

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.

JUNE 2004

AWARENESS MEETING – CITY OF ONKAPARINGA

There has been some positive development about our proposal to conduct an awareness meeting in the City of Onkaparinga (southern suburbs) since our last meeting. As directed by our meeting, I wrote to the Chairperson of the Prostate Cancer Support Onkaparinga Group (John Shields), outlining the background to our previous enquiries about available facilities to conduct an awareness meeting in that area. I indicated that we needed a decision on which Group would conduct the meeting, by 4th June, as this would affect our planning for other sites. I also suggested that two of our members, Jeff and myself, would make ourselves available to meet with two members from the Support Group, mainly to establish a better rapport with that Group.

This meeting took place on Friday last, 4th June, at the residence of Councillor Artie Ferguson, who is both a member of, and Patron of, the Support Group. It seems that there were some other matters that required clarification in the minds of these gentlemen, and I believe that these matters have now been explained and resolved.

Councillor Ferguson favours holding the meeting in the clubrooms of the Christies Beach Surf Life Saving Club, at The Esplanade, Christies Beach. One small problem – those premises are still under construction, and will not be available for several weeks. But that will not pose any insurmountable problems. Councillor Ferguson, also Patron of the S.L.S.C., believes that our meeting would be a fitting way of displaying the new facility to the general public.

We have been assured that the building will accommodate the size of audience that we usually attract, and that it will have all the required facilities that we need. The local Support Group will undertake to help promote the meeting by distribution of flyers, and other means. They will be allocated time during the meeting to promote their own support group, and attempt to gain additional members. That Group will also provide the tea and biscuits for our usual break, and will have donation collection tins at strategic points. As usual, we have stressed that attendees will not be charged any admission fee, but do not object to the Group placing tins for voluntary contributions.

Between them, members of the local Support Group have numerous contacts, and we can expect that this meeting will be very well promoted. Due to the state of the building, we cannot be sure of a definite date for the meeting, at this stage. It has been suggested that the building may be available in September. If this was possible, we may attempt to conduct the meeting soon after the annual prostate cancer call-in, which will be conducted on September 23rd, with Wednesday being the preferred night. Definite details of the meeting will be advised later, when the availability of the building becomes clearer.

NEW SHOT AT PROSTATE ADVANCES

Prostate cancer patients are being given the chance to test a new vaccine designed to trick the immune system into killing cancer cells.

Cancer Trials Australia doctors at three clinics – the Austin Hospital, Royal Melbourne Hospital and Peter MacCallum Cancer Centre – are recruiting 40 patients to receive eight injections of the vaccine over six months. Trial leader, Associate Professor Ian Davis, of the Austin Hospital, said the team hoped the phase two trial would show the Pentrix vaccine prompted tumours to shrink. (*Canberra Times 14/4 p10*)

IT'S TIME

It is time to start thinking seriously about the future of this Group. That there is a continuing need for a Group such as ours is not in question. There is much yet to be achieved. Only when the appropriate authorities relent, and put in place a responsible campaign to inform men about the risks of prostate cancer, will we be relieved of that responsibility. We have many sites that we should visit, to continue our current series of Awareness Meetings. Then, there will always be other activities that we can undertake – like providing speakers for other groups, from time to time.

But, it is time to think about future leadership of the Group. Under our Constitution, the current office-bearers can not hold that office for more than 3 consecutive years, and that time has elapsed. The offices of Chairperson, Secretary and Treasurer will become vacant at the time of our next Annual General Meeting (date to be set). It is not as easy as some wag suggested, in that we just exchange jobs among the current three office-holders. And that is because some of us would sincerely like a break from those duties.

The relevant clause in the constitution was placed there to ensure that there would be an injection of fresh leadership, with fresh ideas, and fresh initiatives, to, ideally, prevent the whole Group from going stale. I suggest that all of us have seen other clubs, etc., that have become stuck in a rut because they have elected the same leadership and management team, year after year. We do not want that to happen to this Group.

Please give this matter your earnest consideration during the coming weeks. I believe that the hardest work has been done, and that the Group has achieved a great deal over the past 3 years. Our model for conducting awareness meetings has been accepted by the SAC, and is recommended as the model for other Groups. The Group has become very well established, and accepted, and has gained credibility with professional people working in this field. I am not suggesting that everything is now easy, and every awareness meeting does require a deal of organizational detail – but all you need now is to follow what has been done with previous events. Also, I am not indicating that the 3 of us will desert the Group – we will be around to do our share.

It is time to consider what you could do for the Group.

ACADEMIC DETAILING PROJECT

An exploration of academic detailing methods was undertaken in Queensland, Victoria and South Australia to determine whether academic detailing, when applied on a broad scale and in different settings, has a positive effect on GP knowledge and appropriate use of the prostate specific antigen test (PSA). Academic detailing services were shown to be acceptable and sustainable to GPs. Between 85-90% of all GPs practicing within pre-designated metropolitan areas in Queensland and South Australia accepted academic detailing services over a 24-month period; and 99% of the visited GPs expressed a willingness to continue to receive further academic detailing visits.

In Melbourne, the effects of academic detailing were investigated in a randomized controlled trial involving 238 GPs. They were randomized into a control group and two active intervention groups. The intervention groups received academic detailing services on the topic of prostate cancer, the PSA test and shared decision making over cancer screening issues. One of the intervention groups also received audit and feedback during the second of the two scheduled visits on the topic of prostate cancer. Academic detailing resulted in a significant improvement in knowledge of issues surrounding prostate cancer and the PSA test and changed practices of GPs with regard to testing for men aged 75 years or older. Further analysis is continuing. (NCCI Newsletter March/April 2004)

COMMENT. This project is now well past the due date for the final report. To achieve some sort of semblance of proof of the effectiveness of academic detailing processes, it has been necessary to obtain and analyse Medicare data. This part of the exercise has caused considerable delay because of the state of Medicare records – despite the use of modern computerized recording. It would appear that Medicare records are programmed to produce cost analyses, suitable to allow the Government to adjust budget figures, at will. Funding for this project expired 12 months ago, and the Government did not grant any additional funding. I believe that the reference to changed practices by GPs probably indicates that they have reduced the number of PSA tests for men over 75 years of age. However, an accurate analysis of the relevant data will need to be made before any conclusions can be made. Analysis of Medicare records is to determine any change in the patterns of ordering PSA tests, by the GPs in the Queensland and South Australian groups. Some of the evidence tendered as proof of the effectiveness of academic detailing to date has been based on the perceptions of the academic detailers themselves, and I query how this can be regarded as proven evidence of success. Also, it will be interesting to see how the Government reacts to this report, seeing that they provided approximately \$1.4m to fund the project. If they claim that this amount has been spent solely on prostate cancer, that will be disputed.

In the meantime, Drs. Stricker and Phelps have written and published a book on PSA testing that has been distributed to GPs. Once again showing up the tardiness of Government enquiries, etc. Action on prostate cancer is well and truly overdue, and we need more people like Professor Costelloe and Drs. Stricker and Phelps to initiate that action.)

MASONIC FOUNDATION SCHOLARSHIP

In answer to the query raised at our May meeting, I have ascertained that the Masonic Foundation in S.A. previously offered to fund a PhD scholarship (or a Master's, for a smaller contribution), and it has to be connected with prostate cancer. It has agreed with Cancer Council S.A. that a good outcome would be a well-researched, and pilot tested, resource aimed at assisting men make decisions about testing and treatment options.

COMMENT

(As an observer's point of view, one wonders how many research projects of this type are really needed to arrive at some sort of outcome, and how many years will be used up before any outcome is accepted. There are plenty of signs that those in high places will never be satisfied until some researcher arrives at a conclusion that endorses the long-held view that PSA testing is not recommended and it is better to maintain the current status that men do not need to be informed of the risks of prostate cancer. In the meantime, we have professional people like Drs. Stricker and Phelps, who just went ahead and published a book about PSA testing, suitable for all GPs. We need more people like this, who just get on with the job. Research money would be far better spent on discovering an effective treatment, or, preferably, a cure for the disease. If money is to be spent on "decision making", why not just get on with the job, and conduct a truly meaningful campaign about informing men about the risks of the disease, so that they can each make their own decisions – all current efforts are really only delaying the inevitable, when sheer weight of public opinion, and litigation by men, will eventually bring about change, anyway. In the meantime, one wonders how many more men will die needlessly from prostate cancer, when a cure could have been possible, if the man had known about the disease before he had the symptoms. The men of Australia need action, not more words. I truly believe that I have never seen so much time and money spent under the guise of helping men make a decision about any other matter. I truly wonder why it is so essential with just one disease. The only people likely to benefit, as I see it, are the researchers. Notwithstanding that, we applaud the Masonic Foundation for having the foresight to provide funding for research into the disease – we could do with more benefactors like this.)

AWARD TO JILL MARGO

Australian Financial Review reporter, Jill Margo, has been named the winner of the inaugural "Awarding Cancer Enlightenment (ACE) Reporter" award. The awards are an initiative of the European School of Oncology, and sponsored by Eli Lilly. 2004 is the first year there has been an Australian section. The ACE Reporter Award is open to consumer journalists providing independent, accurate, clear and timely information on advances in cancer prevention, treatment and care – resulting in informed and enlightened patients and public. In addition to Jill Margo, Australian finalists were Julie Robotham of the Sydney Morning Herald, Amanda Place of The Age and Marnie McKimmie of the West Australian. The four Australian finalists will go into the running for the international ACE Reporter Award, to be announced at the American Society of Clinical Oncology (ASCO) meeting in New Orleans at the beginning of June. The judging panel for the Australian award included representatives of The Cancer Council Australia, European School of Oncology, Brain Foundation, Australian Lung Foundation, National Breast Cancer Centre, Prostate Cancer Foundation of Australia, National Breast Cancer Foundation, Cancer Voices NSW, Asbestos Diseases Society of Australia and Leukaemia Foundation.

Jill Margo is well-known for her reports in the Australian Financial Review which have raised public awareness of all types of cancers (and other medical conditions), including prostate cancer. In addition, Jill has provided invaluable work towards the production of the "Consumer Guide to Localised Prostate Cancer", and is currently involved in the production of "Clinical Guidelines for Advanced Cancer". We congratulate her on winning this prestigious award.

HEALTHIER AND REDDER TOMATO

Australian scientists believe they are close to producing a tomato that not only looks better than many pale varieties, but may also help prevent prostate cancer. The new variety contains three times the level of lycopene, a powerful antioxidant linked to a reduction in cell damage thought to cause prostate cancer and other health problems. (*Daily telegraph 19/5 p12*)

MEN FRUSTRATED AND ANGRY WITH PROSTATE TEST (SAYS EXPERT)

Men are feeling angry and frustrated over inadequate information on prostate cancer testing, according to an article in the Medical Journal of Australia.

Australian Prostate Cancer Collaboration chairwoman, Carole Pinnock, said in her article the debate over prostate-specific antigen testing had been prolonged, public and sometimes acrimonious. Dr. Pinnock said barriers preventing men being fully informed included the time constraints of their GP, a lack of knowledge of complex issues and the need of the GP to understand and communicate medico-legal obligations. Dr. Pinnock said although most evidence-based guidelines said that people considering testing should be fully informed and make their own decisions, no guidelines addressed how to ensure informed choice. (*West Australian, 19/4 p5*)

PSA Testing for the General Practitioner, by Dr. Philip D. Stricker and Professor Kerry Phelms. We now have a copy of this booklet, which is certainly a well-written reference work for all Doctors. If members would like to read it, please ask Secretary Jeff Roberts.

ALCOHOL NOT A RISK FACTOR FOR PROSTATE CANCER

Researchers found that men who regularly drank the equivalent of at least 8 beers over the course of only one or two days per week had a 64 percent higher risk of developing prostate cancer over a 12-year period than non-drinkers.

However, men who regularly drank the equivalent of four or more beers each day were no more likely to develop prostate cancer than non-drinkers, according to the American Journal of Epidemiology report.

"The overall message for men is that alcohol drinking likely isn't a major contributor to prostate cancer, except possibly for binge drinking," study author Dr. Elizabeth Platz told Reuters health.

She added that the fact that binge drinking affects cancer risk is not a surprise, considering that the habit has been linked with numerous other health problems, as well, such as high blood pressure and liver disease.

Further studies are needed to confirm these findings and investigate the biological relationship between alcohol and prostate cancer, noted Platz, who is based at the Johns Hopkins Bloomberg School of Public Health in Maryland.

During study, between the study, Platz and her colleagues reviewed information collected from 47,843 men between the ages of 40 and 75. Every other year from 1986 -1998, men submitted questionnaires about what they ate and drank, and reported if they had been diagnosed with prostate cancer.

Over the course of the study, almost 2,500 cases of prostate cancer were reported.

The researchers found that moderate to heavy drinking appeared to have no effect on prostate cancer risk, with men consuming at least 50 grams of alcohol per day—equivalent to around 4 beers--appearing equally as likely to get prostate cancer as their non-drinking peers.

In contrast, men who routinely downed least 105 grams of alcohol per week, but did so over the course of only one or two days, showed a significantly higher risk of prostate cancer than non-drinkers

The relationship between drinking and prostate cancer risk appeared particularly strong in men with type 2 diabetes, the form of the disease linked to obesity.

Although heavy regular drinking didn't appear to increase prostate cancer risk, it is a known risk factor for many other types of cancer, including breast, liver and colon cancer.

(Source: American Journal of Epidemiology: Reuters Health: Plus: Reuters Health: Alison McCook: Medline Plus 2004)

Study: Prostate cancer death rates down

COPENHAGEN, Denmark (AP) - Earlier detection and wide use of hormone treatment have driven death rates from prostate cancer dramatically lower over the last 10 years in North America and Western Europe, new research shows.

Previous studies have demonstrated hormone treatment delays the progression of prostate cancer and makes patients feel better, but until now there has been little solid evidence that the approach can save lives.

Death rates from prostate cancer have dropped by one-third in North America and by 20% in Europe since 1990 among men aged 65 to 74, according to Sir Richard Peto, who presented findings analyzing evidence from 40 years of prostate cancer research at Europe's biggest cancer conference Monday.

Prostate cancer kills more than 200,000 men annually worldwide. About 190,000 new cases of prostate cancer are diagnosed in the United States every year, and about 30,000 men died of the disease in 2002, according to American Cancer Society statistics.

Earlier detection and better surgery and radiotherapy have helped reduce death rates. But Peto, a professor of medical statistics at Oxford University who has conducted many of the key studies evaluating cancer treatments and risks, said the lifesaving benefit of hormone treatment has been vastly underrated.

He reported the accumulated evidence from several studies on hormone treatment involving a total of 5,000 men. Taken separately, the studies were inconclusive, but analysis of them all together showed that when doctors gave hormone treatment immediately instead of waiting until the disease progressed, the risk of dying from the disease within 10 years dropped by one-third.

"This definitely shows that hormone treatment works," said Dr. Michael Thun, chief of epidemiology at the American Cancer Society.

"There is still debate about how much of the decline in (national) death rates is due to treatment and how much is due to earlier detection through screening, but the evidence for the importance of treatment in these declines is getting stronger," said Thun, who was not involved in the research.

The findings follow similar success reported in breast cancer, where death rates in middle age have fallen by about one-third since 1990. Breast cancer, in most cases, is driven by the female hormone estrogen, while prostate cancer is most often driven by the male sex hormone, testosterone.

Even after successful surgery, a few cancer cells may remain undetected nearby or in distant parts of the body. Radiation therapy can kill off cancer cells near the tumor site.

Undetectable cells that have traveled elsewhere in the body can be attacked by chemotherapy in breast cancer, but not in prostate cancer. Hormone therapy prevents the fragments from being stimulated into becoming more dangerous by the body's own sex hormones.

"Hormonal treatments have been available for ages, but they've involved really unpleasant things like being castrated. For that reason, doctors have been reluctant to use it and have mostly given it only in advanced prostate cancer," Peto said.

"And the hormonal drugs that used to be available were pretty horrible. But now the drugs are a lot nicer than they were and they are getting better all the time."

The more recent drugs, such as Casodex, seem to produce the desired effect, generally without impotence, he said.

"Back in the early '80s, there was a widespread belief that hormonal treatment just didn't work for breast cancer and prostate cancer," Peto said. "There was a general feeling that it may somewhat delay recurrence but that it was going to do little or nothing for survival. It's just not true."

"Hormonal treatments for these things have probably saved more lives than any single cancer drug, If Peto said.

The chances of surviving prostate cancer vary widely across regions and depend on how early the tumor is detected.
(USA Today, 23/9/03)

LATE REFERRAL FOR PROSTATE CANCER- INVESTIGATION

At the Foundation Daw Park Australia Day celebrations (seems a long time ago), the Chairman, Mr. Harold Tuckwell, announced a series of grants for research. Among those grants was one for \$15,616, to investigate whether late referral of abnormal test results for prostate cancer causes poor outcomes for patients. The investigation is being conducted by Mr. Alan Stapleton, Dr. Carole Pinnock, Ms. Karen Humphrey, Ms. Tina Kopsaftis and Dr. Richard Johns.

NEW TEST NEEDED TO AVOID CANCER "SCANDAL"

A new test for prostate cancer is needed to help British men avoid the "scandal" of dangerous and unnecessary treatment that happens in U.S.A., says the Institute of Cancer Research. Men run a high risk of impotence and incontinence if treated for prostate cancer, the most common form of cancer in men, but doctors cannot tell which patients need treatment, said Professor Colin Cooper, ICR's head of male cancer research. "Treating one man unnecessarily is unfortunate" he told a news conference. "Men's health is at risk because the current test is inadequate. We must make sure that in the UK we do not have the same situation as in the USA". He said doctors should recommend that more men avoid surgery or radiotherapy, which make more than 80% of patients impotent, and instead opt for "active surveillance" in which tumours are only treated if they show early signs of growth.

LOOKING FOR A TAXATION DEDUCTION? Why not consider a donation to the Prostate Cancer Foundation of Australia? It will assist research and awareness programmes.

Don't forget our website – www.pcagsa.org.au

Trevor Hunt