

PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia



ABN 26 499 349 142

NEWSLETTER *MEN'S HEALTH MATTERS*

The views expressed in this newsletter are not necessarily those of the Group. This newsletter is produced for the benefit of members of this Group, for general information, and articles are not intended as professional advice. This Group does not provide professional advice, nor does it endorse any particular product or service. It is recommended that any person needing advice on any health matter should consult their health professional without delay.

FIND US AT www.pcagsa.org.au
SEPTEMBER 2007

Chairman's Report September 2007

The following are details of forthcoming awareness evenings involving our group:

**Sturt Football Club, Cambridge Room, 39 Oxford Terrace Unley
Wednesday 19th September, 7.00 – 9.30pm.**

MC: Barry Ion

Key speaker: Prof Willis Marshall

RSVP by Friday 14th September to

The Cancer Council Helpline 13 11 20

This event is presented by Prostate SA in conjunction with the Prostate Cancer Action Group (S.A.) Inc.

**Blackwood Over 50's Club, 4 Young Street, Blackwood
Wednesday 17th October, 7.00 – 9.30pm.**

Key speaker: Dr Peter Sutherland

Head of Urology at RAH

Sponsored by the Freemasons of Blackwood, Mt Barker, Stirling & Hahndorf

Mt Barker Bowling Club, Mann Street, Mt Barker

Probable Date: Wednesday 21st November, 7.00 – 9.30pm.

Details to be confirmed.

All are welcome to attend these free public presentations.

Launch of The McLaren Districts Prostate Cancer Support Group

A new Support Group was launched at McLaren Vale on Thursday evening 6th September with approximately 30 people present. Ian Fisk, Theban and I attended from our group.

Speakers at the evening were:

Brent Frewen – Prostate SA

Dr Graham Lovell – Wellbeing, McLaren Vale

Dr Carole Pinnock Ph. D, Repatriation General Hospital

Following a break for refreshments brief talks were given by Kathriye Strassnick on the activities of The Cancer Council SA and myself on Support Groups.

It is great to see a new group commencing in SA and I wish Bryan Hearn and his group every success.

Jeff Roberts
Chairman

SEPTEMBER IS NATIONAL PROSTATE CANCER MONTH

SEPTEMBER 13th. – NATIONAL PROSTATE CANCER CALL-IN 13 11 20

Prostate Cancer Foundation of Australia

MEN'S HEALTH PROMOTION FORUM For the general public and health professionals

University of South Australia, City East Campus, Basil Hetzel Lecture Theatre - Room No: H2 02, Frome Road [North Terrace end between gates 3 and 4], Adelaide SATURDAY 6 OCTOBER 2007 10am - 5pm RSVP by Monday 1 October 2007

We are pleased to invite you to attend the Prostate Cancer Foundation of Australia Men's Health Promotion Forum for men and women of the general public and health professionals. We are delighted to have attracted a number of outstanding National and international presenters to this important forum.

Mr Graeme **Johnson**, National Chairman Prostate Cancer Foundation of Australia - *Welcome*

Mr Dean **Wall**, PCFA Ambassador - *My Story*

Assistant Professor **John Oliffe**, Department of Nursing, Men's Health, Prostate Cancer and Health Promotion, University of British Columbia, Vancouver, Canada - *Men, Masculinities and Prostate Cancer; Australian and Canadian Patient Perspectives of Communication with Male Physicians.*

Dr Steve **Robertson**, Senior Post Doctoral Research Fellow at the University of Central Lancashire UK, consultant to World Health Organization on Gender and Health - *"Not living life in too much of an excess" –Men understanding Health and Well-being*

Dr **Jeremy Couper**, Psychiatrist St Vincent's Public Hospital Mental Health Service and Senior Lecturer the University of Melbourne Department of Psychiatry - *The Psychosocial Impact of Prostate Cancer on Men and their Partners*

RURAL MEN'S HEALTH

Current major health issues for rural Australian men and engaging them, the first step in better health outcomes.

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

2 Mr Jim Herbert, Men's Health Program Manager, Country Health SA Port Augusta

3 Mr Adrian Piper, Primary Health Care Facilitator, Riverland Regional Health Service

4 Mr David Kelly, Health Promotion & Development Officer, South East Regional Community Health Service

Professor **Gary Wittert**, Head of the School of Medicine, University of Adelaide, Chief Investigator, *Florey Male Ageing Study and Senior Consultant Endocrinologist Royal Adelaide Hospital - Exercise and Lifestyle Balance for Men*

Professor Willis Marshall AC, Clinical Director Surgical Services, Royal Adelaide Hospital – *Prostate Health including Lower Urinary Tract Symptoms, Benign Prostatic Hyperplasia and Prostatitis, Talking with your GP, testing, referral to a urologist, biopsy and diagnosis of prostate cancer*

Associate Professor **Jurgen Stahl**, Pathologist, Adelaide Pathology Partners, - *The Pathologist under the Microscope*

PROSTATE CANCER TREATMENT OPTIONS

1 Dr Peter Sutherland, Open radical prostatectomy, laparoscopic radical prostatectomy and Robotic assisted laparoscopic radical prostatectomy.

2 Dr Martin Borg, Radiation Oncologist, Royal Adelaide Hospital- *Radiotherapy*

3 Dr James Aspinall, Urologist North Adelaide - *Brachytherapy*

4 Dr Denby Steele, Urologist, North Adelaide - *Androgen Deprivation Therapy (Hormone Suppression Therapy)*

5 Professor Willis Marshall – *Active Surveillance*
Professor Gary Wittert - *Erectile Dysfunction in the Australian population*
Professor **Jan Patterson**, Professor in the School of Nursing, Aged Care, and Associate Dean of Research Flinders University, SA - *Taking control of bladder and bowel incontinence*

PROSTATE CANCER AND MARGINALISED GROUPS

1 Mr James Smith - *Prostate Cancer and Gay Men*

2 Dr Murray Drummond - *Prostate Cancer and Italo-Australian Men*

3 Assistant Professor John Oliffe - *Prostate Cancer and Asian Men*

Professor Wayne Tilley, Head of the Centre for Cancer Research, the Hanson Institute, the University of Adelaide - - *Where Prostate Cancer Research in Australia is heading in a global marketplace.*

PCFA WINS TAXOTERE FIGHT

Here is the text of a recent message from Andrew Giles

Dear Colleagues and Friends,

It is with great pleasure that I can inform you that earlier today – as part of our Father's Day Fun Run in Sydney – the Federal Health Minister Tony Abbott announced that from the 1st November Taxotere would be listed on the Pharmaceutical Benefits Scheme (PBS). This means that all men who need Taxotere will be able to get it under the PBS.

This is wonderful news – especially for all of us who have fought so hard over the past two years to get Taxotere listed. I would like to personally acknowledge the support and leadership that the PCFA has received from Tony Abbott on this important issue. While the PBAC recommended Taxotere for listing on the PBS a few weeks ago the process can sometimes take between nine and 12 months before it is available to patients. Thanks to the intervention of the Health Minister – who personally took the Taxotere recommendation to Federal Cabinet and then to the Prime Minister – Taxotere will now be available from November. This is a very short turn around time and we are grateful.

I would also like to thank all those people who sent letters regarding Taxotere to their local politicians, who raised the issue in the media and generally lobbied for the new drug to be listed. The wonderful contribution of many within the PCFA's support group network cannot be underestimated. At the same time I would like to acknowledge Leon Beswick and his team at Parker and Partners who provided extensive advice to me on who to target and approach within Canberra to ensure that this third application was successful.

A few weeks ago the idea that we could announce this on Father's Day was a far fetched idea. Thanks to some dogged persistence by those within the PCFA the best outcome has been achieved. The national media campaign, which started tonight, will inform people about Taxotere. It will also go a long way in educating people on the issue of prostate cancer.

Thank you all for your great support of this important issue. Congratulations – it has made a profound difference.

*Andrew Giles
Chief Executive Officer
Prostate Cancer Foundation of Australia*

PCFA ASSISTANCE IN SOUTH AUSTRALIA

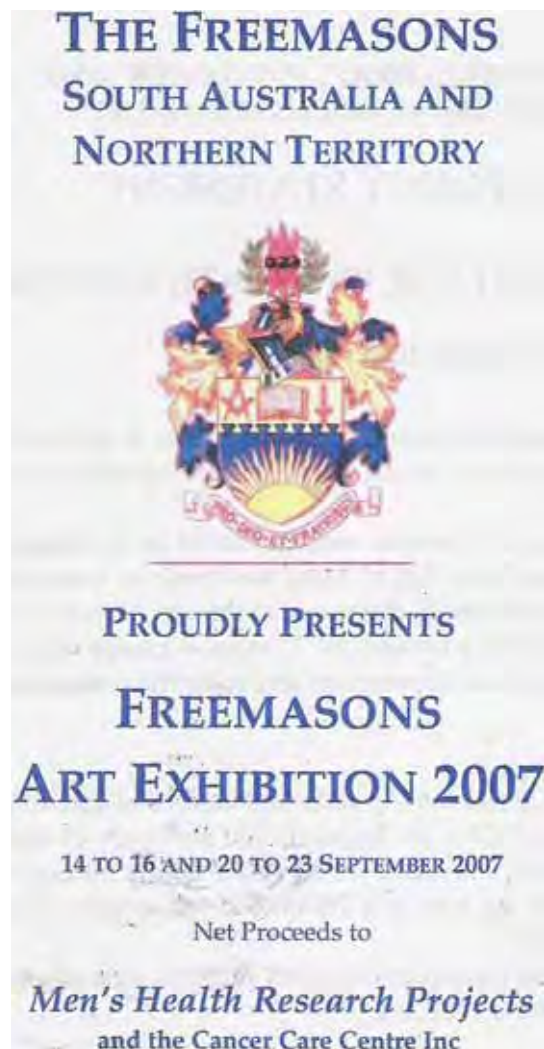
Notice has been received from the CEO of the Prostate Cancer Foundation of Australia (Andrew Giles), that the company Foster Hill has been appointed by PCFA to provide assistance to support groups in S.A., as from 10th September 2007.

There are four projects the Foster Hill will help us with:

1. Promotion of the Men's Health Forum in Adelaide on 6th October
2. Promotion of Movember
3. Producing a state-wide newsletter on support group and PCFA activities in S.A.
4. A media campaign on recruiting new people into support groups.

Promotion of the first two items will commence immediately, and the aim for publication of a joint state-wide newsletter is by the end of January 2008.

This is great news, indeed



The venue for the above Freemasons Art Exhibition is the Adelaide Masonic Centre, 254 North Terrace, Adelaide.

The opening night (14th September) commences at 7.00 pm, and the exhibition will be open to the public daily from 10.00am to 4.00 pm, on 15/16th and 20th to 23rd September. There will be an extensive range of pamphlets, and there is an opportunity for us to display support group brochures, and members are welcome to attend the exhibition to promote support groups.

FREEMASONS FOUNDATION MEN'S HEALTH RESEARCH CENTRE

The official launch of the Freemasons Foundation Men's Health Research Centre will be conducted on 2nd October 2007. This is in collaboration with the University of Adelaide, and involving other research institutions. The Freemasons Foundation has committed \$1.5m in funding, over the next 5 years, to establish the first national research centre dedicated to men's health. The official launch will be by Sir James Hardy, and an extensive amount of publicity is anticipated.

The University of Adelaide will provide and fund six PhD scholarships, duly named "Freemasons PhD Scholarships", and those candidates awarded scholarships will be Freemasons Research Fellows. Leading Professors will lead this project including Professor Villis Marshall AC, who among other roles, is also Chair of the Australian Prostate Cancer Collaboration. Professor Marshall has consented to be the Centre's Director.

MEN'S HEALTH SECRETS REVEALED

**The
Freemasons
Adelaide
Masonic
Centre
254 North
Terrace
ADELAIDE**

**FREE PUBLIC SEMINAR
MEN'S HEALTH - 30TH OCTOBER 2007
AT 7.30PM**

MEN'S HEALTH
NO MORE SECRETS

For further information, browse:
www.menshealth.org.au






During the month of October, the Freemasons will again be conducting a series of localized Men's Health Awareness seminars throughout South Australia and Northern Territory.

The main function in Adelaide will be conducted on 30th October, at the Adelaide Masonic Centre, 254 North Terrace. Speakers at this event include Rev. Dr. John Bonifant, head of Palliative Care, QEH, Robert Clyne, the Executive Director of the Freemasons Foundation, who will give an overview of the Freemasons Foundation Men's Health Research Centre. In addition, speakers will include a prominent urologist and Mr. Ray Nicolson.

There will be special display at the Munno Para Shopping Centre on 18th, 19th and 20th October, with some Freemasons members on hand to promote Men's Health Awareness. Further displays are planned for the month of October at Port Adelaide on 9th, Reynella on 25th and Edwardstown on 28th. Other functions are planned for Mount Barker, Blackwood and Stirling, on dates to be confirmed, and with extensive local advertising. Our Group will be involved with these latter functions.

The 7th National Men's Health Conference in Adelaide, 3rd - 5th October 2007 will receive Freemason's sponsorship of \$10,000, and the PCFA Men's Health Promotion Forum on 6th October will receive a \$5,000 sponsorship.

CLAIMS TOUTING BENEFITS OF LYCOPENE SHOULD BE LIMITED

Claims for the cancer-preventing potential of tomatoes and lycopene should be sharply limited, says the FDA, but an accompanying editorial notes that this area of research remains promising for prostate cancer prevention

Claims for the cancer-preventing potential of tomatoes and lycopene should be sharply limited, the US Food and Drug Administration has concluded.

There is no credible evidence that intake of lycopene, the pigment that gives tomatoes their bright red color, cuts the risk of any type of cancer, report Dr. Claudine Kavanaugh and colleagues of the FDA's Center for Food Safety and Applied Nutrition, College Park, Maryland, in an article published online July 10 in the Journal of the National Cancer Institute'.

"No credible evidence" exists that tomatoes prevent lung, colorectal, breast, cervical or uterine cancers, the investigators state, while there is only "very limited evidence" that tomatoes can reduce the risk of prostate, ovarian, gastric and pancreatic cancer.

But the FDA's conclusions should not be interpreted as confirmation that tomatoes are not beneficial in warding off prostate cancer, Dr. Edward Giovannucci of the Harvard School of Public Health writes in an editorial accompanying the report.

"Although it may be premature to espouse increased consumption of tomato sauce or lycopene for prostate cancer prevention, this area of research remains promising," Giovannucci notes.

The FDA began reviewing data on tomatoes and lycopene after a coalition of tomato product and supplement makers requested permission to make qualified claims that their products prevented cancer. The agency evaluated 145 studies of lycopene, tomato, or tomato product intake and cancer risk to come to its conclusion.

In his editorial, Giovannucci points out that today many prostate cancers are identified very early with the PSA test. Studies that supported a preventive effect of lycopene or tomatoes were largely done before the PSA era, or in countries where the PSA test isn't widely used, meaning the cancers involved were more advanced, he explains.

It's therefore possible, Giovannucci says, that tomatoes and lycopene could be helpful in preventing more advanced-stage cancer, but may have no effect on the earlier-stage, and more possibly benign, disease identified by PSA tests.

SOURCE: 'Journal of the National Cancer Institute' online July 10, 2007.

A note from PCF

"Numerous studies over the years have demonstrated that the antioxidant lycopene can play a role in preventing or delaying the progression of prostate cancer. Yet recent studies suggest that the benefit of lycopene is small."

Drs. Peter Gann and Edward Giovannucci, authors of the PCF's Nutrition and Prostate Cancer guide offer some insight into how to interpret the latest results <<http://www.prostatecancerfoundation.org/PLCO>> in light of the long-term data already accumulated./ Copyright © 2007 Reuters Limited. All rights reserved. NewsPulse <<http://www.prostatecancerfoundation.org/subscribenow>>

MEN'S HEALTH PROMOTION FORUM – ADELAIDE – 6th October 2007

***Programme details on page 2 of this newsletter – Registration fee \$20 – Partners free.
Registration form may be downloaded from PCFA site – www.prostate.org.au – or online
registrations may be made at that website***

The impact of reducing the prostate-specific antigen threshold and including isoform reflex tests on the performance characteristics of a prostate-cancer detection programme

* Andrew W. Roddam ,
* Freddie C. Hamdy**Academic Urology Unit, University of Sheffield,
Sheffield, and,
* Naomi E. Allen and
* Christopher P. Price - University of Oxford, Oxford, UK
* for the UK Prostate Cancer Risk Management Programme
*
Cancer Research UK Epidemiology Unit, University of Oxford,
Oxford, *Academic Urology Unit, University of Sheffield,
Sheffield, and University of Oxford, Oxford, UK

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<mailto:andrew.roddam@ceu.ox.ac.uk>

OBJECTIVE

To assess the effects on the performance characteristics, in a prostate-cancer detection programme using prostate-specific antigen (PSA) levels, of a lower PSA threshold and the incorporation of reflex (free or complexed PSA) tests.

METHODS

We reviewed publications and extracted data on PSA distributions and performance characteristics of the PSA test and isoform tests from population-based surveys. We estimated the rate of biopsy, cancers detected, and cancers missed that would result from lowering PSA thresholds and including reflex testing.

RESULTS

Lowering the PSA threshold for biopsy referral to 2 ng/mL would increase the number of referrals from 110 to 230 per 1000 men tested, with most of the extra biopsies being among men with no cancer, i.e. an increase from 74 to 172 per 1000 men tested. However, this increased testing would result in an increase in the cancer-detection rate from 3.6% to 5.8%. Including a reflex test for men with moderately elevated PSA levels has little effect on programme performance, with only a modest (10-15%) reduction in unnecessary biopsies and a small increase in the numbers of missed cancers.

CONCLUSIONS

Lowering PSA thresholds, with or without the concurrent introduction of reflex tests, would increase both the numbers of cancers detected and the number of patients referred for biopsy procedures, of which most would be unnecessary. As the extra cancers detected are likely to be clinically localized, and with no evidence that their treatment improves the outcome of the disease, such changes place a possibly unjustified additional burden on the healthcare provider.

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The "Mozart To Sinatra" concert presented by The City of Adelaide Concert Band, last Sunday was an excellent presentation, and we offer our congratulations to the Band members for their musical skills. Also, we thank them for donating their time towards raising much needed, and appreciated, funds for prostate cancer research. Well done, everybody, and THANK YOU.

NEW GENETIC TEST PINPOINTS DEADLIEST PROSTATE CANCERS

Scientists have found a genetic variation within tumor cells that can signal whether a patient has a particularly deadly form of prostate cancer.

By Ben Hirschler

Scientists have found a new way to identify a particularly deadly form of prostate cancer in a breakthrough that could save tens of thousands of men from undergoing unnecessary surgery each year.

In contrast to many cancers, only certain prostate tumors require treatment. Many are slow-growing and pose little threat to health. But separating the "tigers" from the "pussycats" -- as oncologists dub them-- is tricky.

Now that is set to change with research published on Monday showing how a genetic variation within tumor cells can signal if a patient has a potentially fatal form of the disease.

"This will provide an extra degree of certainty as to whether a cancer is going to be aggressive or indolent, and that's really what we want to know," Colin Cooper, professor of molecular biology at Britain's Institute of Cancer Research, told Reuters.

"Many people get treated radically but probably two thirds of them never needed treating," he added.

Radical prostate surgery often causes debilitating side effects such as impotence and incontinence, so any system that minimizes treatment would be a major boon to quality of life.

Cooper, who worked with Jack Cuzick at the Wolfson Institute of Preventive Medicine on the new genetic marker, explained in a paper in the journal "Oncogene" how a particular genetic change could affect survival rates dramatically.

Researchers knew that prostate cancers commonly contain a fusion of the TMPRSS2 and ERG genes
<http://www.prostatecancerfoundation.org/awards/arul_chinnaiyan>, but the new study found that in 6.6 percent of cases this fusion was doubled up, creating a deadly alteration known as 2+Edel.

Patients with 2+Edel have only a 25-percent 8-year survival rate, compared with 90-percent among men with no alterations in this region of DNA. "If you get two copies it's really bad news," Cooper said.

Exactly how the duplication makes tumors more aggressive is not clear, though Cooper speculates it could result in higher expression of proteins needed to drive tumor growth or be a more general indicator of genome instability.

Whatever the mechanism, 2+Edel is a clear-cut marker for risk that Cooper hopes will soon be used alongside existing techniques at the time of diagnosis to decide whether men require treatment.

Currently, a system called the Gleason score is used to grade which cancers require treatment and which do not, but it is subject to variability in interpretation.

Doctors also use prostate-specific antigen (PSA) tests to screen for early signs of prostate problems, though this test is not always a reliable indicator of cancer risk.

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Sorry to hear that Ann Smith has lodged her resignation from her position in the Sydney office of the Prostate Cancer Foundation, effective 4th October, after about 7 year's service. Ann was originally our support group contact person, and I always found her to be most helpful. We wish her well in her future endeavours

The Australasian Men's Health Forum presents:

THE 7TH NATIONAL MEN'S HEALTH CONFERENCE

October 3-5 2007 - Adelaide Convention Centre, Adelaide, South Australia

DEBATE AND INVIGORATE: CHALLENGES IN MEN'S HEALTH

ASSOCIATED EVENTS:

- 2007 NATIONAL MEN AND FAMILY RELATIONSHIPS FORUM
Tuesday October 2nd Adelaide Convention Centre
- 4TH NATIONAL ABORIGINAL & TORRES STRAIT ISLANDER MALE HEALTH CONVENTION
October 1st and 2nd ..Hyatt Regency Adelaide
- PROSTATE CANCER FOUNDATION OF AUSTRALIA NATIONAL MEN'S HEALTH PROMOTION FORUM
Saturday October 6, Hetzel Theatre, University of South Australia, City East, Frome Rd, Adelaide

CONFERENCE THEMES

Men and their relationships: This theme will explore the many and diverse interrelationships that men have throughout their lives. The theme acknowledges the importance of, for example, the physical, emotional; spiritual and cultural factors that impact on the lives of Men. Sub themes include, for example, relationships with the land, with the workplace, with other men, women and children. The theme will also provide opportunities for participants to discuss and debate how Men's diverse relationships are formed, nurtured and sustained in 2007 and beyond.

Promoting Men's Health: Promoting Men's health continues to offer challenges not only to those who work with and for men but also for the wider health and welfare systems in meeting the diverse health risks that still continue to impact on Men's health and wellbeing. Contemporary issues include, for example, obesity, substance use, HIV/Aids and Hepatitis C, family violence and depression. This theme will aim to promote discussion, debate and contribute to strategies that assist in reducing the burden of disease for Men.

Women and Men's Health: It is widely understood and acknowledged that Women continue to have an important role in shaping and contributing to the lives of Men. Women's roles are varied and involve being partners, lovers, carers, educators and colleagues with Men as well as a multitude of other important and diverse roles. This theme will explore the critical issues pertaining to the role that Women have in Men's lives. It will also provide the opportunity to examine the broader social, political and economic influences that have impacted on the development of both Men and Women's health and wellbeing at policy, practice and planning levels both internationally and nationally.

Listening to and honouring the stories of Men: Each man has the story of his life that defines and guides him and each man adds his own unique thread to the story that history will one day tell of the men of our day. These stories need to be honoured in a holistic approach to men's health issues. Stories allow for personal exploration and experience to be passed down from generation to generation. Men's lives fortunately can be portrayed and captured through research, film; book, photos and song and this theme will further explore how we can continue to develop our understandings and experiences of men's lives through the stories that they tell.

2007 NATIONAL MEN AND FAMILY RELATIONSHIPS FORUM

On October 2nd the Men and Family Relationships Network (MFRN) will be holding a pre National Conference workshop day. The target audience for the forum will be practitioners actively employed in Men and Family Relationship Programs, other practitioners working in human service delivery relevant to men and families, students and educators and practitioners working with minority groups such as young men, CALD and Indigenous communities.

The 2007 National Men and Family Relationships Forum will be a best practice based event consisting of a variety of workshops targeting skill development in working with men and families. For ongoing updates on the Men and Family Relationships Forum go to www.mfm.net.au. For registrations and accommodation information please go to the registration page.

Contacts for the 2007 National Men and Family Relationships Forum are Jeremy Hearne, Mensline

Australia Community Liaison Coordinator Ph (03) 8371 2813 or jhearne@menslineaus.org.au or Andrew King, Uniting Care Burnside Mob 0412 404 577 or aking@burnside.org.au

4TH NATIONAL ABORIGINAL & TORRES STRAIT ISLANDER MALE HEALTH CONVENTION

This gives Indigenous men the opportunity to address the unique cultural and social context of their health and to build on integrating traditional ways with contemporary best practice.

The Convention is for Aboriginal and Torres Strait Islander males who are community workers, male health practitioners, policy makers, health promotion and public health practitioners, community developers and those interested in improving the health and well being of Aboriginal and Torres Strait Islander males, at all stages of life. *For more information please visit www.ahcsa.org.au.*

PROSTATE CANCER FOUNDATION OF AUSTRALIA NATIONAL MEN'S HEALTH PROMOTION FORUM

The Prostate Cancer Foundation of Australia (PCFA) is the peak national organization for Prostate Health. The PCFA Men's Health Promotion Forum presents Prostate Health not in isolation but together with other major Men's Health issues such as Cardiovascular Health, Type 2 Diabetes, Bowel Health, and Mental Health. The message being that a diagnosis of one significant medical condition can often be complicated by another. Prostate Cancer Foundation of Australia is proud to have been invited by the Australasian Men's Health Forum to partner with them, by holding the PCFA Men's Health Promotion Forum the day after their major conference finishes.

Contact for the Prostate Cancer Foundation of Australia's National Men's Health Promotion Forum is Jo Fairbairn, National Corporate Partnerships & Health Promotion Manager, Prostate Cancer Foundation of Australia - Phone 1800 206 700 or email jfairbairn@prostate.org.au

WHO WILL BENEFIT FROM THIS CONFERENCE?

Health professionals including general practitioners, specialists, nurses, health counsellors, academics, policy makers, health promotion and public health practitioners, community developers and health educators.

The National Men's Health Conference only happens once every two years. If you work in the area or are keen to increase your skills and knowledge in the area you should be in Adelaide in October 2007!

PRESENTERS

KEY NOTE SPEAKERS – 7th NATIONAL HEALTH CONFERENCE

- Prof Gary Wittert - Developing a national men's health research centre - What is required?
- Dr Alex Brown – Quality of Life, Socioeconomic Status and Psychosocial Stress: Can We Understand the lived Reality of Aboriginal Men?
- Professor John J MacDonald, PhD, Med, Dip CD. Professor MacDonald is the President of the Australasian Men's Health Forum and holds the Foundation Chair in Primary Health Care at the University of Western Sydney, Hawkesbury (UWSH). He is the Co-Director of the Men's Health Resource and Information Centre, funded by NSW Health. He is also visiting Professor of Community and Public Health at Birzeit University in Palestine. A considerable part of his work is concerned with promoting health through integrated social development, currently in areas of multiple social deprivation in Western Sydney.

OTHER SPEAKERS BY THEME

1. Men and their relationships

Prof Barbara Pocock - Striking a work-life balance: The implications for men's health

2. Promoting men's health

Dr. Steve Robertson - Men, Health Promotion & Masculinity: Moving forward in the 21st Century

3. Women and men's health (Keynote and possible panel)

Prof Dorothy Broom - How is health gendered: Understanding synergies and differences between men's and women's health

4. Listening to and honouring the stories of men

Dr Murray Drummond - University of South Australia: Listening to the voices of men and boys

INTERNATIONAL PANEL DISCUSSION

Listening to narratives in men's health research: What can be gained?

Dr Steve Robertson - University of Central Lancashire, England .

Assoc Prof John Oliffe - University of British Columbia, Canada .

Dr Gilles Tremblay - Universite Laval, Quebec, Canada

Dr Murray Drummond - University of South Australia

Tom Laws - University of South Australia

James Smith - University of Adelaide/SA Department of Health

WORKSHOP - PUBLISHING WORK RELATING TO MEN'S HEALTH

. Dr Miles Groth - Editor, International Journal of Men's Health, USA

DUAL THERAPY CAN CONTROL HIGH-RISK PROSTATE CANCER

High rates of tumor control over the long term are possible with combination treatment using external beam radiation followed by brachytherapy in high-risk prostate cancer patients, according to researchers.

"These patients have been followed longer than any other treatment group reported in the prostate specific antigen era," lead investigator Dr. Michael Dattoli told Reuters Health. Prostate specific antigen (PSA) has become a standard tumor marker for prostate cancer, with high levels correlating with an increased risk of cancer. "Moreover," he added, "the vast majority of the patients in this study group had extreme adverse features so that surgery would not have even been a treatment option -- certainly not a good option."

As described in the medical journal "Cancer", Dattoli of the Dattoli Cancer Center, Sarasota, Florida and colleagues followed 119 intermediate-risk and 124 high-risk patients who had been treated by Dattoli between 1996 and 1998. All but 39 of the patients had at least one risk factor for cancer progression.

The patients underwent 3-dimensional conformal external beam radiation to the pelvis, followed 2 to 4 weeks later by brachytherapy. This involves the implantation of tiny, titanium-sealed radioactive "seeds" into the tumor. As the seeds release radiation, the tumor shrinks and dies.

The average patient follow-up period without treatment failure was 9.5 years. Overall, actuarial freedom from biochemically detected progression after 14 years was 87 percent in patients with intermediate-risk disease and 72 percent in those with high-risk disease. "The absolute risk of (treatment) failure decreased progressively and fell to 1 percent beyond 6 years after treatment," the team reports.

Despite perceptions that brachytherapy is inappropriate for patients at higher risk of cancer progression, this study strengthens the rationale for brachytherapy as a good option for these patients.

Most patients "are cured without suffering incontinence, while the vast majority have retained their potency," Dattoli noted. "In addition, no patient suffered bowel problems which lasted any longer than 1 to 2 months beyond their treatment."

SOURCE: /Cancer/ August 1, 2007. Copyright © 2007 Reuters Limited. All rights reserved.
From NewsPulse <http://www.prostatecancerfoundation.org>

Minutes of the Teleconference Meeting of National Support and Advocacy Committee
Held on Thursday 23rd August 2007 from 3.00pm to 4.45pm

Present:

Bill McHugh (Chair), Lionel Foote and Darryl Hyland (Qld), Nick Waldon (WA), Max Shub and Peter Gebert (Vic), Jeff Roberts and Ian Fisk (SA), Steve Callister and Jim Clough (NSW/ACT) and Andrew Giles and Ann Smith (PCFA),

Apology:

David Sandoe (NSW), Karen Rendell (WA) and Judy Lee (Tas)

Item 1 – Welcome

Chair of the meeting, Bill McHugh, welcomed those present.

Item 2 – Confirmation of Minutes

Minutes of meeting held on 24th May 2007 were accepted by Peter Gebert and seconded by Max Shub with the following changes:

Ref No. 6 – Max has not made contact with the Tasmanian groups. Max is waiting on Bill McHugh and Andrew Giles to advise these groups that they are to be included in the Victorian/Tasmanian Chapter before Max can take action.

Ref No. 14 – Max did not report that he was keen to attend the US TOO University but was suggesting that we should obtain details of this program. Max is currently working on this.

Matters Arising

- Appointment of George Doubikan to National SAC has been rescinded – Bill advised that Nick Waldon will continue as WA representative on SAC along with Karen Rendell. Bill did not realise at the time that George was not a member of a support group nor did he have prostate cancer.

Item 3 Task Progress Reports

Ref No. 1 Constitution, Trust Deed and Rules of Affiliation - Bill McHugh

Bill reported that a Strategic planning weekend had been held with the National Board and Bill would prefer to wait for things to settle down before suggesting changes.

As part of future development five extra staff will be appointed to the Foundation and will work in the following areas:

- One person will be appointed to the Queensland office to have the primary role of assisting National SAC
- One person will work part time to gain more bequests
- Jan Morley will now look after Administration (Human Resources)
- A person will also be employed to assist in Marketing and communication including the website, Prostate News, the Annual Report etc.
- A planning workshop for all Managers (Andrew Giles, Jo Fairbairn, Wendy Farrow, Debra Royle and Graeme Higgs) will be held 28th and 29th August in Sydney to plan for the future needs of our state offices.

Ref No. 2 New Leader's & Speaker's kit – Jim Clough

Jim Clough circulated a report on the recent teleconference of the group. Lionel Foote would like to see a number of changes made. Most felt that the Ambassador presentation was the best however, a number of speakers are currently removing some of the slides and it is preferred that the presentation be shown in full. The presentation is regularly updated by Jo Fairbairn.

John Goodall (NSW) worked on the previous Speaker's kit and at the time obtained approval from Sally Carveth and Kim Pearce at the CCNSW to make changes to their speaker's kit which was approved. The CCNSW is currently acknowledged in the current Speaker's Folder.

New brochure for Support Groups – the two versions of the brochure were circulated prior to the meeting. Peter Gebert advised that the printer can supply small quantities personalised for each group. The taskforce will meet again and report back at the conference in Adelaide to finalise the brochure and hopefully sign off.

Jim Clough recommended adoption of brochure B taking on board Steve Callister's comments. There will be room for each group to have their own local group contact details as well as the PCFA 1800 number. Lionel recommended the engagement of a professional person to work on the brochure and insert appropriate graphics. Each Chapter is to make enquiries with their own groups to get estimated numbers of brochures required and whether the group wishes to have their own information printed on the brochure. Ann will circulate an email to each state.

Andrew Giles advised that the brochure could be produced in bulk and will be posted with Australia Post who are now a sponsor of the PCFA. The Commonwealth Bank of Australia (CBA) are keen to fund the cost of the production and printing of the brochure and would like to have their logo on the back of the brochure. Andrew will provide copy of the proposed logo to the SAC Task Group. The CBA will also have brochures in each of their branches e.g. promoting Townsville group in Townsville branch. Max Shub suggested that each group should order enough brochures to distribute to Doctors surgeries etc and have a minimum 12 months supply.

Bill McHugh will write to George Doubikin and thank him for his efforts.

Ref No.3 DVD Library – Steve Callister

Steve reported that approval from guest speakers at the Sydney Adventist Hospital and Ann Smith was in the process of having copies made for the Victorian office and Sydney office. Daryl Hyland requested a set to be supplied to Queensland and it was agreed that Andrew Giles would speak to Graeme Higgs regarding this and once there is a new staff member in the Brisbane office to assist Graeme a DVD library for Queensland PCSG's use could be set up.

As this point Steve Callister excused himself from the meeting.

Ref No. 4 Visit to Northern Territory

Daryl Hyland is currently in Darwin with Graeme Higgs for the CBA Health forum and will be meeting with the Prosper (Darwin) Support Group.)

Ref No. 5 CBA Bank Accounts

Andrew advised that all groups will be offered bank accounts. The PCFA is currently negotiating with CBA to move all their bank accounts across. The PCFA will be moving to electronic payments shortly. After discussions with Chris Hall, the Director of Finance, proposes that each group will receive an amount (to be decided) to have as petty cash. All the accounts will be linked to the PCFA and groups will need to be accountable for the money spent.

Daryl advised that groups want to receive information about how much money is being spent by them and what money has been raised by the groups or on their behalf. The Queensland groups will be holding their Annual Conference at CCQld on 10/11/12 October and would like a report to be available for that meeting.

Ref No. 6 Incorporation

A unanimous decision by this committee formally requested a review of the issue of group incorporation/affiliation. Andrew is happy to re-visit the issue of groups being "incorporated" and "affiliated" with the PCFA following this request from SAC. He has received some advice that groups are able to receive more grants if they are incorporated and this will need to be investigated.

Bill to memo Andrew with background to this request.

Ref No.7 Support for PCSGs in Tasmania

Judy Lee is the leader of the only group in Tasmania that is affiliated with PCFA. She will be unable to attend the conference in October. Following Jo Fairbairn's conduct of a very successful Men's Health Conference recently in Hobart which was well attended, SAC has committed to revisiting this State with the objective of increasing the number of Support Groups affiliated with PCFA. Andrew has spoken to the Tasmanian Community Fund and recommends that they be invited to the Victorian conference in November. It is recommended that Max visit Tasmania four times a year following the conference. Peter will speak to Jo Fairbairn to identify particular individuals to be contacted in relation to building PCFA strength in Tasmania.

Ref No. 8 PCFA Website Development

Ian Fisk circulated a report prior to the meeting. The website will go live on Monday 27th August but will still have areas needing more content. Grant applications will be issued twice per year.

All groups will then have access to Nev Fogg, our current website manager, who will assist each group in updating their own websites with current information. An email will be sent to all groups advising of the new website and of their own websites. A new staff member will be appointed to work on the website.

Bill urged all SAC members to view the PCFA website to view the addition of the PCFA invitation for submission of proposals for research grant funding.

Ref No. 9 Research Executive Summary

Professor John Mills report – “National Competitive Prostate Cancer Research” dated October 2006 to be circulated by Andrew. Ann to send out to all National SAC members for distribution.

Ref No. 10 Insurance Fact Sheet

A fact sheet on insurance is required for distribution to all support groups. Andrew will ask Jan Morley to send all relevant worksheets, (including a copy of the submission by PCFA requesting insurance coverage) to Bill McHugh for his compilation of a plain English fact sheet on insurance coverage as it applies to Support Groups and Chapters.

Andrew reported that David Sandoe believes that the PCFA should move to another insurance company as the current company are difficult to contact and there are delays in receiving policies. David and Chris Hall, Head of Finance, will be discussing this further.

Ref No. 11 Karen Rendell’s initiative for Prostate Cancer Awareness

The project is not going ahead at this stage as originally intended for personal family reasons.

Ref No. 12 Communication channels

The new system of communication is working well and Max Shub reported that the Vic Chapter now has the assistance of Judy Mellor in the Melbourne office.

Ref No. 13 Report to PCFA Board on SAC Conference held in April

Bill circulated a report prior to presenting to the Board. The Chairman of the PCFA Research Committee recommended against funding the clinical trials submission from the Mater Medical Research Institute that had been sourced by SAC. However recommendations of the PCFA Board strategic planning workshop have now deemed that clinical trials and psychosocial studies are eligible categories for PCFA research funding.

Ref No. 14 SAC initiatives on research funding from MMRI

See above Ref. 12. Bill urged all SAC members to become informed on the conduct of clinical trials for which men with advanced prostate cancer may be eligible as participants and report these to him.

Ref No.15 Training and Development for PCSG delegates

Max Shub and Bill McHugh will be attending the 2007 National Conference on Prostate Cancer in Los Angeles to be held from 7-9 September. This will be used as a pilot case and they will report back on their return. This PCFA funded initiative will then open the way for others to attend appropriate international conferences on an annual basis. Bill and max will also attend 6 major Support Group meetings in the San Francisco and Los Angeles regions meetings whilst away.

Ref No.16 Assistance to terminal and grieving families

Peter advised that a representative of Can-Survive will be speaking at the annual meeting in November and will then encourage other groups to use their phone service.

Ann Smith reports that Joel Nathan from Can-Survive spoke at the SAC Annual Conference in 2005 and Ann has been referring people to their phone counselling service since then.

Peter proposed that individual Chapters become informed on State based services/assistance available to men and their families facing imminent terminal illness. Chapters should make that information available to their support groups.

Ref No. 17 Fact Sheet on Taxotere and activism to be circulated to PCSG's

Lobbying has been a success. The Pharmaceutical Benefits Advisory Service (PBAC) has recommended Taxotere be listed and now it has gone to cabinet for final approval. Hopefully, Taxotere listing will be announced in September prior to the next election.

A large number of letters have been received supporting the listing.

Leon Beswick has been employed to lobby on our behalf and Andrew believes that this has been successful. Leon believes that once Taxotere is listed we should lobby for Viagra and other erectile medication for men following treatment to make it more affordable.

Jeff Roberts is keen to continue to lobby politicians for more funding for prostate cancer however Andrew advised that unless you have a specific project you wish to receive funding for it is mostly not successful. Peter Gebert reported that the Vic Board had discussed the issue and felt it was better to leave lobbying until Taxotere is approved.

Andrew advised that one of our support group members challenged Tony Abbott, Minister for Health, on a recent radio interview and Andrew believes it is better to sit back and wait and let them think about it. The indication is that it has been approved and Tony Abbott wants to have a press conference in September. Desirably SAC members will identify specific issues where national support group activism could have the potential to bring about desired outcomes for support group members at large. When identified please circulate a brief position statement on each issue to Bill McHugh and Andrew Giles for further action.

Bill advised that there is a particular factor known as DALYS (life years saved) which is taken into account when economic decisions for Government funding are being considered. The downside for prostate cancer sufferers is that the cut-off point for life years saved is set at 70 years of age! Bill will discuss with Spence Broughton who is well informed on this point. Perhaps this subject could provide the focus for our next incidence of support group activism.

Item 4 – Chapter issues for SAC attention

No issues to report

Item 5 – CEO Report – Andrew Giles

The CEO report was circulated prior to the meeting.

Andrew added that the National Board has realised that we need more staff and staff will be involved in planning for where we want to be in the next 10 years.

Staff will be employed for:

- Qld State office
- National Support Group Co-ordinator (full time)
- Communications Manager will start on 1st October
- Corporate Partner management – particularly Movember has been employed and will start shortly. She was previously with Can-Survive.
-

Item 6 – PCFA Board Strategic planning outcomes overview

Already reported in the minutes.

Item 7 – Events calendar with a particular Support Group focus

Not discussed but circulated by Ann Smith prior to the meeting. SAC members to advise Ann of appropriate events for inclusion in this calendar.

Item 8 – Conference – Friday 5th October – Adelaide - Ann Smith

Bill McHugh called for Agenda items. Ann Smith reported that she will contact delegates shortly. All delegates will need to be in Adelaide no later than 5pm on Thursday 4th October to enable SAC discussions to commence. Earlier meetings of taskforce groups could occur through earlier arrivals in Adelaide, if so organised amongst the members. A Group dinner will be organised by Ann Smith, commencing at 7.00pm. A dinner has been arranged for Friday evening following the conference and those attending the Men's Health conference will need to check out prior to attending the conference. Ann Smith will be contacting all delegates via email shortly to organise flights. Peter Gebert advised that he will attend for Friday only and

CBUS will organise and pay for his flight. Steve Callister also advised his attendance. Graeme Johnson, Chairman of the National Board, will address the dinner on Friday evening.

Item 9 – Men’s Health Conference – Adelaide – Saturday 6th October

The program is currently being finalised by Jo Fairbairn and will be circulated shortly.

Item 10 – General Business

- **Bill McHugh and Max Shub’s visit to US in September**

Refer previous discussion under training and development

- **Ambassador programme**

The programme was funded by APIA. It was suggested that the feedback forms be used following a presentation by an Ambassador to seek comments on the presentation. Jim Clough will participate with Andrew and Jo Fairbairn in relation to the program evaluation and provide relevant input from those discussions to members of the Task Group dealing with the Speaker’s Kit.

Andrew advised that some Ambassadors delete some slides however, this is not recommended and the presentation then lacks continuity. Daryl reported that groups want feedback on when an Ambassador is speaking in their area so that they can be present at the meeting to push the local support group’s existence as not enough information is given about the local group. Daryl would prefer that support group members not be an Ambassador.

Andrew advised that Jo Fairbairn organised each Ambassador to receive some professional training prior to starting speaking engagements.

- **Lobbying politicians prior to Federal Election**

Discussed under section on Taxotere

- **Face of Prostate Cancer** – some groups are concerned about only having men who have died of prostate cancer. Andrew advised that it would only be used for a function on 10th September. The next stage is to have men living with prostate cancer. Andrew Giles reported that the concept was similar to the memorial gifts on the website of the Prostate Cancer Institute in the US. The website address is: http://www.prostate-cancer.org/resource/memorial_gallery.html - in particular take a look at Frederick Ferber, which is a detailed biography and photo.

- **Jim Clough** – reported on his attendance at the public education and awareness meeting next week and circulated a report prior to the meeting. Jim now has a report on what materials are available. Andrew advised that he would be chairing this committee during the absence of Professor Dexter Dunphy who will be absent for three months.

The meeting closed at 4.45pm.

ULTRASOUND USED TO TRIGGER IMMUNE REACTION TO CANCER

An intense form of ultrasound that shakes tumours, leading immune defences to seek out and destroy cancer cells may be an important advance in cancer therapy, according to US researchers.

The researchers from Duke University in North Carolina found in animal experiments that the intense ultrasound could shake tumours until they leak, triggering an alarm that caused the immune system to act against the cancer cells.

Called high-intensity focused ultrasound (HIFU), the technique had been studied by other researchers as a way to kill tumours by heating them, but the Duke University engineers think it may work better by simply shaking the cells.

The vibration would rupture the tumour cell membranes, causing them to spill their toxic contents and alerting the immune system to a cancer threat, leading to the production of tumour-fighting white blood cells.

The researchers believe the method could be an important advance in cancer therapy because of its potential to treat both primary and metastatic cancers.

(from the West Australian, 11/8, p62)

MARKER FOUND TO PREDICT PROSTATE CANCER PROGRESSION FOLLOWING SURGERY

Levels of B7-H3 correlate with clinical outcomes in prostate cancer patients who underwent radical prostatectomy

Tracking levels of the B7-H3 molecule can be helpful in determining the aggressiveness of prostate cancer and in predicting outcomes after prostate cancer surgery, according to results from a study published in the journal "Cancer Research".

B7-H3 molecules rest on the surface of nearly all normal and cancerous prostate cells, and play a role in regulating the immune system. This is the first report demonstrating the use of B7-H3 as a marker for prostate cancer progression.

In this study, investigators at the Mayo Clinic in Rochester, Minnesota, analyzed the records and tissue samples of 338 men with prostate cancer who underwent radical prostatectomy at their institution between 1995 and 1998.

When examining levels of the molecule B7-H3 in the tissue samples, the investigators found that increased levels of the molecule correlated with increased aggressiveness of the cancer and predicted clinical outcomes.

In fact, men with the highest levels of B7-H3 showed a 4-fold increase in the risk of disease progression.

If these findings are confirmed in other studies, the use of the B7-H3 marker could help physicians identify patients who are more likely to have aggressive prostate cancer and who would therefore benefit most from immediate treatment.

An office-based test for B7-H3 is currently in development, but it is not yet known when the test might be available for use. (from *Newspulse, Prostate Cancer Foundation*) <http://www.prostatecancerfoundation.org>

REPORT FROM GAWLER SHOW

Last Saturday and Sunday, we had two teams staffing an awareness/information stall at the Gawler Show. Jeff, Theban, Robert, and Ray toiled away on Saturday, while Bill, Coralie and Trevor sacrificed Father's Day. (However, that did not stop several members of the Hunt family from completely surprising their father/grandfather/great grandfather).

Given the unpredictability of the weather at this time of the year, we were pleased have an indoor site, with a firm floor. As is eventuated, the weather was outstanding for this type of event, and the outside stalls flourished in typical spring sunshine. Inside, the draught through our hall was almost as good as any refrigerant! Our site was at the "dead" end of the hall, and probably did not draw as much traffic as we would have wished. It was quite obvious that many men saw the stall, but didn't see it - a sudden lack of vision peculiar to the male gender.

Over the two-day period we could only register 48 genuine enquiries, although others wanted to tell us about their experiences. On the other hand, we did encounter a handful of cases where the man definitely needed to consult his doctor - and were appropriately advised to do just that. Not that we could tell them that they had cancer, but they indicated that they had a medical problem. In one extreme case, we encountered a man who had been diagnosed with prostate cancer, but had not proceeded with any treatment because he was so afraid.

Another thing quite noticeable was the reluctance by many men to take literature from us, and our show bags were often refused. It appeared that men were too embarrassed to be seen in public with those items. However, the slow times on our stall allowed us all to take turns at checking out other stalls and exhibitions. From all accounts, the absence of the traditional horses-in-action events did not affect the show, as it was reported that an estimated 50,000 had attended. The Gawler Show has spacious grounds and pavilions, and is only a short drive from the metropolitan area - it'd worth the drive for a good day out!

OBESITY PREDICTS PROSTATE CANCER RECURRENCE

Outcome associated with obese men who undergo external beam radiation therapy

Obese men have an increased risk of prostate cancer recurrence and death after they have completed radiation therapy, according to results of a study published in the medical journal "BJU International".

Obesity is known to predict prostate cancer progression in men who undergo radical prostatectomy, or complete surgical removal of the prostate gland, Dr. David Palma and colleagues from the British Columbia Cancer Agency, Vancouver, Canada, pointed out.

The researchers therefore examined whether obesity is associated with outcome for patients who undergo external beam radiation therapy for prostate cancer. Of 706 patients treated with radiation from 1994 through 2000, 195 were normal weight, 358 were overweight, and 153 were obese.

There were no significant differences among the three groups in Gleason score (aggressiveness of the tumor); prostate-specific antigen (PSA) score (a prostate tumor marker) before treatment began; or cancer stage (how far the cancer has spread).

Blood levels of the male hormone testosterone were lower in obese men than in overweight and normal-weight men.

There were a total of 292 treatment failures detected by laboratory tests. The average times to relapse for normal-weight, overweight, and obese men were 93 months, 88 months, and 84 months, respectively.

The average times to prostate cancer death were 11.1 years for normal and overweight men, and 10.6 years for obese men, a statistically significant difference. The results of further analysis revealed a trend toward decreased overall survival by weight group.

"A number of explanations have been postulated to account for more aggressive prostate cancer in obese men," Palma and colleagues note. "Possible mechanisms include dietary factors, and alterations in hormonal levels, such as estrogens, androgens, leptin, and IGF-1, although definitive mechanisms have not been elucidated."

SOURCE: /BJU International/, August 2007. Reuters Copyright © 2007 Reuters Limited. All rights reserved. NewsPulse<<http://www.prostatecancerfoundation.org>

SPACE FOR A LAUGH

A lady goes to the bar on a cruise ship and orders a Scotch with 2 drops of water. As the bartender gives her the drink she says, "I'm on this cruise to celebrate my 80th birthday and it's today".

The bartender says, "Well, since it's your birthday, I'll buy you a drink. In fact, this one is on me. " As the woman finishes her drink, the woman to her right says, "I would like to buy you a drink, too." The old woman says, "Thank you, bartender, I want a Scotch with 2 drops of water"

"Coming up," says the bartender.

As she finishes that drink, the man to her left says, "I would like to buy you one, too. The old woman says, "Thank you. Bartender, I want another Scotch with two drops of water."

"Coming right up," the bartender says. As he gives her the drink, he says, "Ma'am, I'm dying of curiosity. Why the Scotch with only 2 drops of water?"

The old woman replies, "Sonny, when you're my age, you've learned how to hold your liquor. Holding your water, however, is a whole other issue."

Newsletter compiled by Trevor Hunt