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*And, your Family*



## **PROSTATE CANCER SUPPORT City of Onkaparinga Group South Australia**

**An affiliate Member of the Prostate Cancer  
Foundation of Australia, and a member of:-  
The PCFA Central Australia Chapter**  
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**OUR GOLDEN RULE:** We do not give medical advice, your GP, your Urologist and Allied Health Professionals are the only people who are legally qualified to give you medical advice.

**We do however give you our wholehearted support.**

Thank you to Noarlunga Community Hospital for allowing us to use the Boardroom for our meetings. Thanks also to our Sponsors: Southern Primary Health and to all who support us.


### **SEPTEMBER 2012 NEWSLETTER (No 98)**

Your own local Newsletter

Our President/Editor John Shields accepts responsibility for the content of this newsletter.

**Present: 12**

**Apologies: Gladys.**

 Although we were few in number, once again, we had a very enjoyable meeting, with everyone happy to share their Prostate Cancer journey and talk about their general health.

**DVD: Your Prostate - from the inside.**

This is an informative DVD, however I would not recommend it for a Support Group meeting because after a while it does become very boring.

If you would like to borrow a copy and extract some information from it that is relevant to your own situation, please see our Librarian Peter.

**REMINDER-BUNNINGS BBQ Sunday 26<sup>th</sup> August 2012.**

Yes it is that time already. This coming Sunday morning we need to be at Bunnings by 8.00am to set up for our BBQ. Bunnings staff members will help us, but we do need to be able to start working on the BBQ ourselves, and start making sales soon after that.

Our family will be able to help out on the day again, but 8.00am is a bit early as they live out the other side of town, and a couple live at Gumeracha.

Any help that you can give will be very much appreciated, especially early Sunday morning.

**Late Mail:** The BBQ and sales of uncooked sausages raised \$2020.00.

Many thanks to PCFA for providing the Sausages and soft drinks, and thanks to Karyn for delivering them to our doorstep. Very much appreciated.

And a big thank you to Brian Foreman, Joel & Cathy, Malcolm & Beverley, and my beloved Phyllis, for working tirelessly throughout the day. Brian, you are a gem.

Ask Dr Snuffy Myers:

[jessica@prostateforum.com](mailto:jessica@prostateforum.com)

If you do not already receive the free weekly Ask Dr Myers email, and would like to, please email Jessica at the above address.

**PN:** This question is one of the many questions asked by his readers, and is strictly the opinion and thoughts of Dr Snuffy Myers. (John)

**Q:** I am wondering if you can shed some light on the probability of me having metastasis-free survival. In January 2003, my PSA was 2.9 ng/mL but rose to 4.2 in June. This quick PSA rise alarmed me, and in July I began a mostly pescatarian diet ( a diet that includes seafood but not the flesh of other animals). In September when my PSA was 3.0 ng/mL , I underwent a Prostate Biopsy which only revealed PIN. A second Biopsy in December was positive for Prostate Cancer in one of 12 cores. I had a Radical Prostatectomy in April 2004 and was found to have organ confined 3+3 =6 disease in both halves of the Gland. My PSA readings after RP remained <0.1 ng/ml until November

2009, when I experienced a PSA rise of 0.2 ng/ml So far this has been an isolated occurrence and my last PSA done in November 2011 was <0.1 ng/mL.

I wonder about the significance of that isolated biochemical recurrence. Do you think I have a number of P Ca stem cells lurking just below the level of 0.2 ng/ml, or is it possible that the stem cells making up the 0.2 reading in November 2009 have since been starved to death by the pescatarian, heart healthy diet I have been following?

How reproducible and accurate are PSA assays?

**A:** Your case is very interesting. First, a single PSA of 0.2 ng/mL is not sufficient for me to diagnose recurrent Prostate Cancer. Laboratory variation for an ultrasensitive PSA assay is normally below 10% for PSA values in this range, but every now and then we will see an extreme value. So, we never make a major patient decision on one lab value without repeating it.

In order to call recurrent disease you would not only have to have a consistently detectable PSA, but it would have to show a consistent doubling time indicating exponential growth. The latter is an important criterion as many men have a PSA that is detectable after RP because normal Prostate tissue was left behind.

With normal Prostate tissue you do not get a PSA doubling time. Instead the PSA is usually stable or increases linearly rather than exponentially.

Finally, you are post RP, so you should be tested with an ultrasensitive PSA assay. Standard PSA tests are optimised for PSA levels around 4.0 and it is quite inaccurate around 0.2 ng/ml.

We regard the PSA test you are using as being next to useless in this range

I suspect you may well be cured and that you had a single result that was a lab error.

In any case if you follow the guidelines we have provided, you will be able to determine if you have recurrent disease and gain an accurate measure of how fast it is growing.

This weeks Forum questions are interesting too, including PSA Screening and PCa, PSA and Advanced PCa, Da Vinci Robotic Surgery and Incontinence, Balance of Fats, Proteins and Carbs - indications of Cancer spread, and Shingles Vaccine.

Newsletters received with thanks from:-

Prostate Melbourne, Prostate Heidelberg, Sydney Adventist Hospital PCSG, Andrology Australia and Hobart & Eastern Shores Prostate Cancer Support Groups.

**OUR NEXT MEETING  
AT NOARLUNGA HOSPITAL  
WEDNESDAY 5<sup>th</sup> SEPTEMBER 2012 at 6.30pm.  
DVD: HEALTHY EATING & PROSTATE CANCER  
PLUS: IMPROVING QUALITY OF LIFE THROUGH EXERCISE**

 **We are still working toward having a PCFA Click for Prostate Cancer website.**

 **PCFA CENTRAL AUSTRALIA CHAPTER COUNCIL**