsletters and educational material that is produced for Support Group resources. Providers of that information are open to the concept of establishing links with PCF A and making that literature available for PCFA. support group distribution as is, or as edited within Australia for domestic circulation.

111. The warmth of genuine hospitality received on every occasion of interaction and the interest expressed in sustaining ongoing interaction with PCF A and its Support Group network

The authors of this report acknowledge the wisdom and generosity of PCFA in funding this study tour. We have gained much from the suite of experiences referred to above. Opportunities that we perceive to have significant potential for support group functioning have been discussed at the SAC conference on October 4th – 5th 2007.

STUDY TOUR OBSERVATIONS

The following observations record our perceptions of the highlights of the Study Tour.

The Conference Theme

The conference theme aimed to help men enjoy a better quality of life by attaining essential knowledge about the disease and finding access to state-of-the-art treatment.

The following text quoted from the conference introduction by Mark Scholz, MD, Executive Director, PCRI conveys the tone of the conference that was inherent in all presentations.

" . . In the past, men with advanced prostate cancer have been presented with toxic treatment options with relatively limited anticancer activity. Fortunately, substantial progress is being made with advanced prostate cancer and men are now living longer with a better quality of life. Even more hopeful are the exciting new treatments in development that work by stimulating the immune system. These treatments offer real hope for even more effective anticancer therapy while further reducing the incidence of side effects"

" . . Recent research is showing that prostate cancer growth can be inhibited with a variety of non-toxic interventions including diet, supplements, and low-impact pharmaceuticals. If an already slow growing cancer can be further halted with these well-tolerated interventions, the day is not far away when many forms of prostate cancer can be treated as directly and simply as high blood pressure-or elevated cholesterol.

..

Our goal is for you to leave this conference encouraged and hopeful about the rapid progress that is being made in this field. We also want you to be empowered and educated so that you can make wise 'choices in selecting the best treatment".

The Conference Presentations

Some of the subject matter covered included Colour Doppler Demonstration (3 patients biopsied), Prostate Pathology. Staging, Risk Management and Active Surveillance, Effect of Diet on Prostate Cancer, Magnetic Resonance Imaging, Impact of Supplements (presented by "Snuffy Meyers"), Low-impact Pharmaceuticals, Robotic Surgery, Brachytherapy, Focal Cryotherapy, Cardiac Issues for Prostate Cancer patients, Adjunct Chemotherapy, IMRT for Oligometastasis and Lymph Nodes, Oral Agents, Harnessing the Immune System, and "What's in Store for the Future?"

Three particular positions were emphasised at the conference:

1. The early involvement of Medical Oncologists in diagnosis and determination of appropriate treatment modalities
2. Guided biopsies using the Colour Doppler generation imaging equipment. Imaging of an earlier generation could result in an incidence of understatement of the patient's Gleason score.
3. Attention to diet continues to be a primary facto capable of minimizing the incidence and impact of prostate cancer.

Continued on page 9

STUDY TOUR REPORT (continued)

Meeting With Individual Support Groups

The Australians were warmly welcomed into all of the groups that they visited, where members responded positively.

Some characteristics noted were that Groups are predominantly community-based, individual and independent in their structure, modus operandi and culture. Hosting (mainly in terms of meeting room facilities and logistic support) is provided by a range of local organisations including hospitals and other establishments involved in multiple aspects of community care. Banding of a number of support groups into an equivalent of a PCFA chapter is not practiced.

Groups have a formal not-for-profit and complementary taxation status, as well as formal documentation relating to their establishment (a required legal formality). Affiliation with one or more national umbrella organisations is a common and respected linkage for accessing generic and specialised educational material for members, and acquiring general insurance cover.

Interestingly, all groups proclaim through their custom designed brochures that they do not offer medical advice. On that basis, there is no requirement for indemnity insurance.

Groups seek operational grant funding from a variety of sources, including the government sector, pharmaceutical companies and benefactors. Typically these funds are used to meet travel expenses of specialist presenters for their meetings, the production of resource material and the purchase of equipment such as video cameras, laptops and projectors.

Meetings with four of the leading umbrella organisations focusing on prostate cancer were also arranged.

Us TOO International is a grass-roots organisation started in 1990 by prostate cancer survivors to serve prostate cancer survivors, their spouses/partners and families. It is a prolific provider of educational and support programs, and is active advocate for patients. The organisation is committed to ensuring that patients have access to the programs, medications, treatments and health care professionals they need for the best possible outcomes.

Discussions focused on an expressed willingness by that organisation to make their material available to PCFA for distribution in its original format. This includes their contemporary monthly newsletter entitled "UsTOO Hotsheets", and other high-quality resource material.

PAACT – (Patient Advocates for Advanced Cancer Treatment), founded in 1984, now with an active patient participation in excess of 32,000, and has an Oncology Group of over 75 multi-disciplinary physicians. Produces 4 substantial newsletters per year, and is willing to make those publications available to PCFA and/or direct to individual support groups. The lead article in the current issue is **"Men Should Not Die From Prostate Cancer Anymore, if Properly Diagnosed and Treated"**.

PCRI – Prostate Cancer Research Institute – plenty of reference to this organisation in this report.

PCF – Prostate Cancer Foundation – founded in 1993, already has raised more than \$300million. All funds raised go directly to prostate cancer research, and advocates for appropriate levels of research funding from Government.

This organisation is a resource for quality literature that could be accessed by PCFA. PCF is also willing to provide assistance to PCFA in any capacity including the concepts and philosophies that are embedded in its policies associated with funding research. PCF has been selected to be the recipient of funds raised by MOvember, which is being launched in USA this month. See earlier reference to story in the Wall Street Journal, on page 2.

A series of recommendations have been forwarded to the PCFA Board to achieve working associations with PCRI, PAACT and Us TOO Int., and that PCFA commit to the production of a national newsletter for support groups.

A comprehensive and interesting report that result in improvements to the operation of the SAC and support groups around Australia. This scribe certainly looks forward to the recommendations being accepted, and acted upon.

PARENTS HOLD SECRET TO BEATING CANCER

Cancer sufferers whose parents beat the disease have a better chance of doing the same, according to a Swedish study that suggests survival traits are hereditary.

The research says good survival, defined as living for at least 10 years past the cancer diagnosis, extends to breast, lung, prostate and colorectal cancers. The same may hold for other cancers, the researchers, led by Dr Linda Lindstrom of the Karolinksa Institute <<http://ki.se>> in Stockholm, say.

But only these four cancers are present in sufficient numbers in the database of 3 million families and 1 million cancer patients to be statistically significant.

It has long been known that family history is a risk factor for many forms of cancer.

But this is the first evidence extending that filial bond to the child's chances of living with or overcoming the disease

Children with the same cancer as a parent who died within 10 years of diagnosis had a much bleaker outlook compared with patients whose parents survived longer after developing the disease, the study shows.

For these people, the risk of dying from the same disease as their parents is 75% higher for breast cancer, 107% for prostate cancer, 44% for colorectal cancer and 39% for lung cancer.

The findings, published in /The Lancet Oncology/ <<http://www.thelancet.com/journals/lanonc/>> journal, suggest that "cancer specific-survival of a patient can be predicted from previous parental survival from cancer at the same site", the authors say. They also say that the parent-child link can be a useful guide for treatment.

"Information on poor survival in a family might be vital in accurately predicting tumour progression in the newly diagnosed individual," they say.

The study says the parent-child link in cancer survival rates holds regardless of income level, time of year or geographic location.

Discrepancies in treatment are also unlikely to be a factor because all people in Sweden have access to free or low-cost health care of comparable quality.

Life and death decisions

The researchers say more studies will be needed to determine the precise nature of the genetic factors behind the transmission of susceptibility to cancer from one generation to the next.

In a comment, also published in /The Lancet Oncology/, Dr Ora Paltiel of the Hadassah Medical Organization <<http://www.hadassah.org.il/English>> in Jerusalem says the findings could inform life-and-death decisions, such as whether to opt for active treatment or observation in a new diagnosis of prostate cancer.

"[The] findings, if confirmed, might have practical implications for family members and their physicians," Paltiel says.

"For example, additional useful information might now be available for children who have a parent affected by a rapidly fatal cancer, which could act as a basis for specific therapeutic and preventative decisions."

Cancer is the second-largest cause of disease-related death in the developed world and kills more than 7 million people each year globally, according to the World Health Organization <<http://www.who.int>>. and Reuters

<http://www.abc.net.au/science/news/stories/2007/2081708.htm>] 5 November 2007

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The following article appears as an editorial in the current issue of the Medical Journal of Australia. The same issue also has an article on the same topic. The topic may be interesting from an historical point of view, and many of us have heard or read, from time to time, some statements that are not entirely correct when it comes to PSA testing, and results thereof. What does amaze, and annoy, this writer is that highly educated people insist on regurgitating this type of material, which many of us have heard ad nauseum. I feel sure that if these people have the time and funding to do this sort of "research" work, then their time, money and talents would be far better used to search for a more accurate and practical way of screening for this disease, and therefore do something really positive in the fight against prostate cancer. It is very easy to criticize the only test that we have, while not really doing anything else to improve the situation. Meanwhile many men are still not being tested, and many of those will undoubtedly find that they have no hope of effecting a cure. These researchers, and writers, fail to mention the side effects of advanced prostate cancer. Members may find this editorial of interest, and the accompanying list of references a source of information. The actual paper on the topic is too long to include in this newsletter.

THE MEDIA AND PROSTATE CANCER SCREENING

Suzanne K Steginga and Robert (aka Frank) A Gardiner

MJA 2007; 187 (9): 501-502

Provision of incorrect information or incorrect data interpretation does not serve anyone well

In this issue of the Journal, MacKenzie and colleagues present data to show that, over an 18-month period, media reports about prostate cancer were dominated by statements emphasising Australian men's risk of prostate cancer, encouraging screening for early detection, and providing reassurance about side effects for treatments that emphasise emerging technologies ("*The news is [not] all good*": *misrepresentations and inaccuracies in Australian news media reports on prostate cancer screening*)¹ In particular, they draw attention to rhetoric that unequivocally supports screening, which would seem to be irresponsible, given the lack of definitive data to show that population-based screening will reduce mortality.

Although this is a fair comment to make, the enthusiasm with which the media has responded to the call to promote screening should not take anyone by surprise. Prostate cancer is the most common internal male malignancy in Australia and the second most common cause of cancer deaths in men.(2) In 2003, there were 13 526 new cases of prostate cancer and 2837 deaths. By contrast, in that same year, 11 788 women were diagnosed with breast cancer and 2710 died of this disease. Although the biology of these cancers may differ, from the lay public point of view it is a "line ball" call. Little wonder then that, in the face of seeming inaction by government, consumer advocacy groups and some clinicians find a willing media to enter into a discourse that promotes action. In the context of a disease with a high community and individual burden, uncertainty about effective management plans and with no clearly articulated national public health strategy in place, advocacy such as this may be inevitable.

A particular characteristic of this debate has been the polarisation of views for and against screening to the point where, at times, constructive debate has been constrained. However, it is important to differentiate between prostate-specific antigen (PSA) screening, with indiscriminate testing of all men (between prescribed ages), and testing after informed consent, as recommended by peak Australian cancer control and health agencies.(3-6) Apart from the fact that PSA is not a test for prostate cancer and has no threshold level providing a high sensitivity and specificity, but rather has a continuum of prostate cancer risk at all values,(7) a raised PSA level often commits men to the invasive procedure of transrectal ultrasound(TRUS) guided biopsies. Most men presenting for TRUS biopsies have serum PSA levels of 4-10 ng/mL and do not have prostate cancer detected with extended numbers of biopsy cores. If the diagnostic process were non-invasive and treatments with curative intent were not associated with significant unwanted effects, few would quibble about whether it is appropriate to be tested.

Although estimates vary, there is no doubt that many men having treatment with curative intent are unlikely to benefit in terms of survival.(8-10) Problematically though, such men are at risk of physical and psychosocial adverse effects from treatment that will affect both them and their partners.(11,12)As a consequence, there is increasing support for stratifying patients, with an active surveillance protocol advocated for men identified as having low-risk prostate cancer.(13) One expert advocates an intense monitoring protocol to identify the minority of low-risk patients (about 30%) with unappreciated aggressive disease for whom definitive

therapy should be considered.(13) However, this strategy can be undertaken only after biopsy diagnosis.

There is no doubt that timely intervention does save lives. However, at the outset, men need to be fully informed of the possible adverse effects of potentially curative treatments and then consider whether, in the event of an abnormal PSA result and subsequent prostate cancer diagnosis, they would wish to proceed to treatment. Only then should they have a PSA test. Nomograms indicating cardiovascular life expectancy accurately may have a role in the future to allow a more tailored approach to overall management, including whether to proceed with prostate cancer testing.

MacKenzie et al call for health authorities to commission and promote decision aids to assist men in making an informed decision about PSA testing for the early detection of cancer.(1) Such decision aids already exist in a wide range of formats and have been shown to improve men's understanding and knowledge about prostate cancer and to reduce decision-related conflict, although they have little effect on actual testing behaviour.(14) The current need is not to develop more decision aids, but to translate shared and informed decision making about prostate cancer testing into primary care, the place where the decision to test is enacted.(15)

Barriers to translation include time constraints in busy general practices, general practitioner concerns about medicolegal risks, and GPs' own knowledge and attitudes to prostate cancer testing. To address these barriers, a consortium, led by The Cancer Council Queensland and including The Cancer Council Australia, Australian Prostate Cancer Collaboration, Urological Society of Australia and New Zealand, and the National Cancer Control Initiative, developed an educational program and decision-aid showcard to support shared decision making about the early detection of prostate cancer in primary care.(15) With funding from Andrology Australia, these materials are now available online, and uptake from general practice has been steady, with positive review by users.(6) Importantly, the Prostate Cancer Foundation of Australia, as the leading prostate cancer consumer group in Australia, has been included in this initiative. This has been an important step in moving towards a constructive dialogue about this contentious issue

Whatever strategies emerge in terms of diagnosis and treatment in the future, provision of incorrect information, incorrect data interpretation or adverse consequences of the editing process itself do not serve anyone well, least of all patients and their relatives. Moreover, the task of supporting informed patient decision making is made more difficult when having to address misconceptions that may be derived from such reports. Articles such as that by MacKenzie et al highlight the need for media spokespeople to ensure that public discussion of prostate cancer is directed towards a realistic representation of the current status and limitations in relation to PSA testing and prostate cancer management in this country.

Author details: Suzanne K Steginga, PhD, Director of Community Services and Research Programs(1,2) Robert (aka Frank) A Gardiner, MD, FRCS, FRACS, Urologist(3,4)

1 The Cancer Council Queensland, Brisbane, QLD.

2 Griffith University, Brisbane, QLD.

3 University of Queensland, Brisbane, QLD.

4 Royal Brisbane and Women's Hospital, Brisbane, QLD.

Correspondence: f.gardinerATuq.edu.au

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ANDROGEN DEPRIVATION THERAPY FOR LOCALISED PROSTATE CANCER and the RISK OF CARDIOVASCULAR MORTALITY

Henry K. Tsai, Anthony V. D'Amico, Natalia Sadetsky, Ming-Hui Chen, Peter R. Carroll

**Affiliations of authors:* Harvard Radiation Oncology Program, Harvard Medical School, Boston, MA (HKT); Department of Radiation Oncology, Brigham and Women's Hospital and Dana-Farber Cancer Institute, Boston, MA (AVD); Department of Urology, University of California, San Francisco, CA (NS, PRC); Department of Statistics, University of Connecticut, Storrs, CT (MHC)*

Background: We investigated whether androgen deprivation therapy (ADT) use is associated with an increased risk of death from cardiovascular causes in patients treated for localized prostate cancer.

Methods: From the Cancer of the Prostate Strategic Urologic Research Endeavor database, data on 3262 patients treated with radical prostatectomy and 1630 patients treated with external beam radiation therapy, brachytherapy, or cryotherapy for localized prostate cancer were included in this analysis. Competing risks regression analyses were performed to assess whether use of ADT was associated with a shorter time to death from cardiovascular causes after controlling for age (as a continuous variable) and the presence of baseline cardiovascular disease risk factors. All tests for statistical significance were two-sided.

Results: The median follow-up time was 3.8 years (range = 0.1-11.3 years). Among the 1015 patients who received ADT, the median duration of ADT use was 4.1 months (range = 1.0-32.9 months). In a competing risks regression analysis that controlled for age and risk factors for cardiovascular disease, both ADT use (adjusted hazard ratio [HR] = 2.6; 95% confidence interval [CI] = 1.4 to 4.7; $P = .002$) and age (adjusted HR = 1.07; 95% CI = 1.02 to 1.1; $P = .003$) were associated with statistically significantly increased risks of death from cardiovascular causes in patients treated with radical prostatectomy.

Among patients 65 years or older treated with radical prostatectomy, the 5-year cumulative incidence of cardiovascular death was 5.5% (95% CI = 1.2% to 9.8%) in those who received ADT and 2.0% (95% CI = 1.1% to 3.0%) in those who did not. Among patients 65 years or older treated with external beam radiation therapy, brachytherapy, or cryotherapy, ADT use was associated with a higher cumulative incidence of death from cardiovascular causes, but the difference did not reach statistical significance.

Conclusions: The use of ADT appears to be associated with an increased risk of death from cardiovascular causes in patients undergoing radical prostatectomy for localized prostate cancer.

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CONTEXT AND CAVEATS

Prior knowledge

Androgen deprivation therapy (ADT) is increasingly being used in combination with local therapy to treat patients with high-risk localized prostate cancer. However, ADT can lead to conditions that are included in the metabolic syndrome, which increases the risk of coronary artery disease.

ADT use appears to be associated with a statistically significantly increased risk of death from cardiovascular causes among patients aged 65 years or older undergoing radical prostatectomy for localized prostate cancer. The 5-year cumulative incidence of cardiovascular death was 5.5% among patients who received ADT and 2.0% among those who did not. Among patients aged 65 years or older treated with external beam radiation therapy, brachytherapy, or cryotherapy, ADT use was associated with an increased cumulative incidence of death from cardiovascular causes, but the increase was not statistically significant.

Careful cardiovascular evaluation and intervention are advisable before initiating ADT in patients with localized prostate cancer. The study had a relatively short follow-up with few fatal cardiovascular events observed. All possible risk factors for cardiovascular death could not be controlled for because of the study's retrospective nature.

TOOL PREDICTS AGGRESSIVE PROSTATE CANCER IN MEN WITH NORMAL PSA

An easy-to-assess calculator tool, or nomogram, is the first to use all known risk factors to help physicians predict individual prostate cancer risk including patients with normal PSA levels at high risk and performs better than conventional screening, reveals findings from a study published in the Journal of Clinical Oncology.

"The ability to better assess prostate cancer risk on an individual basis goes a long way in making better management decisions," says Dr. Robert Nam, lead investigator and urologic oncologist, Odette Cancer Centre, Sunnybrook. "This tool will help avoid unnecessary prostate biopsies, better detect prostate cancer at an earlier, more curable stage and help identify high risk patients for ongoing surveillance who may need to make immediate diet and lifestyle changes and who may need repeat biopsies."

Two years ago, at age 70, Colin Graham's PSA level was considered normal (less than or equal to 4.0 ng/mL), but when the nomogram was used to assess all his risk factors, Dr. Nam recommended a prostate biopsy. The biopsy diagnosed aggressive prostate cancer and Colin underwent immediate and successful treatment through surgery. "I can't express enough the relief I felt, knowing things were caught in time," says Graham, "and though this cancer was removed successfully, because I now know my risk, I'm also aware I still need to be monitored."

"In Colin's case, though his PSA was normal, a biopsy was justified based on the nomogram. On the other hand, in the case of an older patient with a high PSA level, if the nomogram predicts a low chance of having aggressive prostate cancer, then it would be reasonable to forego a biopsy," says Dr. Nam, assistant professor, department of surgery, University of Toronto.

Unlike current prostate cancer nomograms, the nomogram in this study applies more variables and looks more for patients at risk instead of management and treatment of the disease. Known risk factors and tumour markers used are age, family, history of prostate cancer, ethnicity, urinary symptoms, PSA (prostate specific antigen), free:total PSA ratio and DRE (digital rectal exam) and the nomogram is shown to perform better than conventional screening with PSA and DRE alone, especially for patients with a known normal PSA level.

Sunnybrook researchers developed and validated the nomogram with 3,108 Canadian men including a subset of 408 volunteers with normal PSA levels who underwent a prostate biopsy. Of the 3,108 men, 42 per cent were diagnosed prostate cancer. Among the 408 men with a normal PSA, 24 per cent were diagnosed with prostate cancer. Further evaluation is underway with a multi-institutional, cross-Canada study.

Prostate cancer is the most cancer among Canadian men. In 2007, 22,300 men will be diagnosed with prostate cancer. On average, 83 Canadian men will die of prostate cancer every week.

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POLITICAL CANDIDATES MISSING IN ACTION

It's fair to assume that most of us are tired of what has probably been the longest ever election campaign, and there has been ample time for all political parties to spell out any policy on men's health. I enquired of the major party candidates in my electorate (Kingston) about any men's health policy, on 4th November, and repeated the enquiry on 9th November – as of today 13th Nov. I have been crushed by the silence from both parties – obviously, as a man, neither of them are interested in my health concerns for all men (I can easily find somebody to whom I allocate my vote, too) **I URGE ALL MEN TO CONTACT THEIR CANDIDATES WITH SIMILAR ENQUIRIES**

FATS, MEAT UNLIKELY TO IMPACT ON PROSTATE CANCER RISK

Because high intake of fat can lead to obesity as well as other cancers, however, the consumption of high fat foods should be limited

New data from a large ethnically diverse group of men provides no evidence that eating a lot of fats and meat substantially affects a man's risk of developing prostate cancer.

In an email to Reuters Health, principal investigator Dr. Laurence N. Kolonel and first author Song-Yi Park of the University of Hawaii, Honolulu, said: "Although diet is likely to influence prostate cancer risk, the intake of total and saturated fat do not appear to be important contributors. However, because high intake of fat can lead to obesity as well as other cancers, the consumption of high fat foods should be limited."

Fat and meat in the diet as potential risk factors for prostate cancer have been the focus of numerous studies, but the results have been inconsistent, the study team notes in a report of their study published in the International Journal of Cancer. Some studies have found a positive relationship between prostate cancer and diets high in fat and meat, while others have found no relationship.

Kolonel, Park, and their colleagues looked for ties between prostate cancer risk and the consumption of different fats (including total, saturated, monounsaturated, and polyunsaturated fat, and n-3 and n-6 fatty acids), cholesterol, meat (including total, red, processed and poultry), fish and fats from meat in 82,483 men enrolled in a study of diet and cancer. The men were age 45 or older at enrollment between 1993 and 1996 and they resided in Hawaii or Los Angeles.

During 8 years of follow-up, 4,404 men developed prostate cancer, including 1,278 advanced tumors. According to the research team, intake of the different types of fat and meat showed no association with overall prostate cancer risk or with advanced tumors.

"Furthermore, we found little evidence of any relation of fat and meat intake with prostate cancer risk within any of the four racial/ethnic groups (African American, Japanese Americans, Latinos and Whites)," they point out.

There was a suggestion of a "weak protective effect" of n-3 fatty acid consumption on prostate cancer that was limited to Latinos and Whites.

Overall, "our findings did not support any association between intake of fat, fatty acids, cholesterol, or various meats and prostate cancer risk," Kolonel and Park told Reuters Health.

SOURCE: /International Journal of Cancer/, September 15, 2007. Reuters Copyright © 2007 Reuters Limited. All rights reserved. (From Prostate Cancer Foundation)

PET PROJECT ZOOMS IN ON CANCER HOT SPOTS

In an Australian first, Perth researchers are trialling a probe which could greatly improve the success of cancer surgery by allowing surgeons to detect tiny tumours by zooming in precisely on cancer "hot spots".

The \$750,000 device, known as beta Positron Emission Tomography, is only the fourth probe of kind in the world and being used for the first time in Australia, initially on women with ductal carcinoma in situ, or DCIS, a type of precursor to invasive breast cancer.

Curtin University researchers said they believed the hand-held probe, which was capable of detecting tumours less than one centimetre in size, could help guide surgeons in removing a range of cancers, including those of the liver and prostate, and reduce the need for repeat surgery. Once patients were injected with a low-dose dye, the probe used beta rays to home in on cancer hot spots.

"Because the beta probe is highly sensitive and directional it means surgeons can see exactly what tissue needs to be removed in real time, and can potentially pick up far more tumours than would be otherwise possible," principal investigator Kerryn Butler-Henderson said.

Terry Slevin, from the Cancer Council WA, which helped fund the equipment from a bequest, said it was likely to become an important new tool in treating cancer, particularly in women who had precursors to breast cancer and could be more effectively treated before they had full-blown disease. (*West Australian, 20/10, p3*)

ELECTION CALL FOR MORE CANCER PREVENTION

The Cancer Council Australia last week called on both main parties to treat cancer as an election issue; and that extending bowel cancer screening to more people would help cut the toll from the disease. The Council also called for renewed efforts to combat tobacco use and more emphasis on reducing obesity, which is now recognised as having stronger links to cancer than previously thought.

The Cancer Council Australia CEO Professor Ian Olver said cancer generally was the country's "most feared disease", diagnosed in 100,000 Australians per year. Controlling it "should be high on the list of priorities for all parties in this federal election."

Meanwhile, The Cancer Council also released the National Cancer Prevention Policy for 2007-09, which takes a stronger focus on obesity as its status as a risk factor for cancer becomes clearer.

Professor Olver says the implications of this stronger evidence base means the Cancer Council will start advocating more strongly for firmer measures to encourage both healthy eating and appropriate levels of exercise (*Weekend Australian, 27/10, p.32*)

GENE PROVIDES HOPE FOR CANCER TREATMENT

A gene has been found to play an important role in tumour growth nearly three-quarters of cancers, raising hopes for new treatments for the disease.

Research to be presented to the European Cancer Conference in Barcelona found the gene, known as Trop-2, to be active in an unprecedented range of common cancers, including cancers of the breast, colon stomach, lung, prostate, ovaries and pancreas.

Italian researchers said it was "greatly significant" that it was found in so many different cancers during experiments on mice and in tumours cultivated in the laboratory.

Saverio Alberti, who led the research at the University of Chieti, said that high levels of Trop-2 activity were found in 65 - 90% of the tumour types analysed, with an average of 74% across the board.

"The function of the Trop-2 gene was a mystery until now, but this study reveals it is involved in tumour growth in an average of ¾ of human cancers which has not been seen before," he said. "Most other markers known to date show lower figures or can be detected in only a sub-group of tumours, so Trop-2 really stands out."

Using this evidence, the researchers hope to develop medicines based on antibodies that will target the gene's activity and potentially slow or stop the progression of the disease. (*The Australian, 25/9, p.12*)

RESEARCH INTO NEW CANCER PILL

Pills made from sticky rice, red wine, berries and spice could prevent cancer, say scientists. The drugs would be taken like daily vitamins to protect against tumours in the breast, bowel and prostate. In tests on human cells, compounds from the foods and wine were found to reduce cancer risk by 40%.

Molecular medicine expert Professor Will Steward is investigating whether they will work in tablet form. "These drugs have proved highly effective in the laboratory. It is extraordinary," he said. "They act in numerous ways on pre-cancerous cells, but they also appear to be effective on cancerous cells. We know that they are safe to use but we want to establish if they are effective in humans. We do not know whether there will be a 40% reduction in risk in the body - it could be more, it could be less."

Professor Steward identified the compounds after searching for drugs that stop cells becoming malignant, a technique called chemoprevention.

The four compounds are tricin, found in Thai sticky rice, resveratrol from red wine, curcumin from turmeric and antioxidants from bilberries called anthocyanins. Clinical trials on the drugs will last at least 5 years, meaning they could be available by 2012. (*Hobart Mercury, 4/10, p16*)

DECISION AIDS AFFECT TEST CHOICE

Men are less likely to opt for prostate cancer testing and treatment when they are informed by screening decision aids, a study shows. The systematic review of 18 trials found that decision aids did not deter patients who actively sought screening, but did reduce interest in opportunistic PSA testing among patients presenting for other routine primary care.

"It appears that greater knowledge leads some patients to question the value of prostate cancer screening," the authors said. Patients who used decision aids were also about 50% more likely to than controls to prefer watchful waiting as a treatment option if they were found to have prostate cancer.

"Prostate cancer screening decision aids enhance patient knowledge, decrease decisional conflict and promote greater involvement in decision making," the authors said.

Professor John Hooper, population health expert at the University of Melbourne, said the moral imperative to achieve fully informed patient consent for prostate cancer testing and treatment warranted greater use of decision aids.

Cancer Council spokeswoman, Associate Professor Suzanne Steginga, said decision aids were necessary given the uncertainty surrounding PSA testing. (*Australian Doctor, 12/10, p7*)

SURGERY BEST OPTION FOR LOCALISED PROSTATE CANCER

Surgery offers patients with localised prostate cancer the best chance of long-term survival, researchers say. A European study found the 10-year survival rates of men who underwent surgery were 83%, compared with 75% in those who underwent radiotherapy and 72% for those who chose watchful waiting.

Patients managed with radiotherapy and watchful waiting approximately doubled their risk of long-term prostate-specific mortality. Associate Professor Phillip Stricker, director of uro-oncology at Sydney's St. Vincent's Clinic, said: "There is no question this study supports the other evidence out there at the moment that says the gold standard treatment is surgery."

Surgery offered the best option for long-term survival to patients younger than 70 and to those with poorly differentiated tumours in particular, the researchers said.

Analysis of the same cohort after 5 years showed patients undergoing surgery and radiotherapy had similar survival rates (*Arch. Int. Med.* 2007;167:1944-50) (*from Medical Observer, 19/10, p9*)

Another report on what appears to be the same study (*Australian Doctor, 19/10, p6*) stated that Australian experts are divided over the study. In addition to the above risk assessments, the study showed that patients treated with hormone therapy alone had a more than threefold increased risk of death at 5 years, compared with surgical patients.

However, radiation oncologist Dr. Andrew Kneebone, senior lecturer at the University of NSW in Sydney, said the survival rates in the study probably reflected disease severity, rather than treatment effect, and should be taken with a grain of salt. "Radiation treatment in the last 10 years has changed dramatically," he said. "For the great majority of men in their 60s and 70s with prostate cancer, treating with good quality radiation should now offer similar survival to surgery." Watchful waiting had also changed, and now involved much closer surveillance and, thus, better survival outcomes, he said.

POSITIVE THOUGHT HAS NO POWER OVER CANCER

People who are told they have cancer are often advised to stay positive. But doing so does nothing to help you survive the disease, a study has shown.

The latest study, published in the journal *Cancer*, provides strong evidence that although it might be good advice to remain as upbeat as possible, the cancer doesn't take any notice.

James Coyne of the University of Pennsylvania said previous studies used patients with many different diseases, small sample sizes and an inadequate number of deaths to be conclusive. Instead, he used data from two studies of patients with head and neck cancer to examine whether emotional wellbeing at the time the study had started had any effect on survival.

Over the course of the study, 646 of the 1093 patients, died. The team's analysis showed emotional status "neither directly affected progression or death, nor functioned as a lurking variable."

The study is one of the largest of its type because it involved so many deaths, but its conclusions are no different from an earlier analysis of the literature by Dr. Coyne and two colleagues, Stephen Palmer of the University of Pennsylvania and Michael Stefanek of the American Cancer Society.

They looked at studies that had been done and concluded, in *Psychological Bulletin*, that there was no credible evidence that patients' participation in psychotherapy or support groups prolonged their lives. (*The Australian, 23/10, p3*)

FINALE?

There's a hint of sadness about this edition – it could be the last newsletter of this nature. There has been a call for a combined newsletter for all support groups in S.A. With the appointment of Karyn Foster as PCFA representative in S.A., this now seems set to be achieved. It has been mentioned that such a newsletter could appear early in 2008, although this is not yet definite. Therefore, this could be my last newsletter. I must admit that I have enjoyed preparing this newsletter, and I have appreciated the feedback from readers. This publication has been intended as a means of communication for our members, but additional articles have been included to promote further education and encourage discussion about prostate cancer. However, now is an opportune time for me to retire, as my cancer has advanced, and I need further treatment. It's time for more Trevor and Coralie time! Thank you to all for your encouragement. Coralie and I both wish everybody the very best for Christmas – may it be filled with joy and happiness, and a happy, prosperous and healthy New year in 2008. May your PSA always be low!

Newsletter compiled by
Trevor Hunt