

PROSTATE CANCER ACTION GROUP (S.A.) INC.

Affiliated with
Prostate Cancer Foundation of Australia



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NEWSLETTER

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AUGUST 2004

FUTURE LOOKS BRIGHTER FOR PROSTATE CANCER AWARENESS

In a recent statement, the Chairman of the Prostate Cancer Foundation of Australia, Max Gardner, has expressed optimism about the likelihood of a national prostate cancer awareness campaign. He says that, from our point of view, the Parliamentary Private Member's Motion (June 2003) was a resounding success, as the number of speakers exceeded the allotted time, and the number of members in the chamber was far higher than expected. The outcome was that the Minister for Health and Ageing and the Cabinet were alerted to the issues of prostate cancer, and to the bipartisan support for action on them. As a result, Jim Lloyd was able to obtain a 45 minute meeting with Minister Abbott for senior members of the Foundation Board. At that meeting, The Minister expressed support for our intended public awareness campaign, and stated that his department would not support the Coates line against awareness of the disease. The outcome was a letter of support from the Minister addressed to the organization that had offered to fund the original awareness campaign. Minister Abbott also questioned our representative closely about the controversy about screening, and said he was interested in moving the matter ahead in future.

Wayne Swan, on the basis of the level of support amongst Labor MPs for the Parliamentary Motion, was able to persuade the shadow minister for health, Julia Gillard, to write a similar letter of support for the awareness campaign. The result of all this is that the media awareness campaign is likely to be reinstated later this year, and run over the next 3 years at a cost of approx. \$1.5 million.

Subsequently, Max has been contacted by the most senior person involved in cancer matters in the Federal Dept. of Health and Ageing, advising him that the Minister had instructed the Department to raise the priority of prostate cancer and to participate in our awareness programme by providing funding and resources to assist in educating GPs about prostate cancer issues. Max has also been asked to attend meetings in Canberra of the Cancer Strategy Group, who are the primary advisers to the Minister on cancer policy. This is the first time that the Foundation has been recognized by the Department, or the Cancer Strategy Group, which is a significant change for the better.

Max warned against groups waging a political campaign against either party, or raising other side issues, as this could cause us to forfeit the support that has been obtained. It may even alienate our closest allies in the Parliament.

Max pointed out that the advice going to the Department is still negative on prostate cancer screening. The Minister will be powerless to make any change while that remains the situation. However, a number of the most influential professors in public health are moving their positions from negative to neutral, which gives the Foundation room to move and to pressure the waverers for stronger support. "I feel confident we will get that support in the near future", he said.

"With a major public awareness media campaign scheduled, and an education programme on prostate cancer and the PSA test being rolled out for GPs, things are moving in the right direction, I feel", Max said. "In

another development, the Board of the Foundation has formed a sub-committee comprised of its medical professional members who intend to use their influence to secure the support of the Urological Society, the Royal Colleges of GPs and radiation Oncologists, the AMA and other professional bodies for greater support for prostate cancer. This committee should have considerable impact in future".

In the meantime, he urged us to put all our support behind the positions the Foundation and the SAC are developing, rather than "storming the political barricades". He is confident that will be more productive than outright political activism at this stage. A political campaign can be resurrected if the current initiatives fail.

ROBOTIC SURGERY FOR PROSTATE OPERATIONS

"The Weekend Australian" dated July 31st-August 1st 2004 published an interesting report entitled "Brave New World", in which they reported on robotic surgery in Australia. It is claimed that the use of robots in surgery could change the way many common procedures are performed, in Australia. Apparently, the first person to perform robotic surgery in Australia was a Dr. Patrick Cregan, who, in 1998, operated on a patient in the Prince of Wales Hospital, Sydney, while the doctor was at Darling Harbour.

The most popular machinery used in robotic surgery in Australia is the Da Vinci Surgical System – a high resolution 3D telescope with two robotic arms that are inserted into the patient through small incisions. The only hospital using this system is the Epworth Hospital in Melbourne, but interest has been shown by St. Vincents Hospital in Sydney, and the Royal Adelaide Hospital is expected to have one in September.

Of particular interest to our Group, is the reference to robotic surgery in performing prostate operations. Urologist, Professor Anthony Costello performed the first operation with the Da Vinci System when it arrived at Epworth in December last year. Since then, he has used it to perform 73 prostate operations. He says the risk of post-operative complications is significantly lower – only two operations with the robot have required blood transfusions, whereas at least 50 to 70 per cent of open prostate operations usually require additional blood.

"The average incision was about 12 cm. and patients spent eight days recovering," he says. "Now patients spend 48 hours in recovery after an operation that is performed through portholes in the abdomen that are sealed with a bandaid. The technology lends itself to being applied to any operation where microscopes are used and smaller incisions would assist patient recovery".

However, the high cost of the robots has limited their use. Not only is there the initial outlay of purchasing the machinery, but each operation costs around \$2,000 in disposable instruments.. So far, the Da Vinci has only been used for cardiac and urological operations at Epworth.

Professor Costello describes the experience of robotic surgery as like "driving around an lmax theatre". He believes that as the applications for the Da Vinci system increase, so will its prevalence in Australian operating rooms. "The technology lends itself to being applied to any operation where microscopes are used and smaller incisions would assist patient recovery," he said.

ONKAPARINGA AWARENESS MEETING MAY BE GETTING NEAR

A report in the August 4th edition of the Messenger Press "*Southern Times*" states that the Christies Beach Surf Life Saving Club has moved into its new \$1.5million two storey clubrooms. The only item to be finished is the façade for the bar. Apparently, members moved their gear into the newly built rooms over the last weekend in July.

The new building features 180 degree views of the ocean, a gymnasium, patrol, meeting and first aid rooms, and club member facilities. The item states that the clubrooms are open for the community, but does not give any date for the official opening ceremony

While this report indicates the likely availability of premises to enable us to conduct the proposed Awareness meeting for the City of Onkaparinga, I have not been able to contact local support group chairman, John Shields, at the time of preparing this newsletter.

NEW TOOL CAN DETECT PROSTATE CANCER RISKS

A sharp rise in the score on a test commonly used to screen for prostate cancer appears to offer a powerful way to identify men with the most dangerous tumours, researchers claim. A study involving more than 1,000

men with prostate cancer found that those who had experienced a big jump in the results from prostate-specific antigen tests in the previous year were at much greater risk of dying from the malignancy, the researchers found.

The findings might help solve one of the biggest dilemmas facing men diagnosed with prostate cancer: whether to get treated or whether to wait to see if it started to cause problems. The findings suggest the test should be used like a mammogram. Men should get a baseline test at age 35 or 40 and undergo the test annually by age 45 or 50 so doctors could monitor changes over time, said Dr. Catalona, a prostate cancer specialist at the United States university which led the study. (*West Australian*, 9/7, p13)

RAPID RISE IN PSA MAY INDICATE AGGRESSIVE PROSTATE CANCER

When it comes to a prostate cancer test, the score's change over time may be more important than one individual score. Typically, a reading of 4.0 on the prostate-specific antigen, or PSA, test is suspect and most doctors would call for a biopsy of the prostate.

But researchers at Brigham and Women's Hospital said that it may not be that number itself, but how it changes over time that matters.

In a study published in the *New England Journal of Medicine*, the researchers studied records of about 2,000 men who had their prostates removed because of cancer. In looking at their PSA levels before surgery, they found when the number jumped more than two points in one year, patients were more likely to die from the disease, even after their prostate was removed. "These guys that slowly climb rather than those guys that are stable and then boom, have a step up. I think that's where we're going to get the information telling us actually who has significant versus insignificant cancers," said Dr. Anthony D'Amico, of Brigham and Women's Hospital. The researchers said the results make it "very clear" that men whose levels jump can't afford what is called "watchful waiting:" - holding off on having treatment or surgery.

MICROWAVING PROSTATES?

If you're a middle-aged man or older, you might recognize Ken Wilkinson's symptoms of an enlarged prostate. "You'd wake up with the urge to go, go to the bathroom," Wilkinson said. "Not very much would happen, and then you'd go back to be again, and then an hour or so later, you'd be up again."

The cause is benign prostatic hyperplasia, or BPH. "It's not cancer, and what it does is cause bothersome symptoms, symptoms of urgency, frequency, having to know where the bathroom is when you go out of the house," said Dr. Ronald Melman, of Montefiore Medical Centre in New York. This kind of benign enlargement is usually treated with a variety of medications. When they fail, or the side effects are too bothersome, another option is surgery and there are several minimally invasive techniques using lasers or microwaves. "The downsides of the surgical procedures are that there's anesthesia, there's bleeding, and there's hospital time," Melman said.

But now there is a new approach combining the microwaves used in other prostate techniques with an idea borrowed from heart procedures – a balloon to open up the constricted urethra or urine tube passing through the prostate. "I've been using this device for almost 5 years now, and I haven't really had any major complications," Melman said.

A tube is passed through the penis into the bladder so a balloon can be inflated in the prostate, just as an angioplasty works in heart arteries. Then microwaves heat the prostate from the inside. The combination creates a kind of stent inside the prostate. Melman said it actually damages the nerves within the prostate, which helps reduce the symptoms.

"It is these nerves that are in the prostate that cause the urgency and frequency in the bladder, and that's what really bothers men," he said. "I mean, rarely, rarely do I get up during the night and um, you know, I can drive for four hours without worrying about it."

So far, the long-term follow-up is up to five years, and the symptom improvement seems to be holding. The Prolieve Thermodilatation system is not for all men with BPH. It is best for those with moderate to severe symptoms and with moderate to fairly enlarged prostates (*The Boston Channel 7/7/04*)

PROSTATE CANCER IN THE NEWS

Noticed that "The Advertiser" ran a couple of short pars about cancer matters on 21st July.

The first concerned a function consisting of three sessions to be chaired by the chairman of the Hanson Institute, Professor Howard Morris. One of the presentations was about molecular approaches to prostate cancer therapy, and a man on the moon but no cure for prostate cancer. How true! But, then does one ever hear of any encouragement, or assistance, ever being given for researchers to find a cure for cancer. Thanks to a certain view often expressed by a certain person in a high place in cancer circles, it is no wonder that research into prostate cancer is seldom mentioned, and is so far behind most other cancers, in Australia. Our own State Government refused outright to put nay money towards this research, when challenged to match a substantial donation from the A.H.A. But, just a few weeks later, was blowing its trumpet about donating funds to other medical research funds. It wouldn't be about the fact that prostate cancer is considered to be the old man's disease, and that there are not enough votes in a group of dying men, would it?

The other item was about a \$2m grant being made (over a 5-year period) to the Queensland University to establish the Brisbane branch of the Australian Prostate Cancer Collaboration Bio-resource. Prostate cancer researchers hope a new prostate tissue bank will help them find new ways to diagnose the cancer through blood tests, the article said. It concluded with the classic "Current blood tests can be unreliable". I wonder how many people read this type of statement, and just believe that it is not worth having a blood test for prostate cancer. It is my opinion that this need to be qualified, if newspapers run this sort of story. At least, one should be thankful that something is being done elsewhere about research into the disease.

These items were then followed by a TV interview with the Federal Treasurer, Peter Costello, who publicly stated that he had recently had a prostate examination. Perhaps Professor Coates' advice is now being overridden by our male M.P.s – and that's a good sign that political leaders are beginning to state publicly that they are setting such an example.

MORE ON SELENIUM

Are we Getting Enough Selenium?

Selenium (Se) is an antioxidant that has a role in many reactions throughout the body.

Surveys conducted in S.A. from 1977 through to 2002 to measure blood levels of Se have shown a decline since 1977. Factors that may have contributed to this are environmental and agricultural changes, as the level of Se in the soil determines how much we get from our food. On average, South Australians may be getting enough to prevent deficiency, but not sufficient amounts to promote optimal health and maximum benefits of Se. It is feared that low Se may be a nationwide problem. (*from a small publication "Natural Healthy Living", by Henry Osiecki, Winter/Spring 2004*)

WEBSITES

Try these two websites for prostate information in other languages. These two are in Italian, but other languages should be available.

<http://mhcs.health.nsw.gov.au/health-public-affairs/mhcs/pdfs/3075/BHC-3075-ITA.pdf>

<http://mhcs.health.nsw.gov.au/health-public-affairs/mhcs/pdfs/6055/BHC-6055-ITA.pdf>

The first site is the N.S.W. Multicultural Health Communication Network, with information about prostate health and prostate problems, and the second deals with prostate cancer, both in Italian. I have presumed that other languages would be available.

LIGHTING UP CANCER TUMOURS

Researchers have discovered a new way of shedding light on the locations of tumours – literally. Scientists at Emoly University piggybacked molecules that recognize and attach to cancer cells so-called quantum dots – nanometer-sized metallic crystals that glow under a bright light. When the quantum dot concoction was injected unto the tails of mice that had been implanted with human breast and prostate cancer cells, researchers found that the tumours glowed red, yellow and green under a bright light. In the future, such "smart" quantum dots could become an essential tool for doctors hoping to use noninvasive techniques to target, image and treat a range of hard-to-diagnose diseases. The next problem to resolve: can: can the quantum dots be used safely? (*The Boston Globe 27/7/04*)

PLANT FOOD COMBO OFFERS HIGHER CANCER PROTECTION

Eating broccoli and tomatoes in combination could maximize the amount of cancer protection both foods afford, suggests a new study on rats. Both vegetables contain chemicals that have been shown to fight cancer – broccoli's glucosinolates and the lycopene found in tomatoes have been hailed as powerful anti-cancer agents on their own.

But speaking at a diet and cancer conference in the US last week, an American researcher said that it was important to measure the complex interactions that take place in the overall diet. His study underlines a new but increasingly used approach to nutrition science. "We decided to look at these foods in combination because we believed it was a way to learn more about real diets eaten by real people," said John Erdman, professor of Food Science and Human Nutrition at the University of Illinois at Urbana. "People don't eat nutrients, they eat food. And they don't eat one food, they eat many foods in combination."

The study, scheduled for publication in the December 2004 issue of the *Journal of Nutrition* showed that rats fed a combination of tomatoes and broccoli had markedly less prostate tumour growth than the rats that ate diets containing either food alone – and also less tumour growth than rats that ate diets containing specific cancer-fighting substances isolated from tomatoes and broccoli. The findings are not the first to demonstrate the benefits of food interactions. Last year the UK-based Institute of Food Research revealed that eating broccoli in combination with selenium-rich chicken could double the protection against cancer, making the anti-cancer components up to 13 times more powerful when put to work together.

Erdman's team compared the impact of lycopene alone to the tumour-suppressing activity of tomato powder in rats. In the same animal model, they tested diets containing broccoli powder, and in another group, a diet containing a combination of broccoli and tomato powder. A final group of rats was fed a normal diet supplemented with finasteride, a drug commonly prescribed to men who suffer from benign prostatic hyperplasia..

Surprisingly, each type of diet was better able to suppress prostate tumour growth than the drug. But in the group that ate the combination tomato-broccoli diets, the average tumour weight was significantly lower than the control group and also lower than the broccoli, tomato and lycopene groups.

Jeff Prince, vice-president for education at the American Institute for Cancer Research (AICR) told reporters at the two-day International Research Conference on Food, Nutrition and Cancer, in Washington DC, that Erdman's study is one of several new papers mapping the interactivity of different substances and foods being presented at the conference. "By addressing themselves to studying and measuring the complex interactions that take place in the overall diet, these studies represent a new approach that is gaining momentum in the scientific community – a movement that is no longer content to ascribe anti-cancer benefits to a single substance, or pill," he said.

Erdman is further exploring the synergy between tomato and broccoli powders in a new trial. "The fact that kind of food synergy exists is something most nutrition researchers have simply taken on faith," he said. "This new experimental approach provides us with an opportunity to measure the synergy between foods." He added that the interactivity is likely taking place in any diet high in a variety of plant foods.

SURGERY OK AFTER PROSTATE "SEED" TREATMENT

If necessary, the prostate can be removed after six months of prostate cancer treatment with implanted radioactive seeds, or brachytherapy, a French group reports.

For men with prostate cancer, implantation of radioactive seeds in the prostate to kill cancerous cells has become a popular alternative to radical surgery or external radiation therapy. In some cases, though, the seeds cause bothersome problems with urination and prostate removal has to be considered.. The question has been, "how soon can removal be performed without jeopardizing the eradication of cancer?" Also, is it safe to use a less invasive procedure than radical surgery?

Dr. Thierry A. Flam of Hospital Cochin, Paris, and colleagues, evaluated 600 patients who underwent brachytherapy without any other treatment at their institution between 1998 and 2003. Of these patients, 19 (3%) subsequently underwent transurethral resection of the prostate (TURP) – that is removal of prostate tissue

via the urinary outlet, which doesn't require surgical incisions. Urinary retention had developed in these patients an average of 2 months after brachytherapy, but TURP was not performed for at least 6 months after the implant, and in some cases not until 41 months later.

No cases of incontinence resulted from the procedure, "and TURP allowed return to normal voiding patterns in all cases", the authors of the report in the *Journal of Urology*. Moreover, the researchers found that none of the patients had any sign of cancer recurrence at an average of 28 months after brachytherapy.

Flam's team concludes that when TURP is performed at least 6 months after seed implantation it "can be done safely" without impairing the results of brachytherapy. (*Reuters, ex Journal of Urology, July 2004*)

COMBINING RADIATION MODALITIES INCREASES PROSTATE CANCER CURE RATES

High-risk prostate cancer patients who undergo a combination of hormonal therapy, radioactive seed implant (brachytherapy) and external radiation therapy are shown to have an increased chance of cancer cure, according to a new study by researchers at Mount Sinai School of Medicine published in the August 1, 2004, issue of the *International Journal of Radiation Oncology *Biology* Physics*.

Historically, high-risk prostate cancer has been a therapeutic challenge for physicians, despite their efforts to cure patients by aggressively treating them with either surgery, brachytherapy or external beam radiation. Previous studies have shown the 5-year freedom from recurrence rates for high-risk patients treated with just one of these treatments to be between 0 and 50 per cent, with up to half of these failures occurring where the original tumour was found.

To see if combining therapies would decrease recurrence rates for men with high-risk prostate cancer, 132 patients with high Gleason scores, high prostate-specific antigen (PSA) scores or who were at an advanced clinical stage of prostate cancer were studied. A three-pronged approach that included brachytherapy, external beam radiation therapy and hormonal therapy produced an 86% rate of freedom from recurrence after 5 years. In addition, 47 of the original 132 patients in the study had a prostate biopsy performed two years after the end of treatment, and 100 percent of them showed no evidence of the cancer recurring.

"This is a very exciting study because it shows that this new approach of combining brachytherapy, external beam irradiation and hormonal therapy to cure prostate cancer can be very effective for men with aggressive forms of the disease," said Richard G. Stock, MD, lead author of the study and Chairman of the Department of Radiation Oncology at Mount Sinai School of Medicine. "The data also supports the theory that enhanced control can improve overall disease control". (*adapted from a news release issued by Mount Sinai Hospital / Mount Sinai School of Medicine*)

SUPPORT AND ADVOCACY COMMITTEE ANNUAL CONFERENCE

Just as I was putting the finishing touches to the is newsletter, this morning, the postman delivered a rather heavy package of material to be considered at the annual conference of the SAC, to be held in Brisbane, next week, on August 19th and 20th.

Agenda items include:-

1. Relationships between the SAC and the PCFA
2. Insurance – What the PCFA Policies Cover
3. Chapters – What do They Offer?
4. SAC Governance Review – 2 options to be considered
5. Group Workshop – Number of reps on SAC, how appointed, tenure
6. SAC Governance Decisions
 - How should SAC members be nominated
 - How should SAC members be appointed
 - How many SAC members should be appointed
 - Should SAC member terms of office be limited
 - Should the Chair of the SAC be appointed to the PCFA Board.

On the second day, key issues for the SAC in 2004/2005 will be discussed. These will include; -

"Awareness/Image", The PSA "Informed Choice": Education, Advocacy, Linkages/Networking, Prostate Cancer Day/Month Badging and Publicity, Operating & Communication, Fund Raising and Publicity. Then follows time for general business, clarifications, and summing up and governance and key issues.

Trevor Hunt