

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

Affiliated with  
Prostate Cancer Foundation of Australia



ABN 26 499 349 142

## NEWSLETTER

The views expressed in this newsletter are not necessarily those of the Group. This Group does not offer medical or other professional advice. Articles printed in this newsletter are presented only as a means of sharing information and opinions with members, with the object of promoting stimulation for independent thought and analysis, and sharing the experiences of others. It is not intended to recommend any particular treatment or product in this publication. Each person should assess the relevance to him/her self, and any person acting on information in this newsletter takes the responsibility for any such action. It is important that any person should consult with his/her health professional before making any decision about treatments, and all articles should be read in this context.

This newsletter may be viewed on our website <http://www.pcagsa.org.au>

### JULY 2004 SPREADING THE LOAD

Discussion took place at our last meeting concerning a more equitable distribution of duties among our members, both with a view to easing the workload of the Secretary, and also to involve more participation from members.

There is no doubt that Jeff, as Secretary for the past 3 years, has coped with a very heavy workload by also accepting responsibility for most of the detailed work involved in organizing the awareness meetings. These duties have been conducted in a very professional manner, and Jeff has worked very hard. It is largely through that work that this Group has gained a very good reputation, and has established credibility with professional groups. There is no need for this situation to continue, as we have enough members to share some of this workload, and there is strong support to split responsibility for awareness meetings away from the Secretary's duties, to allow the Secretary to deal with administrative matters, such as general correspondence and minutes, etc. (revert to the more traditional Secretary's duties).

It is desirable that we have other members gain experience with other duties associated with the Group and its objectives, as we have been very fortunate that we have not had to find somebody to take over any duties during a year of activity. Any absence, for whatever reason, could create an awkward situation. With experienced people able to back-up any duty, the Group will be better served.

It has been suggested that we should consider appointing members to undertake specific tasks. It is not necessary that these members need to be members of the committee, as defined in the constitution, and it is not necessary to amend the constitution in order to appoint members to specific tasks.

It was suggested that we need 2 members to become the joint organizers for awareness meetings, one to research and compile applications for grants, a webmaster, and one person to become a project officer to research opportunities for widening the Group's activities. It has also been suggested that there should be two persons to prepare the monthly newsletter, but, first, we might need to assess whether, or not, Group members want a newsletter.

Jeff Roberts will be moving a motion at tonight's meeting to encompass the appointment of persons to fill the above positions, at our Annual General Meeting, on Tuesday 10<sup>th</sup> August.

### FREE PUBLIC HEALTH SEMINAR

A free public health seminar will be presented in Waverley House (next to St. Andrews Hospital), South Terrace, Adelaide, on Thursday July 15<sup>th</sup>, from 7.00pm to 8.30pm. Speakers will be Dr. Peter Sutherland and Dr. Michael Beckoff. The seminar will be about the latest treatment for erectile dysfunction, and will discuss surgical and non-surgical treatment options, as well as life after surgery. This seminar is sponsored by American Medical Systems. Seating is limited, and any person interested in attending should book a seat by telephoning 1800 642 325, as soon as possible.

## FUTURE ACTIVITIES

Opportunities for involvement in some different community activities have become evident during the past few days, just when we were considering widening our scope of activities.

**City of Onkaparinga Awareness Meeting** – I have not heard of developments in this matter. At the conclusion of our meeting with representatives from the Onkaparinga support group, it was my impression that we would eventually hear from that group as to when the proposed meeting place would be ready for public functions. No word, yet.

**Aberfoyle Park Neighbourhood Centre**. During my most recent discussion with Bill Watt, at Noarlunga Health Service, I was informed that the Aberfoyle Park Neighbourhood Centre is planning to conduct workshops on Men's Health. One of those workshops will be "Men and Cancer", and we have been requested to provide the session on prostate cancer. The date of this presentation is not known, at present, due to the expiration of the manager's contract. That person is not renewing her contract, and a new manager is being sought. At this stage, it is anticipated that the workshops will be conducted during the 4<sup>th</sup> term (11<sup>th</sup> Oct. to 10<sup>th</sup> Dec.), possibly between mid-October and the end of November (they would prefer to conclude the workshops before the end of November).

**Lions Clubs**. At the recent (National) convention of Lions Clubs in Australia, it was reported that "*The convention also resolved to step-up Lions' involvement in prostate cancer issues. Already a partner in the national prostate cancer awareness programme, the MD (i.e., Australian Lions) will now adopt the Lions Prostate Cancer Treatment and Research Project as Category B project to be managed by the Lions Club of Brisbane Riverside. Speakers for the motion pointed out that the project was not the same as the awareness programme, but would complement it greatly with its concentration on clinical trials*". As a Lion member, I have not heard very much about their awareness programme, but I may get the opportunity to follow that up, later. From talking to PCFA Chairman, Max Gardner, it is obvious that Lions have not consulted with the Foundation. I believe that a certain amount of cooperation between the two bodies would be an advantage.

However, Lions members are everywhere, and Bill Watt is one of them. He has informed me that the Lions Club of Brighton Inc. (where he is a member) has spoken about the possibility of conducting a public awareness meeting in that area. He has suggested that the Lions Club should not get involved in making all of the necessary arrangements, but could avoid much of the preparatory work by contacting us, and taking our Group as a working partner in such a project ("we don't need to reinvent the wheel", says Bill). I understand that the Lions Club is yet to make a decision on the project, but this could be an opportunity for our Group to forge a valuable community link with a recognized service club.

## A MAN'S RIGHT TO KNOW

A new study on prostate cancer screening has renewed a useful debate about what men should know and when and how they should be treated. Oddly enough, though, some health experts are arguing that the study, which found an alarming number of older men with serious cancer not caught through the blood tests, suggests there should be less testing, and not more. Their logic is unhealthy.

The study, reported in the New England Journal of Medicine, raises questions about the range currently considered normal. The researchers performed biopsies on the prostates of 2,950 men, ages 62 to 91, whose level of prostate-specific antigen was measured at below 4.0 nanograms per milliliter of blood – which is considered safe. But the biopsies revealed cancer in 449 of the men, and aggressive cancer in 67 of them.

The conclusion one would draw is more obvious than the course of corrective action. The threshold is so high that it misses nearly one in seven older men who take the test, but some of these men may end up not needing treatment, or even a biopsy. The reason is that some forms of prostate cancer are not pernicious, and some forms of treatment can cause impotence, incontinence and other complications. Biopsies themselves can sometimes lead to bleeding or infection.

Ned Cologne, chairman of the U.S. Preventive Services Task Force puts it this way; "We are missing these prostate cancers, but we still don't have an answer to the fundamental question, which is: If we found them and treated them, would we make men live longer? That's that missing piece of evidence."

Cologne's point is an important one, but not relevant to the test. We know that early detection helps in fighting all forms of cancer, and that the return of prostate cancer has declined since the advent of PSA blood tests (though other factors, such as

improved treatment, certainly contribute). So whether the medical community should use these results to lower the threshold at which biopsies are routinely ordered is a fair question. Whether prostate cancer in general is too aggressively treated is also a source of continuing concern. But the notion that blood test results, in themselves, can be harmful is paternalistic, at best.

Prostate cancer kills roughly 29,000 men every year, second only to lung cancer, and men have the right to know, The PSA test is far from perfect, to be sure, but it provides some basis from which men can then, with the consultation of their doctors, carefully weigh other risk factors and the full range of options available to them. Do they have a family history of prostate cancer? Are they more advanced in age? Has their PSA level increased sharply over time? That's the nature of thorough, cautious preventive medicine – and just what the doctor should order. (*US Too Pr. Ca. Educ. & Support, from St. Petersburg Times 29/5/04*)

### **RELATIONSHIP BETWEEN PSA SCORE and PROSTATE CANCER HAS STEADILY DECLINED**

Results of a new study unveiled today indicate that the relationship between PSA score and prostate cancer has steadily declined during the past 20 years, an important finding given that PSA score is often used to determine whether biopsy for prostate cancer testing is necessary. Two decades ago, serum PSA was highly related to prostate cancer, but in the last five years, according to the study, PSA is only related to benign prostatic hyperplasia (BPH).

The study examined 1,317 consecutive untreated radical prostatectomies at Stanford since August of 1983 for the relationship of serum PSA to the largest cancer in four 5-year intervals. Prostates were examined sequentially in 3mm step-sections by one pathologist, measuring the volume of the largest cancer, the percent Gleason grade 4/5, and less important histologic parameters.

“The AUA feels that – in combination with the digital rectal exam and a full review of the patient's history – is the best way to indicate when a prostate biopsy might be necessary,” said AUA President Martin I. Resnick, MD. “However, we recognize that the test is not foolproof, and that we need more research to improve its specificity and sensitivity.” The study was released at the AUA's Annual Scientific Meeting, held in the San Francisco Moscone Centre. (*News-Medicine 10/5/04*)

### **STUDY FINDS BREAST CANCER DRUG COMBO EXTENDS LIFE OF PROSTATE CANCER VICTIMS**

Men with prostate cancer may benefit from a drug women have long used to battle breast cancer. The FDA says the drug Taxotere used with the steroid Prednisone may lengthen the lives of men with prostate cancer who don't respond to hormone therapy.

A study shows patients who used the Taxotere-prednisone combination lived an average 2½ months longer than patients who used the standard therapy. The FDA researcher who led the study says even a few extra months can be an important benefit. (*WISTV.com 21/5/04*)

### **PROSTATE CANCER EDUCATION DATA POOR**

Michigan researchers found men who are diagnosed with early stage prostate cancer are poorly served by current patient education materials. Existing literature displays a bias toward active treatment and contains little to nothing about side effects, according to a study in the May issue of *Annals of Internal Medicine*.

“We found no single health pamphlet or Web site presented all the information needed to make an informed decision,” said Angela Fagerlin of the Department of Internal Medicine at the University of Michigan Health System.

Early stage prostate cancer is usually treated with watchful waiting, radical prostatectomy, radiation therapy or hormone therapy. No clinical trials have shown a difference in 10 – 15 year mortality among these treatments, so men must weigh the importance of a variety of side effects when deciding what treatment to pursue.

Half the materials did not discuss the need for hospitalization after radical prostatectomy and only 53 per cent of print materials talked about catheterization. Incontinence and impotence were frequently listed as side effects of treatment, but bowel disorders and the risk of death were seldom acknowledged. (<http://wahingtontimes.com/upi-breaking/20040504-012231-9108r.htm>)

**REMEMBER! ANNUAL GENERAL MEETING – 10<sup>th</sup> AUGUST 2004**

## SOME WEBSITES YOU MIGHT LIKE TO VIEW

For discussions of use of variations to improve results in PSA testing (plus other useful pages) -

[http://urology.ucsf.edu/patientGuides/pdf/uroOnc/Prostate\\_Cancer\\_Early\\_Detec.pdf](http://urology.ucsf.edu/patientGuides/pdf/uroOnc/Prostate_Cancer_Early_Detec.pdf)

<http://urology.ucsf.edu/patientGuides/uroOnc.html>

For useful Power Point files, with interesting links –

[http://www.ustoo.org/Resources/Resource\\_Intro\\_page.htm](http://www.ustoo.org/Resources/Resource_Intro_page.htm)

For information on Gleason –

[http://www.rnmag.com/be\\_core/content/journals/u/data/2001/0601/adeno.html](http://www.rnmag.com/be_core/content/journals/u/data/2001/0601/adeno.html)

For Ian Fisk's experience of brachytherapy –

<http://abc.net.au/health/regions/yourstories/hotprostate.htm>

“Studies show complexed PSA (cPSA) Test can reduce false diagnoses of prostate cancer and unnecessary biopsies” –

[http://www.labnews.de/en/ne\\_lib/bp\\_det.php?id=85](http://www.labnews.de/en/ne_lib/bp_det.php?id=85)

Australian Prostate Cancer Collaboration (new site) - <http://www.auspcc.org.au>

And another – <http://newsbureau.upmc.com/UPCI/ProstateCancerMarker.htm>

What to do if prostate cancer strikes <http://www.cancerresearch.org/prostatebook.html>

Links between diet and some types of cancer – <http://www.charitywire.org>

American Institute for Cancer Research – <http://www.aicr.org>

## CONCURRENT RESOLUTION IN AMERICAN CONGRESS

Expressing the sense of Congress with respect to the need to provide prostate cancer patients with meaningful access to information on treatment options, and for other purposes, the Congress, on 2<sup>nd</sup> April 2004, passed a concurrent motion in both Houses, as follows:-

*“That it is the sense of the Congress that - 1. National and community organizations and health care providers have played a commendable role in supplying information concerning the importance of screening for prostate cancer and the treatment options for patients with prostate cancer: and*  
*2. the Federal Government and the States have a moral responsibility to ensure that health care providers supply prostate cancer patients with appropriate information and any other tools necessary for prostate cancer patients to receive readily understandable descriptions of the advantages, disadvantages, benefits, and risks of all medically efficacious treatments for prostate cancer, including brachytherapy, hormonal treatments, external beam radiation, chemotherapy, surgery, and watchful waiting.”*

The motion was preceded by a long preamble which took into consideration that an approximate 230,000 new cases would be diagnosed in USA this year, and that there would be 30,000 deaths from the disease. It also stated that over US\$4,700,000,000 is spent annually in the USA in direct treatment costs for prostate cancer, and that **increased education among health care providers and patients regarding the need for prostate cancer screening tests has resulted in the diagnosis of approximately 86% of prostate cancer patients before the cancerous cells have spread appreciably beyond the prostate gland, thereby enhancing the odds of successful treatment.**

The fact that potential rates for significant side effects vary among the most common forms of treatment was considered, and the fact that prostate cancer often strikes elderly people in the USA, highlighting the importance of balancing the potential benefits and risks of various treatments on an individual basis. **The members of the Congress considered that they were in a unique position to support the fight against prostate cancer, to help raise public awareness about the need to make screening tests available to all people at risk for prostate cancer, and to provide prostate cancer patients with adequate information to assess the relative benefits and risks of treatment options.**

I have highlighted some parts of the preamble, just to display the attitude of government in USA, as against the attitude that exists in Australia. While there is just a glimmer of hope that the Australian Government may soon come to recognize that prostate cancer does exist in the Australian community, there is a huge gap in the way it is being recognized. Closer to home, it is very doubtful that the South Australian Government does know that the disease even affects South Australian men. Certainly, the Health Minister has never given any indication that she knows what the disease is. Then again, men always seem to attract the bad publicity – just look at the current series of TV commercials about violence towards women – that hardly recognizes that men exist, but they are apparently blamed for all the violence that occurs. One day, we might have some balance restored in the area of equality.

### **DRUG CUTS SIDE EFFECTS IN PROSTATE CANCER**

An alternative hormone blocker called bicalutamide causes fewer side effects in prostate cancer patients, claims a new study.

Bicalutamide blocks androgen activity by binding to the hormone's receptors. The study of 51 men with non-metastatic prostate cancer found those taking bicalutamide had improved bone density and fewer side effects than those taking leuprolide, a traditional therapy that lowers androgen levels. "The differences between the two groups were dramatic. Bone mineral density increased among men taking bicalutamide, while men in the leuprolide group lost bone," lead researcher, Dr. Matthew Smith, of the Massachusetts General Hospital Cancer Centre, said in a prepared statement. The study was partially funded by Astra Zeneca, which markets bicalutamimide under the brand name Casodex. It appears in the July issue of the *Journal of Clinical Oncology*. (*Yahoo News*)

### **ACUPUNCTURE FOR MALE HOT FLUSHES**

Up to 80% of men treated with androgen deprivation for prostate cancer suffer from hot flushes. Insomnia, fatigue and irritability are often associated with hot flushes and adversely affect the quality of life for these patients. Several pharmacologic interventions can reduce hot flush frequency and intensity but have the potential for adverse effects. Acupuncture, a 23 centuries-old treatment modality, has been reported to substantially reduce hot flush frequency in 7 men treated with androgen deprivation for prostate cancer in Sweden. The study proposed here (*U.S.A*) will apply validated methodology to assess the impact of acupuncture on hot flush frequency and intensity as well as hot flush related quality of life in an adequately powered phase2 study. To extend current understanding of the physiologic changes associated with hot flushes and with acupuncture, the impact of acupuncture on serotonin and its metabolites, metabolites of brain norepinephrine, and circulating calcitonin gene-related peptide (GCRP) will be evaluated. All three of these systems have been implicated in the pathophysiology of thermoregulatory instability associated with hot flushes. Serotonin and norepinephrine are amongst the targets of western pharmacologic treatment for hot flushes. Preliminary data suggest that acupuncture may mediate changes in circulating serotonin and GCRP. Promising results in this pilot trial will lead to randomized studies of acupuncture compared to pharmacologic therapy and pilot studies of acupuncture combined with western treatment. The overall goal is to provide prostate cancer patients an effective, low toxicity, non-pharmacologic treatment modality for hot flushes. (*Oregon Health & Science University – reported on <http://www.cancerportfolio.org>*)

Fortunately, another report on this study made it sound a lot more simple and humane. It instanced the experience of one man in Oregon who has been involved in early trials. He reported that his hot flushes had been reduced from up to 10 per day, down to less than two per week, and that he is experiencing an improvement in sleep quality. A doctor reported that, so far, the first three patients had reported significant reductions in hot flushes after 4 weeks of acupuncture, but that these were very preliminary results.

Doctors say the risks of acupuncture are minimal, but they include infection and redness where the needles are inserted. Serotonin is described as "feel good" hormone.

### ***AWARENESS MEETINGS IN VICTORIA***

Noticed that the Cancer Council Victoria have conducted 7 forums, this year, mostly in rural regions, and has recorded a total attendance of over 574 people. These forums have involved a Urologist as part of the programme.. They have also spoken to 2 rural community meetings, with total attendance of over 160 people. In addition, they have commenced a workplace programme, and are training educators to go into workplaces to talk about prostate problems and cancer. They have conducted 14 sessions, to date, and have another 16 booked.

CCV will not be taking part in the Prostate Cancer Call-In, this year.

# STATUS OF SELENIUM IN PROSTATE CANCER PREVENTION

The complete, 13 years, results of the Nutritional Prevention of Cancer Trial have been analysed, causing some speculation over the robustness of the previously reported findings of reduction of cancer risks by supplements of selenium (Se) to a cohort of older Americans. These analyses confirmed that Se supplementation was associated with marked reductions in risks to total (all-site except skin) carcinomas and to cancers of the prostate and colon-rectum. Of those deep-site treatment effects, the most robust was for prostate cancer, which was more frequent, and was confirmed by serum prostate-specific antigen level. Recent subgroup analyses showed Se supplementation reduced risk of cancer mostly among subjects who entered the trial with plasma Se levels in the bottom tertile of the cohort. Other recent findings have demonstrated that Se treatment can promote apoptosis in prostate cancer cells and, possibly, impair their proliferation through antiangiogenic effects. Thus, a body of basic understanding is developing by which one can understand and evaluate the results of the Nutritional Prevention of Cancer and future clinical trials. This understanding also requires inclusion of the mechanisms of Se transport and cellular uptake, so that appropriate inferences can be made from findings from cell culture systems, which tended to use effective Se doses much larger than relevant to cells in vivo. Also needed is information on chemical speciation of Se in foods, so that Se delivery can be achieved in ways that are effective in reducing cancer risk and is also safe, accessible and sustainable. (*PubMed, BJC advance online publication, 22/6; doi:10.1038/sj.bjc601974, bjccancer.com*)

## SELENIUM MAY SLOW ADVANCED PROSTATE CANCER

Men with higher levels of a nutritional mineral in their blood appear to have a lower risk of advanced prostate cancer, according to a new study. The researchers led by Dr. Haojie Li of Brigham and Women's Hospital and Harvard Medical School, showed that higher levels of the mineral selenium in the blood are associated with a decreased risk of advanced prostate cancer, indicating that selenium could slow prostate cancer tumour progression.

In an accompanying editorial, Dr. Scott M. Lippman of the M.D. Anderson Cancer Centre in Houston, and colleagues say the new study confirms similar findings of other studies. "This new study continues to support the initial impression of this agent's tremendous potential as a prostate cancer preventative agent". The study and the editorial appear in this week's Journal of the National Cancer Institute.

Li and colleagues analysed blood plasma samples, obtained in 1982, from a subset of healthy men enrolled in the Physicians' Health Study. They compared the selenium levels from 586 men who later developed prostate cancer to selenium levels from 577 similar men who didn't develop prostate cancer. Men with the highest selenium levels were 48% less likely to develop advanced prostate cancer than men with the lowest levels. The association was also observed for men diagnosed before and after PSA testing to detect early prostate cancer came into widespread use in October 1990, but only the link to men who had advanced prostate cancer was statistically significant, not early cancer.

Based on the earlier studies showing an apparent ability for selenium to prevent prostate cancer, the National Cancer Institute has funded a large population study aimed at determining the role of selenium in prostate cancer prevention. That trial, called the Selenium and Vitamin E Cancer Prevention Trial (SELECT) is under way, and is expected to supply the most definitive answers to date. (*Journal of the National Cancer Institute, 5/5/04. Reported on www.cancerfacts.com*)

## WATCHFUL WAITING APPROACH TO PROSTATE CANCER INCREASES DEATH RATE

One of the longest studies of early prostate cancer suggests that untreated, slow-growing tumours become more lethal after 15 years – findings that argue for more aggressive treatment in younger men. The Swedish study looked at a widely used practice known as "watchful waiting", in which doctors forego surgery or radiation and merely keep an eye on the patient's tumour. It is an option doctors choose for many patients with slow-growing tumours, particularly older men who might die of other causes before the cancer spreads. Another reason for waiting is that surgery and radiation can cause impotence and urinary incontinence.

The study found that the death rate from prostate cancer increased almost threefold after 15 years. The research could indicate that some tumours become increasingly aggressive, said one of the study's authors, Jan-Erik Johansson of Orebro University Hospital in Sweden. Johansson said the findings suggest that doctors should consider radical treatment in younger men who have more than 15 years left to live.

The study involved 223 Swedish men with initially untreated early-stage prostate cancer. They were followed for an average of about 21 years, until 2001. The death rates from prostate cancer remained fairly constant during the first three five-year periods after diagnosis – about 5% to 7%. But after 15 years, 16.7% of the 48 participants left in the study died of prostate cancer. The number of instances in which cancer spread beyond the prostate also became more frequent.

Alfred Neugut, the head of medical oncology at Columbia University medical school, said it is possible that detection methods became so much more sophisticated in the study's final years that prostate cancers that had turned aggressive earlier were only detected then. A totally new cancer could also have developed in the prostate, he said. Johansson said his group's research might be most useful for doctors who currently recommend aggressive treatment for men under 70 with early prostate cancer. "For those patients with early prostate cancer, perhaps one can choose watchful waiting down to 65 years of age if the tumour is more benign in the microscope," he said. He added it would not be wise for younger men to choose watchful waiting, because of the danger after 15 years. (*The Advocate 10/6/04*)

## GET SMART ABOUT SELENIUM AND PROSTATE CANCER

A recent study links the consumption of the essential mineral selenium with a lower risk of prostate cancer. There are now seven population studies in the past six years that examined the possible connection between selenium and prostate cancer. All but one of them have found selenium protective. Yet, since scientists are still uncertain how prostate cancer starts or can be prevented, it is too early to say that selenium definitely protects the prostate. There is much more to learn.

The latest study, however, is especially important because it is the largest study to date. It tracked the health of men participating for up to 13 years. The duration of the study is significant, because prostate cancer is usually a slow growing cancer, influenced by diet and lifestyle over decades as it develops. In this recent study, men with the highest levels of selenium in their blood were about half as likely to develop advanced prostate cancer as the men with the lowest blood selenium. Similarly, two past studies show that those with the lowest blood selenium have a moderately increased risk of prostate cancer.

Besides examining blood levels of selenium, studies are under way to test the effectiveness of selenium supplements in reducing prostate cancer. One major U.S. study in progress supplies participants with a supplement of either selenium, vitamin E, or both. The development of prostate cancer among these people will be compared to other participants who receive no supplements. Another study in France is testing an antioxidant vitamin supplement that includes selenium. An earlier U.S. study found that selenium supplements cut the risk of prostate cancer nearly in half, except for those whose blood levels of selenium were already high.

Because it boosts the body's antioxidant capacity, scientists believe that selenium can control cell damage that may lead to cancer. Selenium may even act in other ways to stop early cancer cells in their development. While study results so far are fairly positive about selenium's anti-cancer potential, many questions remain: How much selenium is enough for men? Can men get enough from food? Would supplements help every man, or only some?

The recommended Dietary Allowance for selenium was set at 55 micrograms for adult men and women to maximize only one antioxidant enzyme system of which selenium is an essential part. The studies that give men extra selenium in a supplement form generally give 100 to 200 mcg. It is unclear whether smaller supplement amounts could help prevent prostate cancer. Optimal anti-cancer effects, however, may require more than the RDA.

In the United States, almost everyone receives more than the RDA for selenium from foods. It's easy to see why. There is 40 to 70 mcg of selenium in a three-ounce portion of fish, 23 – 30 in a 3 ounce portion of poultry or meat, and 15 – 35 mcg in one cup of pasta, rice or two slices of bread. The entire RDA for selenium can also be consumed in 3 to 4 Brazil nuts.

If you want to take a selenium supplement anyway, first check to see how much extra selenium is in any vitamin supplements you use (they often contain about 20 mcg), as well as in fortified cereals, bars or other foods. The National Academy of Science warns that too much selenium can cause nerve damage, hair loss and digestive disturbances. The maximum amount from food and supplements considered safe is 400mcg a day.

If supplements help prevent prostate cancer, it's still unknown who would benefit. Some studies suggest benefits might be limited to older men, or men whose diets are low in antioxidants. In a few years, the work of researchers should make the answers clearer. (*Nutrition Notes provided by the American Institute for Cancer*)

### INFORMATION SEMINAR

The Wyatt Benevolent Institution Inc. is holding an information seminar on **Thursday 12<sup>th</sup> August 2004**, from 9.00 to 10.30am, at Uniting Care Wesley, 77 Gibson Street, Bowden. Kate Fox, Grants Consultant and Social Worker at Wyatt will present information regarding Wyatt's grants programmes and other projects. Booking is essential, as places are limited (email [admin@wyatt.org.au](mailto:admin@wyatt.org.au)). Members who would like to attend one of these sessions, but are unable to attend this particular presentation, can register their interest in attending a future presentation by telephoning Kate on 8224 0074.

# BOOK REVIEWS

(From "Cancer Forum" the Cancer Council Australia journal)

## 100 QUESTIONS AND ANSWERS ABOUT PROSTATE CANCER

**P. Ellsworth, J. Heaney and C. Gill.** Published by Blackwell Publishing (2002) ISBN 0-7637-2040-2 226pp, plus index RRP A\$29.65

This book was written by two urologists (Ellsworth & Heaney) and a man who has been treated for prostate cancer (Gill). The book is targeted to men diagnosed with prostate cancer and men who have concerns about prostate cancer. The principal aim of the book is to educate the reader about most aspects of prostate cancer, and from this, assist men to make informed decisions about both treatment and early detection.

In this regard, self-help books for men with prostate cancer are becoming more common. Ongoing uncertainty about the ideal treatment approach and the benefits of early detection make this a topical book. Further, given that men with prostate cancer tend to be high seekers of health-related information, there are, no doubt, some men who will find this book of interest.

The book has seven sections. The first three parts cover the anatomy and physiology of the prostate and the epidemiology of prostate cancer. Prostate cancer screening is then discussed. Parts 4 to 6 focus on prostate cancer staging and treatment from a biomedical viewpoint, and the final section discusses the psychosocial effects of prostate cancer.

The text is written at a level appropriate for readers with high literacy. In many parts, complex terminology is used that will not be accessible to many men, and will, for the non-medical readers, require frequent cross-referencing to the glossary. The glossary is detailed and together with the index will assist readers with navigating the text. Men who prefer very detailed information (for example, the Partin tables are reproduced to explain prediction of cancer stage), and who are already well read on the subject may find the book less daunting. An appendix lists a range of prostate cancer-related websites, service organisations and patient education literature available for men in North America.

From a psychosocial viewpoint, the emphasis on open communication with the medical team and informed decision making is sound, and the advice about coping is helpful and to the point. The information provided about healthcare entitlements, medical treatments and support services is specific to North America, and so not all will apply locally. In this regard, there are a number of resources currently available in Australia from state Cancer Councils, the Australian Prostate Cancer Collaboration and the Prostate Cancer Foundation of Australia, that can provide men with firm knowledge base to which this book might add. *(Review by S.Steginga, Queensland Cancer Fund)*

## PROSTATE CANCER SOURCE BOOK

D.D. Matthews (Ed.) Published by Omnigraphics (2001) ISBN 0-7808-0324-8 322pp plus index RRP US\$78.00

This book is one of 90 books in a series of health books written for consumers covering all aspects of health ranging from the *Food and Safety Sourcebook* and *Forensic Medicine Sourcebook* to the *Mental Retardation Sourcebook*. Much of the book is sourced from the National Cancer Institute, other leading American agencies and recently published papers. Each chapter is referenced.

The book provides an overview of cancer and puts prostate cancer into some context for the reader by discussing the five top cancers in American men. There is also information on the racial/ethnic prostate cancer patterns in the US and a concise section on metastatic cancer.

Comprehensive information about treatment options, clinical trials, complementary and alternative therapies are given in detail, albeit to an American audience. Information about urinary incontinence and impotence is provided, although it is difficult for the reader to follow, as it is given in different sections and isn't prostate cancer specific. While the language is simple to understand, the issues discussed are fairly lengthy and many of the problems men with prostate cancer may face appear to be glossed over.

Quite a proportion of the book is dedicated to non-malignant prostate conditions, other related concerns and current research initiatives underway in America. A useful glossary is given, as is information about seeking financial assistance, support groups, websites and services for people with cancer, once again for the American audience.

Overall, the book provides comprehensive information about the prostate and all other related conditions including sections on health and emotions after cancer, as well as current studies and clinical trials. *(Review by R. Metcalfe, CCV)*



**Minutes of the Teleconference Meeting of the PCFA - SAC – National Meeting  
held on Wednesday 16<sup>th</sup> June 2004 (commencing at 10am)  
at Jacaranda Lodge, Sydney Adventist Hospital**

**Attended by:** David Sandoe (Chair), Max Gardner, Con Casey, Pam Sandoe, Colin Barlett (NSW) and Ann Smith (PCFA)  
**Via Conference Call:** Trevor Hunt (SA), Keith Williams (NT), Grahan Nicholls (ACT) Bob Wilson, Ean Macarthur and Laurie Henss(VIC).

**Apologies:** Don Baumber (QLD), Ron Schmarr, John Goodall, Michael O'Neill, Terry Burgess, John Trollor (NSW) Kevin Swanson and Peter Laud (WA)

**1. Confirmation of Minutes of previous meeting on 21<sup>st</sup> April – agreed**

**2. Business Arising**

**Peeball** – Max reported that Carlton and United Breweries launched Peeball in January this year in Melbourne. To date this has been the only launch but as sales are starting to pick up further launches in other states are being planned by CUB. Keith Williams reported that a “mini launch” was held in Darwin when the Touring Car Championships were held recently.

**Governance** – Keith reported that he was disappointed that the paper was produced in Brisbane and that he was not included in the meeting. Barry Hamilton has been working on the paper along with Keith for presentation at the Annual Conference in Brisbane.

In response David Sandoe advised that the Brisbane model happened by accident. After several hours around a white board the meeting felt was produced and discussed included some excellent ideas and those attending the meeting felt it should be recorded as a good base to work on for the future of the SAC. At the Conference two models will be presented. The first from Keith Williams and his group and the second model from the notes taken at the Brisbane meeting.

**Country Women’s Association** – David reported that Bob Slade from Bathurst reported that the meeting in Nymagee had not gone ahead as the group would have had little time to present. Mrs Gordon from CWA was organising the meeting and has handed the meeting over to the Rotary Club of Cobar to organise.

**Support Group Information Kit** – Ann Smith reported that a draft folder will be available at the Annual Conference for perusal and discussion.

**3. PCFA Chairman’s report**

Max reported that this would be his last meeting as SAC Chairman after 6 years, as a new chairman would be elected at the Annual Conference.

**New CEO** – Max reported that Andrew Giles has been appointed and will commence in July due to Gina’s retirement. Andrew has an excellent track record in fundraising. Gina will continue until early August to ensure a smooth transition.

**Strategic Planning Meeting** – Max reported that the Board of the Foundation held a planning weekend recently. It was well attended with only one board member unable to attend. They looked at the functions of the Board and how to make it more effective. They reviewed the objectives of the Board and it was agreed that the Board would focus more on advocacy, awareness, professional relationships/education and support. Research will still be important.. There will be a greater representation of the SAC on the Board. There will also be SAC members on the subsidiary boards in Victoria and Western Australia..

Sub-committees will be formed for Finance & Governance, Advocacy, Awareness/Relationships, Research, Professional Education and Fundraising. The Advocacy, Awareness & Relationship Committee together with Research and Professional Education committee will work at raising the profile of PCFA with professional bodies i.e. Urological Society, Division of GP’s and The Cancer Council.

The Research and Professional Education Committee will focus on what research is being conducted and as a Foundation steer the research rather than having it led by the researchers.

**Annual Conference** – Ann Smith reported that letters were sent on Friday 10<sup>th</sup> June to the delegates for the Conference in Brisbane 19<sup>th</sup> and 20<sup>th</sup> August. It has been decided that each delegate will make their own bookings for the flight component of the Conference and the Foundation will reimburse each delegate following receiving their receipt. This decision was made because a number of delegates wish to extend their travel or wish to include their partner. Ann reported that the relevant air schedule was attached to each letter.

Max reported that the primary issue for the Conference would be Governance and should there be any further ideas on proposed models these should be sent asap to Max Gardner, David Sandoe, Con Casey and Ann Smith. There will be other items for discussion at the conference but in order to cover everything in the time allowed there will only be four or five other items. Please forward your suggested items to Max, David, Con and Ann asap.

**Visit to Brisbane/Gold Coast Groups** – Max reported that he, David and Pam Sandoe visited both groups recently. They met with eight representatives of the Brisbane group. David reported that many issues were discussed and the

model (mentioned previously) was produced as a result of these discussions. David reported that the next day they all met with Don Baumber's group at the Gold Coast where again very worthwhile discussion took place..

#### 4. **State Chapter/Group Reports**

**Keith Willians – NT** – Keith reported that apart from the Peeball launch mentioned previously he had also started to establish a good relationship with Rotary in Darwin.

**Trevor Hunt – SA** – Groups are going well. Trevor reported that the Salisbury group was struggling (Con reported that they had in fact folded this week). Onkaparinga group is now the second largest group in SA and Riverland group held an awareness meeting recently and are hoping to revive the group. Trevor reported that his group would be running an awareness meeting in Onkaparinga shortly. He is looking at putting some Peeballs into Moomba and Roxby Downs, which was seen as a great idea by those on the teleconference.

**Laurie Henss – Bendigo Group, Vic** – reported that his group was going well and is referred to by local specialists. Laurie reported that he has had a large number of people visit their website and look at the message board.

**Bob Wilson – Mornington Group Vic** reported that some of their members are trying to set up a group in Bayside, Melbourne and Bob Chapple is keen to be the leader. Ean Macarthur reported that they are about to start to mail out to GP's and local specialists to ask them to hand out their flyer to newly diagnosed men. He asked for some ideas of what other groups do. Keith reported that he had no success with this method however David Sandoe reported that they have an excellent network of Urologists and Radiation Oncologists who refer men to the group at Sydney Adventist Hospital. David reported that they give their newsletter to all the local doctors and specialists as well as their business cards and visit them every 12 months to keep them updated about the group. They also have two members of their group who visit wards to speak to prostate cancer patients and the Urology Unit Manager gives out a kit to each newly diagnosed man. The referral system works very well at SAH. Max recommended that the group should have a very positive hand out leaflet for the medicos to hand out and highlighted that two studies held recently by Suzanne Stetinga from Queensland and Carole Pinnock from the collaboration showed the importance of support groups as a recommended part of treatment. Papers are available from Max Gardner to support this. Trevor Hunt reported that his group had received a request from a Urologist to start up a group in his area.

**Graham Nicholls – ACT** – reported that only a few members attended his last meeting but felt it was due to poor weather at the time. Two newly diagnosed men have made contact and attended the last meeting.

**David Sandoe – NSW** – reported that the NSW Chapter meeting was held on 26<sup>th</sup> May and it was a positive meeting and th Chapter is continuing to develop. David and Pam are attending the next meeting of the Nepean Support Group to speak about Erectile Dysfunction and will travel to Dubbo to speak to John Allen's group at a community awareness meeting. A new group in Liverpool has affiliated under the leadership of Michael Norris.

#### 5. **Other Business**

**Visit to Victoria and Tasmania** – David reported that he, Pam and Max will travel to Launceston on 29<sup>th</sup> June to meet with the three groups from Tasmania and go onto to Melbourne to meet with Laurie Henss, Trevor Cottle and some members from the Mornington Group and Peter Tomlinson from Shepparton at David's offices in Melbourne. David will provide each group with the address of the meeting and time shortly.

##### **Update from American Urological Association Conference**

David Sandoe reported that both he and Pam had attended the Conference. A contingent of 25 – 30 Australian GP's and Urologists and a number of reps from Drug companies and equipment companies were also represented. Sessions began at 5.45am and ran until 10pm at night. David met the Chairman of Us Too – the US equivalent to Support Group Chairman who will liaise with David and Pam. He will be sending them a kit that is given to men who are newly diagnosed.

Another highlight was attending a lecture where all the procedures including a prostatectomy was shown on the big screen whilst the lecturer spoke to it. They also saw radiotherapy and brachytherapy procedures.

David also reported that the exhibition was fantastic. It was 4 times the size of Darling Harbour and was full of information from drug companies and equipment manufacturers. David reported that he has a large amount of information that he will sort through, use and share as appropriate.

**Lions Club International meeting in Cairns** – Graham Nicholls reported that the annual meeting had been held recently and it had been decided that this year Lions will raise money to assist funding of research being done at The Mater Hospital in Brisbane.

**St George Hospital** – David and Pam Sandoe will be visiting the group which is hospital based in August.

**Lifestyle Expo** – this will be held in Sydney on 23<sup>rd</sup>/24<sup>th</sup> and 25<sup>th</sup> July and the Foundation will be having a stand. Volunteers are needed for Sunday from 10am to 4pm should you live in Sydney.

**Budgets** – Max reported that budgets were being finalised for the following year and should your group be needing funding of an awareness meeting or other project please submit a budget to Max Gardner, David Sandoe, Gina Growden and Ann Smith for inclusion in the budget.

**Next meeting National PCFA SAC will be the Annual Conference 19<sup>th</sup> and 20<sup>th</sup> August in Brisbane.**

Also check

**Prostate Cancer Therapy Linked to Bone Fractures**

[http://www.healthtalk.ca/prostate\\_cancer\\_therapy\\_06072004\\_2839.php](http://www.healthtalk.ca/prostate_cancer_therapy_06072004_2839.php)

**Heart drugs may ward off cancer**

[http://www.iconocast.com/H/Health\\_News\\_6\\_08\\_04/HealthNews1.htm](http://www.iconocast.com/H/Health_News_6_08_04/HealthNews1.htm)

**Non-aspirin pain drugs may help men with recurrent prostate cancer**

<http://www.news-medical.net/?id=2320>

**05/10/2004 - Studies Show Complexed Psa (cPSA) Test Can Reduce False Diagnoses of Prostate Cancer and Unnecessary Biopsies** [http://www.labnews.de/en/ne\\_lib/bp\\_det.php?id=85](http://www.labnews.de/en/ne_lib/bp_det.php?id=85)

**9 REASONS MEN SHOULD EAT SOY**

**Source: The Washington Post**

Here's how cooked soy stacks up in health benefits: Bone health: Studies suggest that soy helps preserve bone and may help build it in some people. Though nearly all the research has been done in women, who suffer more extreme bone loss with age than men do, researchers say there's no reason to suggest soy may not also help protect older men from osteoporosis. Blood pressure: Soy appears to lower blood pressure slightly. It also seems to lower blood pressure by "improving ---

**Published on June 1, 2004, Page D4, Lexington Herald-Leader (KY)**

Unfortunately one has to pay for the full transcript. of stories over a week old.

From <http://www.kentucky.com/mld/heraldleader/health/>

**Medical Breakthroughs reported by Ivanhoe** stories up to 7 days old are free, older ones available for a paid subscription of \$30US/year. Recent story on Improving Prostate Cancer Survival.

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