PROSTATE CANCER ACTION GROUP (S.A.) INC

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Prostate Cancer Foundation of
Australia

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NEWSLETTER

MEN'S HEALTH MATTERS

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OCTOBER 2007

CHAIRMAN'S REPORT FOR OCTOBER

Let me begin this, my first monthly Chairman's report, with a heartfelt vote of thanks and appreciation to Jeff for a job well-done over the past couple of years. I am just now learning what a big pair of shoes I am attempting to fill, and how much of his efforts I was not aware of. I am also very appreciative of the work he carried out as Chairman, and which he has retained to "ease me into the water gently". Thanks Jeff, and Theban!

Awareness events:

While I was away in Victoria, the Prostate SA-sponsored awareness evening was very successfully held in the Sturt Football clubrooms. I have been told that attendance was excellent, and the facilities were first-rate. Other imminent functions are the Freemasons sponsored events at Blackwood and Mt Barker, details of which were reported in the September newsletter. A further Freemasons event is also proposed for Stirling in the new year, and we will need to commence initial planning for this, as we normally break for a couple of months after the November meeting.

Changes have been made

This week has been a particularly busy one, with, on consecutive days, the Association of Support Groups AGM, the SAC meeting, and the PCFA men's health seminar, so let me give a brief outline of outcomes relevant to us:

a)Association of Support Groups:

New office bearers are:
Chairman - Malcolm Ellis
Secretary - Ian Fisk
Treasurer - Ian Fisk
Public Officer - Ian Fisk

Andrew Giles was present for part of the meeting, and made the comment that although SA was one of the few states not having a Chapter of the PCFA, the Association was more or less fulfilling this role.

To overcome the difficulty of distance, particularly for the Barossa and Pt Pirie groups, it was proposed to initiate regular teleconference meetings to allow these to participate more actively, and to support them. Both at the Association AGM, and again at the SAC conference Andrew announced that he is in negotiation with Commbank to establish electronic banking and fee-free line-of-credit accounts for all support groups, inclusive of the PCAG. If this can be achieved, it will overcome our present problems of expenditure and reimbursement, but it would mean transferring our banking to the Commonwealth.

b) SAC meeting:

This was held at the Stamford Plaza on Friday 5th October, and was attended by Jeff Roberts and Ian Fisk. I was present initially as an observer, but will take Jeff's place for future meetings. Carole Pinnock was present for the early part of the meeting, and informed those present of progress on the Advanced Prostate Cancer booklet, which is projected initially for release in March 08, with a simplified consumer version hopefully to be available toward the end of '08. Other

topics discussed included the progressive release of a resource handbook, in loose-leaf/ divider format, with each new section able to be added as it becomes available. The website has been expanded to provide capacity for all support groups to be able to have their own home page if desired. Ian again raised the question of links to our site. It was proposed that SAC should produce business cards for distribution to GPs and urologists to hand to new patients, and that welcome packs be compiled for new arrivals at support groups.

New activities proposed for 2008 include activism similar to that which resulted in the inclusion of Taxotere on the PBS scheme, to have Proton Beam treatment included on the Medicare list of benefits. Production of a national newsletter and a survey of people who are no longer attending support groups to ascertain why they no longer attend, whether there were any unmet needs which we should address, and to gain suggestions for subjects to be included for education and discussion.

The week ended with the PCFA Men's Health Forum at UniSA. This was a well attended, excellent time in a very appropriate setting. The range of speakers was excellent, with prominent health professionals, both local and from interstate and overseas. The range of topics ranged over most aspects of not only malignancy, but other benign conditions, both clinical and psycho-social of prostate disease. It was important too that rural issues were also extensively covered.

Dean Wall.

PROSTATE BRACHYTHERAPY PRESERVES ERECTILE FUNCTION

Outcomes most favorable among younger men with good sexual function before treatment

Among men with good sexual function before treatment with low-dose brachytherapy for prostate cancer, erectile function is likely to remain good over the long term, according to a report in the medical journal “BJU International”.

"On average, radiation-treated patients have tended as a group to be a decade older than men who get surgery," Dr. Jamie A. Cesaretti told Reuters Health. If the outcome is examined for younger men between 50 and 60 years old who are treated with brachytherapy, "one finds that erectile preservation is astonishingly common."

Low-dose prostate brachytherapy is a procedure that involves the implantation of radioactive "seeds," about the size of a grain of rice, into the prostate gland tumors. Radioactive isotopes -- iodine and palladium -- are frequently used and sealed within a tiny titanium shell. As the radiation is released from the seeds, the prostate tumors shrink and die.

Cesaretti from Mount Sinai School of Medicine, New York and associates evaluated the effect of low dose-rate prostate brachytherapy on the sexual health of 131 men with at least 7 years of follow-up after treatment for T1b to T3a prostate cancer. T stage refers to the extent of the cancer spread; T1b cancers are limited to the primary site, while T3a cancers have spread outside the initial area.

All of the subjects had optimal erectile function before treatment.

Forty-two of these men (32 percent) developed erectile dysfunction, the authors report, but potency rates were higher for men between 50 and 59 years when implanted (92 percent) than for those between 60 and 69 years (64 percent) or men between 70 and 79 years (58 percent).

Among the 89 patients who reported they retained erectile function after at least 7 years, most (51 percent) were currently using some type of treatment for erectile dysfunction, including phosphodiesterase type 5 inhibitors, yohimbine, or alprostadil.

"I would favor brachytherapy over radical prostatectomy for the preservation of erectile function," Cesaretti said. Radical prostatectomy involves the complete surgical removal of the prostate, which may cause nerve damage resulting in impotence.

"Large single institution results for brachytherapy are excellent, at least equivalent to the outcome of single institution results of radical prostatectomy by experienced surgeons. We use a multimodality approach to more advanced cancers, which includes the use of hormone therapy and external beam in addition to brachytherapy."

"We have an ongoing study of the use of prophylactic sildenafil (Viagra) for patients treated with radiation which we hope will further improve the results of erectile function," Cesaretti commented.

CURRENT STATUS OF PROSTATE CANCER MODELS

Highlights of PCF Prostate Cancer Models Scientific Working Group Meeting

The Prostate Cancer Foundation convened an expert scientific working group meeting August 6th & 7th, 2007 to review the current status of prostate cancer models and to determine how to optimize these models to enhance drug discovery and development of new medications for treatment of the disease. Prostate cancer models fall into three groups (1) cells of human or animal origin that grow in the laboratory and represent various forms of prostate cancer, (2) human prostate cancer tissue that have been "trained" to grow in mice that lack an intact immune system (xenografts), or (3) mice that have been genetically engineered to develop prostate cancer that resembles the disease in man.

Prior to the inception of the Prostate Cancer Foundation in February, 1993, there were only five prostate cancer cell lines, five prostate cancer xenografts (human prostate cancer that grows in immuno-defficient mice), and one genetically engineered mouse model that was created to develop prostate cancer. Through direct funding and general stimulation of the field by the Prostate Cancer Foundation, the number and relevance of these models has dramatically increased. Today there are at least eight cell lines, eight xenograft models and eighteen genetically engineered mice modified to develop prostate cancer.

There is still much work to be done. During the meeting the experts articulated the following:

- First, current models require additional characterization to increase the relevance for screening and development of new medications for the treatment of human prostate cancer. Genetic characterization of these models is planned and systems for the standardization and dissemination of this information will be created.

- Second, new models are needed. While progress has been made over the past 14 years in the development of new models, we still fall far behind the progress by groups working in other human tumor areas such as lung cancer, breast cancer and colon cancer.

To address these issues the following follow up will occur:

1. In approximately three months a white paper from this meeting will be posted on this website and will be published in a prostate cancer journal for dissemination of the proceedings to the scientific community at large.

2. Request for Proposals (RFPs) for PCF to fund research will be created and disseminated. Scientific topic areas include characterization of existing models and development of new models.

3. During the working group meeting bottlenecks in the research process for prostate cancer models were identified. Proposed solutions to these bottlenecks will be developed and used to focus research efforts in this area. This information will be used to influence major funding sources such as the National Cancer Institute and the Department of Defense to focus more resource in this very important area. (*From Prostate Cancer Foundation)*

SUMMER FACTOR IN BIOPSIES

You've heard of seasonal disorders, but did you know that PSA goes up in the summer? A study published in European Urology suggest the seasonal rise in this blood marker for prostate cancer is sufficient to increase by 23% the likelihood of men having a biopsy, compared with any other time of the year. The authors say it may be prudent to confirm any isolated test result before biopsy, particularly if it is obtained in the summer. (Australian Financial Review 16/8/07, p60.)

CHOLESTEROL DRUGS MAY NOT REDUCE PROSTATE CANCER RISK

Statin use found to have little impact on testosterone levels

A class of cholesterol-lowering drugs called statins, which include frequently prescribed drugs such as Lipitor and Zocor, do not lower levels of the sex hormone testosterone in men, and are therefore unlikely to affect the risk of prostate cancer, which is closely linked to this male hormone.

The findings provide some reassurance that statins do not alter testosterone levels in men, Dr. Susan A. Hall told Reuters Health. The potential downside is that this means they may not reduce the risk of prostate cancer, although further research is needed to prove this.

Hall from New England Research Institutes, Watertown, Massachusetts and colleagues used data from the Boston Area Community Health Survey to investigate whether statins lower blood levels of testosterone and other male hormones.

On initial analysis, men using statins had slightly lower testosterone levels than non-users. However, further analysis showed that statin users typically had a number of other conditions that are associated with low testosterone levels, such as larger body size and diabetes.

Thus, after accounting for these factors, statin use had very little impact on testosterone levels, according to the findings published in the journal “Cancer Epidemiology, Biomarkers, and Prevention”.

Hall pointed out that her team's study was unable to assess the effect statins had on testosterone levels in the prostate gland itself, since these data were not collected.

SOURCE: /Cancer Epidemiology, Biomarkers, and Prevention/, August 2007.

“LUMPECTOMY” POSSIBLE FOR SOME PROSTATE TUMOURS

Treating or removing just the part of the prostate that is cancerous may be an effective and less invasive approach for a considerable minority of men with early prostate cancer that is confined to the prostate, according to doctors in Durham, North Carolina.

Focal ablative therapy for prostate cancer "may become similar to breast-conserving lumpectomy in women for the treatment of breast cancer," senior investigator Dr. Thomas J. Polascik told Reuters Health.

Based on pathology findings of men who had surgery for prostate cancer at Duke University, perhaps 1 in 5 men have completely one-sided prostate cancers, Polascik said, "and as such could potentially be candidates for unilateral ablation of the cancerous side of the prostate rather than whole-gland radiation or surgical removal."

As they report in the medical journal “Cancer”, Polascik and colleagues examined tissue samples from the removed prostates of 1,184 men with prostate cancer that was confined to the prostate.

In all, 227 (19.2 percent) had completely one-sided cancers, and 164 of them (72.2 percent) had minimal tumor involvement of 5 percent or less. Only 14 (6.2 percent) had involvement beyond 15 percent.

In such patients, Polascik said, "the contralateral, non-cancerous side of the prostate would be spared, and therefore there exists the potential to better preserve quality of life, such as erectile and sexual function and urinary continence in men undergoing prostate cancer treatment."

SOURCE: “Cancer”, August 15, 2007. Reuters

MEN'S HEALTH PROMOTION FORUM A SUCCESSFUL EVENT

With the aid of a late promotional rush, the above event attracted a registration of 160 persons. Conducted in the ideal venue of the Basil Hetzel Lecture Theatre of the University of S.A., City East Campus, the event was hailed by most attendees as being very successful.

Attendees were confronted with a very full programme, which was conducted to a very tight time schedule. Surprisingly, this time schedule was maintained right up to the very last hour. Well done to our organizer and facilitator, Jo Fairbairn, and we hope that you had a restful weekend after that effort. My notes of the morning session are somewhat brief, as the audience was kept in darkness for that session, and it is difficult to write notes under those circumstances.

In opening the event, the National Chairman of the Prostate Cancer Foundation of Australia, Mr. Graeme Johnson, welcomed everyone, and said that PCFA was committed to providing $10m for prostate cancer research. He likened the increasing numbers of men being diagnosed with prostate cancer as spreading like a bushfire.

Our own member, and PCFA Ambassador, **Dean Wall**, provided the survivor story, in his usual manner.

James Smith, Lecturer, Department of Paramedic and Social health Sciences, School of Medicine, Flinders University gave a very good and thought-provoking address on *"Beyond the blame game: Advancing Men's Health Promotion in Australia"*, and who commenced by dedicating his address to the Late Gary Bowes and Trevor Wortley (Queensland).

Health Promotion is defined as a strategy for improving the health of the population by providing individuals, groups and communities with the tools to make informed decisions about their well-being, by moving beyond the traditional treatment of illness and injury. In explaining this, he gave us his wish-list for men's health.

But, who do we blame? Do we blame men, do we blame health service providers, or do we blame the health system? Certainly, it is a topic that has been well and truly neglected by most governments, and only N.S.W. has produced a men's health policy document, although it has never been explicitly labelled as a policy. There have been major impediments to the formal endorsement of any proposed policy document over the past 2 decades. These relate to medical dominance, the lack of a men's social movement, the Australian political and policy climate, and aspects of Australian men's culture.

He concluded that the aim of improving the health status of men should, undoubtedly be focused on developing valid and reliable data on men's perceptions of their heath, their health practices and their health needs. It is time for Australian men's health researchers, practitioners and policy makers to consider the achievements of their colleagues in the UK and the Republic of Ireland to adopt a consumer-focused public health response to develop and implement a national men's health policy here in Australia. **Political will is required to make this happen**.

This was not only very interesting, but very relevant. Hopefully, men will be able to ensure that the appropriate actions are taken to make our politicians very aware that a men's health policy is needed in Australia, and the sooner, the better. An excellent paper, indeed, and very convincing.

Asst. Professor John Oliffe, Department of Nursing, Men's Health, Prostate Cancer and Health Promotion, University of British Columbia, Canada. Some of our members may remember this young man, who began his research while preparing his PhD. at Monash University. He is originally from S.A., and did leave some of his questionnaires when visiting Adelaide, some 5 years , or so, ago. When speaking to him, he said how thrilled he was to meet 3 of his original subjects, Bill McHugh, Norman Thompson, and myself, all attending this forum. Not only is he a very qualified person, but has the ability to speak so clearly, so that all persons could hear and comprehend him.

His paper was entitled "*Men, Masculinities and Prostate Cancer; Australian and Canadian Patient Perspectives of Communication with Male Physicians*". He has been researching his topic among several clusters of support groups in British Columbia, and his description of concerns and conditions was uncannily similar to that being experienced in Adelaide, and, I suspect, many other parts of Australia. His reference to lack of succession planning in leadership positions was "spot on", as groups face loss of leaders through advancing disease, leader fatigue, etc. it has brought about the loss of some groups, which

has significant implications for the health system. He urged us to consider the "4 Ps" – Product, Promotion, Price, and Place. He is an advocate for direct referrals from doctors to support groups, and also had suggestions for meeting programmes and expansion of groups.

From my point of view, this was the most outstanding presentation of the forum, as it had so much that is relevant, right here, and now. It was a master stroke to have John speak at this forum.

John has promised me that he will forward a full copy of his paper to me, after he returns to Canada, and I hope to include some more complete notes in a future edition of this newsletter.

Dr. Steve Robertson, Senior Post Doctoral Research Fellow at the University of Central Lancashire UK, and consultant to WHO on Gender and Health, presented his paper on *"Not Living Life in too much of an excess – Men understanding health and well-being"*.

His observation is that men are receptive to becoming a father, and one should never underestimate the value of family member concerns.. Men should not be taken as being unable to take care. (Unable to keep up with notes, here)

Dr. Jeremy Couper, Psychiatrist St. Vincent's Public Hospital Mental Health Service, and Senior Lecturer the University of Melbourne Department of Psychiatry. He has conducted a "Living with prostate cancer" couples' study. This presentation was not easy to follow, and diagrams lacked adequate colour contrast to interpret them in very dull light.

Rural Men's Health
Mr. Peter Strange, Nurse Practitioner, Men's health, Division of Health Promotion, Bendigo Community Health Service, Victoria.

This speaker was severely handicapped in the amount of time allowed to him. His topic is a huge issue, and he did his best in the time allowed. Much has been said of men's ability to cope with depressing circumstances, especially the current chronic drought affecting rural areas. Peter says that men will engage in private health practices, and describes some of the methods he uses to encourage men to seek advice.

Men must have somewhere to go to discuss these matters, and a male-specific clinic is ideal. Men will engage if the environment is conducive – initial engagement will probably take place at places of physical activity, sport, socialization, saleyards, men in sheds, men in prisons, workplaces, etc. After the original contact, he arranges for 45 minute consultations. It is essential that there must be strategies for male-friendly places. It is about men being assertive and asking the right questions, and the patient needs to take care of his own health. They can succeed if they are encouraged to do so, and in an environment which supports positive health practices.

Mr. Jim Herbert, Men's health Program Manager, Country Health SA, Port Augusta. Jim emphasized the stresses in rural life, today, and there are problems arising from the drought. He explained the difference in Mental Health, as distinct from Mental Illness. He maintains that it is all about providing good, simple, practical information about men's health.

Mr. Adrian Pipe, Primary Health Care Facilitator, Riverland Regional Health Service. "Men are the sickest group in the community". He described the "Pitstop" programme, and its acceptance at the regular Riverland Field Days. He advocates the use of humour and fun, to help hold interest at these events, and called for a decrease in the disparity between men/women health programmes.

Mr. David Kelly, Health Promotion & Development Officer, South East Regional Community Health Service. "Blokes are different". He described his experience with the Coonawarra Health Action Group, where he introduced health initiatives to vineyard workers in the Coonawarra. He urged that we should work with industry.

PROSTATE CANCER TREATMENT OPTIONS PANEL
The afternoon session began with **Professor Villis Marshall, AC**, Clinical Director Surgical & Specialties, RAH. on the topic *"Prostate Health including LUTS, Benign Prostatic Hyperplasia, and Prostatitis. Talking with your GP, testing, referral to a urologist, biopsy and diagnosis of prostate cancer"*. From our point of view, I doubt that any further explanation would be necessary.

He was followed by **Associate Professor Jurgen Stahl**, Pathologist, Adelaide Pathology Partners speaking about "*The Pathologist under the Microscope"*. The pathology involved in assessing prostate cancer is reasonably involved, especially when calculating Gleason scores. This was a very brief outline, and much more time is needed to explain this specialized procedure.

There followed several speakers on various treatment options;-

1. Dr. Peter Sutherland – Robotic assisted laparoscopic radical prostatectomy
2. Dr. Martin Borg – Radiotherapy
3. Dr. James Aspinall – Brachytherapy
4. Dr. Denby Steele – Androgen deprivation Therapy (Hormone Suppression Therapy)
5. Professor Villis Marshall AC – Active Surveillance

I believe that all members have heard these topics discussed on numerous occasions.

Professor Gary Wittert spoke on "Erectile Dysfunction", followed by **Professor Jan Patterson** discussing "Taking control of bladder and bowel incontinence". – the stigma of incontinence reduces social relations and activities.

She suggested the following in mastery of the condition (taking control) ;-

1. Seek out support with information as the need arises
2. Choosing pads and appliances
3. Lifestyle changes – exercise, drinking, eating, etc.
4. Pelvic floor muscle training
5. Bladder training

James Smith presented a paper on "Prostate Cancer and Gay Men". Gay men have a 28% chance of being diagnosed with prostate cancer, yet there is little research on record. There are unique concerns with this. One is that GPs do not necessarily know the sexual orientation of their patients, and an Adelaide study has shown that gay men with prostate cancer are an extremely difficult population to access, as they fear discrimination and bias. Gay men, generally, feel disempowered in the health system.

Tom Laws (for Dr. Murray Drummond) gave details of research on "Prostate Cancer and Italo-Australian men, followed by another paper from **Asst. Professor John Oliffe** on "Prostate Cancer and Asian Men". This concerned mainly men from the Punjabi region of India, who have migrated to Canada. Interestingly, the Punjabi do not have a word for "prostate". More information available from the University of British Columbia website.

Finally, **Dr. Carole Holden** gave us a run-down on the activities of Andrology Australia, which is very focused on male reproductive health. They have produced GP summary guides.

It was a very long day, but worth every cent of the $20 registration fee. The PCFA, including Jo Fairbairn and her team, are to be congratulated on presenting such an interesting array of speakers, and such a forum full of useful information. How do they better this one? In addition the facilities were first-class, and the catering superb.

Well done, and Thank You.

ELASTICITY TEST DETECTS PROSTATE CANCER

A new non-invasive form of imaging known as elastography may have potential as a screening tool for men with elevated PSA readings, according to a studying the British Journal of Urology.

Elastography, which uses the stiffness in soft tissue to detect and classify tumours, was used on 15 men scheduled to have radical prostate surgery. It detected 28 out of their total of 35 cancer foci found after surgery.

Some false positives were found in the first patients, which the authors said was due to their inexperience with the technique. (*Australian Financial Review, 23/8/07, p66)*

ASIAN MEN MORE LIKELY TO SURVIVE PROSTATE CANCER

The reasons behind the better survival rates still unclear

In a study of prostate cancer patients living in California, most Asian men with the disease survived longer than their white counterparts. The exception was men from South Asia; their survival was worse than that of white men.

In an interview with Reuters Health, Dr. Anthony S. Robbins, from the California Cancer Registry in Sacramento, said that few studies have compared prostate cancer risk factors and survival between Asians and whites. He added that "there are zero that looked at Koreans, Vietnamese, and South Asians."

He said that his group was surprised at "how much better nearly all the Asian groups fared compared to whites."

The study involved an analysis of data for 108,076 whites and 8840 Asians who were diagnosed with prostate cancer from 1995 to 2004. The cohort included six of the largest ethnic subgroups of Asians: Chinese, Filipino, Japanese, Korean, South Asian, and Vietnamese. South Asians included men from southern India, Pakistan, Bangladesh, Sri Lanka, Nepal, Bhutan and Sikkim.

The overall 10-year prostate cancer-specific death rate was 11.9 percent, according to the report in the medical journal "Cancer'. The researchers were surprised by "how much variation there was across the Asian groups, all the way from an 8 percent risk of death over 10 years in Japanese men to a 16 percent risk in South Asian men."

All of the Asian groups had worse risk factor profiles than whites, yet only in South Asian men did the profile correspond with poorer survival. "For the groups with better survival, it was paradoxical," said Robbins, "because their risk factor profiles were all going in the wrong direction ... you would have thought they would do worse than whites."

Nonetheless, "The take-home message is that for five out of six Asian groups, 'being Asian' was a favorable prognostic factor for prostate cancer survival," Robbins noted.

"Obviously, the main question we are still trying to explain is why these five Asian groups had better survival. What is behind the 'Asian edge' in prostate cancer? Diet? Lower comorbidity? Less overweight/obesity?"

SOURCE: "Cancer", online August 13, 2007. Copyright © 2007 Reuters Limited. All rights reserved. From Prostate Cancer Foundation.

TASMANIAN GENE FIND HOLDS CANCER KEY

Prostate cancer researchers in Tasmania believe they have uncovered a gene linked to the State's most common cancer. Work with Tasmanian families plagued for generations has uncovered evidence of a gene associated with the disease.

The Menzies Research Institute study may ultimately contribute to genetic screening or diagnostic tests. "So far, through an in-depth genetic analysis of one large family, we have identified a gene that is associated with prostate cancer," said scientist Jo Dickinson. "This is an important finding, as few other genes that contribute to prostate cancer have been discovered to date. The knowledge gleaned from finding the genes underlying prostate cancer has the potential to benefit not only families participating in our study but also people world-wide who may develop prostate cancer in the future."

Genealogical research is especially effective in Tasmania where up to two-thirds of the population can be traced to the early 1800s. "With the participation of new families, we will be able to further investigate this discovery and continue in our search for other genes contributing to prostate cancer risk," Dr. Dickinson said. She said he more families that took part, the better the study's statistical power.

Menzies director, Simon Foote, said finding the genes underlying prostate cancer was crucial to understanding its biology. "Once we can figure this out, it will improve our ability to diagnose the disease and to develop screening tests to identify those at risk," Professor Foote said. *(Hobart Mercury, 22/8, p7)*

RED WINE CHEMICAL GUARDS MICE FROM PROSTATE TUMOURS

Resveratrol-fed mice were nearly eight times less likely than the control mice to develop poorly differentiated prostatic tumors

Resveratrol, an antioxidant found in grapes and berries, can slow the growth of prostate tumors in mice, a new study shows.

"If we could do this in human beings, this would be a significant achievement," Dr. Coral A. Lamartiniere of the University of Alabama at Birmingham, the study's lead author, pointed out in an interview with Reuters Health. Slowing tumor growth so that a man developed prostate cancer in his 80s rather than in his 60s could mean he wouldn't wind up dying from the disease, Lamartiniere noted.

Red wine and grape juices also are rich sources of resveratrol, which plants produce to protect themselves from bacterial and fungal attacks. Studies in animals have found resveratrol may prevent cancer, protect the heart and even extend life.

To investigate whether resveratrol might be effective in slowing or preventing prostate tumor growth, the researchers fed mice bred to develop such tumors a diet containing the resveratrol equivalent of a bottle of red wine daily, or a control diet.

The resveratrol-fed mice were nearly eight times less likely than the control mice to develop poorly differentiated prostatic tumors, the researchers found. "That's the worst tumors that you can have -- those are the ones that are large, those are the ones that would more likely spread," Lamartiniere explained.

Resveratrol-fed mice also had slower cell growth and division in their prostate glands. Levels of several cellular messengers that inhibit cell growth were increased in the mice given resveratrol compared to the control mice, while levels of some tumor-linked chemicals such as insulin-like growth factor 1 were reduced.

Lamartiniere and his team are now investigating whether lower concentrations of resveratrol will have the same anti-tumor effects. "Maybe we could get this down to two glasses of wine a night rather than a bottle," he said.

SOURCE: Carcinogenesis, August 3, 2007. Copyright © 2007 Reuters Limited. All rights reserved. From Prostate Cancer Foundation.

ISOLATED PATIENTS LACK MONEY FOR TREATMENT, TRAVEL

Some patients faced financial hardship and refused treatment because they were forced to leave their home town for medical care, a parliamentary committee concluded yesterday.

The Senate affairs committee investigated the operation and effectiveness of schemes to reimburse the sick who had to travel to receive specialist treatment. In a unanimous report handed down yesterday, it recommended 16 changes to the patient assisted travel schemes run by states and territories.

“Illness and disability imposes a financial burden on patients,” the report said. “The evidence indicated that in some instances the financial burden is such that treatment decisions and health outcomes are compromised. In some cases people are choosing not to receive treatment.”

“It is evident that rural, regional and remote communities are facing considerable disadvantage in accessing services than those in major cities take for granted, “ the committee’s report said.

One of the committee’s key recommendations was that health ministers set up a task force to develop national standards for the schemes to ensure equal access to medical services for people living in rural, regional and remote areas. Commonwealth, state and territory ministers should also agree on transport and accommodation subsidies that “better reflect a reasonable proportion of the actual travel costs and encourage people to access treatment early.”

Health Minister Tony Abbott said he would consider the committee’s recommendations. Australian Medical Association rural reference group chairman David Rivett endorsed the Senate committee’s proposals for change. *(Canberra Times 21/9/07, p8)*

STUDY ADDS TO DEBATE OVER PROSTATE CANCER TESTING

More frequent screening did not cut number of cases of aggressive tumors

More frequent screening for prostate cancer, as expected, found more tumors, but failed to cut the number of aggressive tumors detected in between scheduled screenings, European researchers said on Tuesday.

The findings, published in the “Journal of the National Cancer Institute”, added to the controversy over the value of screening tests for this common cancer among men and how frequently they should be performed.

Dutch and Swedish researchers tracked about 4,000 men who every two years were given a prostate-specific antigen, or PSA, blood test for prostate cancer in Gothenburg, Sweden, and another 13,000 men tested every four years in Rotterdam. They were 55 to 65 years old at the time of the first screening.

Over a 10-year period ending in December 2005, detection of any form of prostate cancer was higher among the Swedish men who were screened more frequently - 13 percent - compared to the Dutch men who were screened less often - 8 percent.

But there was no statistically significant difference in the two groups in the number of aggressive tumors that appeared between the times when the tests were conducted. This showed that more frequent screening did not cut the number of these cancer cases as one might have expected, the researchers said.

'TRICKY QUESTION'

Asked about the implications of the findings on how often men should be screened, study leader Monique Roobol of Erasmus Medical Centre in Rotterdam said, "That's a tricky question."

The researchers wrote that each PSA test may lead to prostate cancer diagnoses among some men who may have "clinically insignificant disease."

"We here in Europe feel that over-diagnosis and over-treatment is certainly something you should avoid," Roobol said in a telephone interview.

Diagnoses of prostate cancer have risen substantially since screening using PSA tests began in the late 1980s. While the death rate has dropped, it is unclear if this is a direct result of this screening, the American Cancer Society said.

The American Cancer Society recommends doctors offer the PSA test or another screening method called digital rectal exam, annually to men beginning at age 50.

The idea behind the screening is that the tests can detect tumors early on when they are easiest to treat. But, Roobol noted, screening also may detect minor tumors that may pose no threat but end up getting unnecessarily aggressive treatment.

Screening generally is less frequent in Europe. Most institutions taking part in a large European study assessing prostate cancer gave the tests to men every four years.

"Although many of us believe that early detection is saving lives, definitive evidence is lacking," Dr. David Crawford of the University of Colorado Health Sciences Center wrote in an editorial accompanying the study.

"Critics of the four-year screening interval have voiced concerns that clinically significant cancers could be missed by such an extended interval," Crawford added, saying he was not convinced that the new study has allayed these fears.

The World Health Organization said the results of studies already underway into the effectiveness of prostate cancer screening are needed before making any recommendation.

LOW FAT, VEGETARIAN DIET MAY STALL PROSTATE CANCER

Fiber and other nutrients found in plant-based diets may affect prostate cancer by altering levels of certain hormones that can feed tumor development

Low-fat, plant-based diets may help prevent or slow the progression of prostate cancer, according to a new research review. A number of studies, though not all, have suggested that eating plenty of fruits and vegetables may help ward off prostate cancer, while "Western"-style diets heavy in animal fat and dairy products may increase a man's risk of developing the disease.

In the current study, researchers reviewed 25 previously published studies that examined the effects of plant-based diets on prostate cancer development or progression.

Overall, the evidence suggests that diets high in fiber, fruits and vegetables, and low in meat and dairy, can help battle the disease, they report in the journal “Nutrition Reviews”.

For example, several studies of men with prostate cancer have linked high saturated fat intake to faster disease progression and a higher risk of death. Saturated fat is found mainly in animal products.

In contrast, some small trials have found that a high-fiber, low-fat vegetarian diet may slow the growth and spread of early-stage prostate tumors. Some other studies have suggested that components of plant-based foods -- like certain antioxidants or soy isoflavones -- might be beneficial.

"For men diagnosed with prostate cancer, the key to improving the odds of survival is avoiding high-fat fare and instead choosing fruits, vegetables, beans and other cancer-fighting vegetarian foods," lead study author Dr. Susan Berkow said in a statement.

Berkow is with George Mason University in Alexandria, Virginia, and serves as a consultant to Physicians Committee for Responsible Medicine, a group that advocates vegetarian and vegan diets.

Berkow and her colleagues speculate that the fiber and other nutrients found in plant-based diets may affect prostate cancer by altering levels of certain hormones that can feed tumor development, including testosterone and insulin.

The balance of fats in a man's diet may also be key, the researchers point out. Some studies have found that omega-3 fatty acids may help stall prostate cancer progression. Omega-3 fats are found largely in oily fish, but also in some vegetable sources, like flaxseeds and canola oil.

SOURCE: /Nutrition Reviews/, September 2007. Reuters Copyright © 2007 Reuters Limited. All rights reserved. From Prostate Cancer Foundation.

STUDY WARNS OF CANCER INCREASE

Prostate cancer rates are expected to increase by more than 13% by 2010, a new report by the NSW Cancer Institute has found

Released to coincide with Prostate Cancer Awareness month, the report found that the number of men diagnosed with the cancer is forecast to rise from around 6690 in 2007 to 7500 by 2010, making it the most common cancer in NSW, with the exception of skin cancers.

However, survival rates are also likely to increase, with deaths expected to drop by about 6%. *(Sun Herald, 2/9/07, p22)*

PROSTATE CANCER CALL-IN

TCCSA help-Line advises that the 2007 prostate cancer call-in recorded 169 calls. All telephone lines were very busy earlier in the evening, and many callers were placed on a “call back” list

VEGGIES MAY LOWER AGGRESSIVE PROSTATE CANCER RISK

Broccoli and cauliflower appeared to have the biggest impact

Men may be able to halve their risk of aggressive prostate cancer by adding large amounts of broccoli and cauliflower to their menu. However, the overall risk of prostate cancer was not changed.

In a study of nearly 30,000 men, Dr. Richard B. Hayes of the National Cancer Institute in Bethesda, Maryland and colleagues found that men who ate more than a serving of either vegetable each week had roughly half the risk of developing advanced-stage prostate cancer -- that had spread beyond the prostate gland -- compared with their peers who ate these vegetables less than once a month.

A number of studies have linked high fruit and vegetable diets with lower prostate cancer risk, but these results have been mixed. Few investigators have looked at advanced disease, Hayes and his team note in the “Journal of the National Cancer Institute”. Hayes and his colleagues looked at 29,361 men who were being followed as part of the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial.

During more than 4 years of follow-up, 1,338 of the men developed prostate cancer. While there was no overall link between fruit and vegetable intake and prostate cancer risk, men who ate the most veggies had a 49-percent lower risk of being diagnosed with prostate cancer that had advanced to stage III or IV (on a scale of I to IV), the researchers found.

Most of the effect appeared to be due to cruciferous vegetables, which include Brussels sprouts, cabbage, broccoli and cauliflower; larger amounts of any vegetables in this family cut risk by 40 percent.

Broccoli and cauliflower appeared to have the biggest impact. Men who ate broccoli more than once a week had a 45 percent lower risk of advanced prostate cancer than those who ate the vegetable less than once a month, while eating cauliflower this often cut risk by 52 percent.

There was also a tendency toward reduced risk of aggressive disease among men who ate raw or cooked spinach at least twice weekly, compared to those who ate the vegetable less than once a month.

Cruciferous vegetables are rich in glucosinolates, note Hayes and his team, which can produce other chemicals with anti-carcinogenic effects. The vegetables also are powerful antioxidants.

If it is ultimately found that these vegetables directly lower the risk of aggressive prostate cancer, "a possible means to reduce the burden of this disease may be primary prevention through increased consumption of broccoli, cauliflower, and possibly spinach," they conclude.
SOURCE: “Journal of the National Cancer Institute”, August 1, 2007. Reuters

PROTON POWER CAN WORK IN CANCER THERAPY

A big push is on to put tiny particles to work killing cancer in what would be Australia’s first proton therapy facility. Advocates of proton therapy - the next generation of radiotherapy – are rattling political cages and seeking government approvals which would enable them to attract the funding needed to build the facility, estimated to cost $160 million.
This week the Sydney based firm Proton Therapy Australia (PTA) applied to the Therapeutic Goods Administration to have the procedure approved in Australia.
Despite large and expensive infrastructure, proton therapy is not a high-cost luxury, claims PTA director Sue Bleasel. She says that although proton therapy costs are higher than conventional radiotherapy –roughly $25,000 per treatment, compared to $10,000 per course – overseas experience and an Australian feasibility study suggest proton treatment is competitive because there are fewer complications and follow-up procedures. “Most importantly in some cases, it’s the only treatment that extends the life of the patient,” she says. Radiation oncologist and PTA scientific adviser Michael Jackson from Sydney’s

Royal Prince Alfred Hospital, agrees. According to Jackson, proton therapy is a significant advance over conventional X-ray treatment because protons can be targeted far more precisely. *(Weekend Australian, 29/9/07, p27)*

BISPHOSPHONATES CAUSE DENTAL NECROSIS

by Dr Norman Swan, ABC Health & Wellbeing

The bisphosphonates - drugs used to treat bone cancer and osteoporosis - have been linked to necrosis of the jaw bones following dental procedures

A class of common medications in Australia has been linked to necrosis of the jaw bones following dental procedures like extractions or implants.

The bisphosphonates are used to treat cancer in the bone and bone diseases like osteoporosis. The problem is that once you've been on the medications for over 18 months or so, depending on which one you're on, there's a risk that the socket heals slowly and painfully after a fairly major dental procedure.

If you're taking alendronate - the brand name's Fosamax - for osteoporosis the risk is lower than some of the newer drugs in this group like risedronate or Actonel. It also seems that people on these medications for cancer are affected more than those with osteoporosis.

All this has to be weighed up against the benefits of bisphosphonates especially the relief given to secondary cancers. One thing people can do is have any major dental work completed before starting on one of these drugs or in the first few months of use.

SOME PROSTATE CANCER TREATMENTS SHOW BETTER SURVIVAL THAN OTHERS

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

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

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

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

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

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

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

NEW TEST FOR PROSTATE CANCER

A new genetic test for prostate cancer with the potential to transform the way the disease is detected and monitored was launched yesterday. The test, the first of its kind and launched in the UK, measures the activity of a gene closely linked to

prostate cancer. Doctors hope it will make diagnosis of the disease more accurate and reduce the unnecessary removal of tissue sample. *(Daily telegraph, 25/9/07, p7)*

CHOCOLATE "AS GOOD AS ASPIRIN"

A FEW bits of dark chocolate a day could have the same benefit as aspirin in reducing blood clots and preventing heart attacks, researchers said today.

... the chemical in cocoa beans has a biochemical effect similar to aspirin in reducing platelet clumping which can be fatal if a clot forms and blocks a blood vessel, causing a heart attack,'' lead researcher Diane Becker told the annual conference of the American Heart Association, in Chicago.

The Johns Hopkins University School of Medicine professor cautioned that her work was not intended as a prescription to gobble up huge amounts of chocolate laced with health-offending substances like sugar, butter and cream.

However, she said two tablespoons a day of dark chocolate, meaning the purest form of the candy made from dried extract of roasted cocoa beans, may be just what the doctor ordered.

For almost 20 years, scientists have known that dark chocolate, rich in chemicals called flavonoids, lowers blood pressure and has other beneficial effects on blood flow.

Ms Becker's findings showed that normal, everyday doses of chocolate found in ordinary foods was enough to provide clot-controlling benefit, rather than the kilos of chocolate earlier studies said were needed for flavonoids to have a significant effect.

"Eating a little bit of chocolate or having a drink of hot cocoa as part of a regular diet is probably good for personal health, so long as people don't eat too much of it, and too much of the kind with lots of butter and sugar,'' said Ms Becker.

The study was based on tests on 139 subjects who were disqualified from an earlier, larger study on the effects of aspirin on blood platelets because they did not refrain from eating chocolate.

Their "offence" led to what is believed to be the first biochemical explanation of why people who ate a few pieces of chocolate a day lowered their risk of dying of a heart attack by almost one half.

FINASTERIDE USE BACKED BY EXPERTS

Doctors can be reassured about the use of finasteride (Proscar), with experts saying research findings support its cancer prevention properties. Previous research had linked finasteride to an increase in the prevalence of high-grade prostate cancer. However, re-analysis of the original data led researchers to conclude the most likely explanation for the reported increased was that finasteride reduced prostate volume, making high-grade tumours easier to detect.

Associate Professor Philip Stricker, director of uro-oncology at Sydney's St. Vincents Clinic, said he was confident that using finasteride in patients with enlargement of the prostate would decrease low-grade cancer risk and improve urinary problems.

"The evidence against using finasteride because of high-grade cancer risk appears to be weakening … Most now seem to think rather than causing high-grade cancers, finasteride makes them easier to detect." *(Medical Observer,28/9/07, p6)*

Newsletter compiled by

Trevor Hunt.