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R *And, your Family* **U**



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

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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 Bunnings Noarlunga Store and to all who support us.

JULY 2017 NEWSLETTER (No 148)

Your own local Newsletter

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

 **Present: 13**

Apologies: 2

Malcolm welcomed everyone then commenced the evening with a Round Robin and, as our Guest Speakers arrived early we took the opportunity to get the meeting underway.

Our Guest Speakers were Sergeant David Uthenwoldt from the South Coast Drug Action Team, and Senior Constable First Class Peter Harvey from Christies Beach Police Station.

Tonight we had an interesting talk by the two Officers who were very open to an interactive presentation on Policing in The City of Onkaparinga.

David and Peter spoke about their early days in the Police force and their appointments before coming to Christies Beach.

David told us about his Prostate Cancer journey and said that he'd had Surgery to remove his Prostate Gland and that the after affects were worse than the

operation, however this raised awareness amongst fellow Officers and several of them told him that because of his experience they also had their PSA checked. A discussion about symptoms followed this.

He emphasised the importance of having an annual health check, and of opening up and talking about Prostate Cancer. Members and visitors related their own experiences and Beverley and Malcolm highlighted the Prostate Cancer link with Breast Cancer. We also heard that being young and fit does not stop a man from getting Prostate Cancer.

Ralph told us that one of our sisters couldn't talk with anyone about the Prostate or "male plumbing." She had been brought up in a culture when "you don't talk about those things."

Offence Reports:

Peter said that part of his duties is to look at every report that comes in, and to ensure that everything is thoroughly done that needs, to be done.

Education:

David said that his job was more about education.

The Internet: Peter talked with us about the Internet and Cyber Crime, and how older people get sucked in by telephone calls.

He said, don't believe them for one minute.

Do anything you can to waste their time.

Or, as one member suggested, either hang up or leave the phone off the hook.

The Yes Scam:

He then talked about some of the Scams and said don't disclose your name or where you live, when you answer the phone. If you say yes to any of their questions, you may be giving them permission to access your bank account, if they have already got your banking details. If you lose money as the result of a Scam, Banks will usually reimburse you.

Some things that you must not do:

Do not give someone your banking details.

Do not deal with people on the phone.

Do not do cold calls on the phone.

David also talked about the special Debit Card-Load and go. If you only put \$100.00 on the Card and lose that-too bad. Steve said that he uses this card.

Computers:

If you don't know it-delete it.

Malcolm said that the quickest way to get a Trojan is to open the email-it is already doing damage, and if you click on the attachment you are in trouble.

He also said never ever unsubscribe-delete it. You can block the Domain, not just the sender. Do a back up. System Restore.

David then spoke about Western Union money transfers, and said, be careful.

The most common Offences in this area are Cars being broken into.

Keep everything out of sight and don't leave valuables in your car.

A whole range of illegal activities was discussed and I cannot remember us being part of an interactive presentation that was as good as the one we had tonight. And our first meeting was in October 2003.

This is an abbreviated report, however, the talk tonight was very valuable and we look forward to another evening when David and Peter can come back and have another talk with us.

Many thanks also to our members and visitors who contributed to the discussions, and took part in what has been an informative and enjoyable evening.

Posted: June 13, 2017



Dr. June Chan is a Professor in the Departments of Epidemiology and Biostatistics and Urology at the University of California, San Francisco.

Her research focuses on how diet, exercise and lifestyle factors contribute to Prostate Cancer aggressiveness, progression and death.

Prostatepedia spoke with her about the impact of diet and lifestyle on Prostate Cancer.

What do we currently know about the relationship between diet, lifestyle, and Prostate Cancer?

***Dr. Chan:* We have observed that there are some relationships between diet and exercise and the risk of clinically relevant Prostate Cancer. As our studies evolved- and the field evolved alongside the development of PSA screening in the United States- it became important to define and focus on clinically relevant Prostate Cancer as an outcome.**

Back in the early to mid-1990s when some of our first studies came out, we were just looking at specific dietary factors and the risk of overall development of Prostate Cancer. With PSA screening came the understanding that there are indolent tumors and overdiagnosis; we needed to adjust to that in the field.

Part of my work as a postdoctoral fellow was to collect detailed data in large cohort studies so we could classify men in a more clinically meaningful way. We collected details on stage, grade, and subsequent PSA values so that we could try to distinguish more indolent tumors from more aggressive tumors.

Once we started to do that, it became more interesting because we really started to refine our questioning. The question isn't just, "Is vegetable intake associated with overall risk? The question becomes: "Is vegetable intake associated with the risk of having bad Prostate Cancer? A Cancer that will do harm. "As studies have matured, we've focused on the risk of developing metastases and Prostate Cancer specific mortality.

The field had to change as we started to understand the biology of Prostate Cancer better. Some of that early observational data that came from us looking at total Prostate Cancer risk needed to be looked at again. That is the stage we are in now. We look at those questions differently now that we have more clinically relevant outcomes with more time.

What do we know about the impact diet and lifestyle have on the risk of developing Prostate Cancer? What do we know about the impact diet and lifestyle have on progression? About the risk of developing aggressive versus low - risk disease?

Dr. Chan: I'll focus on what we know about clinically relevant cancer or, at least, some of the findings that have persisted over time.

The first thing, which is not discussed as much, is that smoking is potentially associated with the risk of fatal Prostate Cancer. Some of the earliest data come from autopsy studies. They looked at people who had not necessarily been diagnosed with Prostate Cancer but had died for some other reason. They were able to correlate smoking history with a worse-looking grade and worse-looking features of Prostate Cancer.

Dr. Stacy Kenfield published a paper looking at the risk of fatal Prostate Cancer and smoking history. Her work showed that smoking has a broad effect --- not just on respiratory cancers. Smoking elevates your risk of other cancers as well.

Some of her work indicates that exercise may be important for deterring the risk of having recurrent or fatal Prostate Cancer. The story started with two reports that we put out in 2011. Dr. Kenfield led one team and Dr. Erin Van Blarigan led the other.

(I was mentoring both researchers) We had the opportunity to ask about exercise and Prostate Cancer survivorship in two distinct populations. The results were somewhat complementary.

In one study, it appeared that vigorous physical activity was associated with a benefit or reduction in the risk of metastatic or fatal Prostate Cancer among men diagnosed with localised disease.

The other study had a shorter follow-up, so we were not able to look at metastasis and death --- or the initiation of secondary treatment after primary therapy in Prostate Cancer Survivors.

While there was a trend toward a benefit for physical activity, what was particularly interesting was that we saw a benefit from brisk walking versus slower walking pace.

It suggested that there was something specific about aerobic exercise, or cardiopulmonary exercise, that offered a benefit. We have been pursuing that in other studies.

What do you mean by benefit?

***Dr. Chan:* In one study, there was a reduced risk of Prostate Cancer recurrence. In the other study, there was a reduced risk of Prostate Cancer death.**

Join Prostatepedia to read Dr. Chan's interview.

Rito's:

Support Group members, their family and friends are invited to attend a luncheon, or have a cup of tea or coffee, and a friendly chat, at Rito's Cafe 101 Beach Road Christies Beach, on the second Thursday after each Support Group meeting. This is proving to be a good opportunity to just relax and talk about life in general, and gives real meaning to that word "Support".

Newsletters received with thanks from:

Andrology Australia, Prostate Melbourne, Prostate Heidelberg, Sydney Adventist Hospital PCSG.

BUNNINGS BBQ:

Our BBQ at Bunnings Noarlunga Store is on Saturday August 19th from approximately 9.00am to 4.00pm.

We cannot close before 4.00pm.

Remember, many hands make light work and if you are able to help set up, you may need to be there at 8.00am.

Beverley will email details in the near future.

** OUR NEXT MEETING IS ON WEDNESDAY 2ND AUGUST 2017 AT 6.30 PM.
OUR GUEST SPEAKER IS PSYCHOLOGIST, IAN RICHARDS**